MB|X

Beyond the Classroom
(Formerly the Manhattan Beach Athletic Foundation)
www.mbathleticfoundation.org

Mira Costa Athletic Clearance Packet

2013-2014

Help Support Athletics at Mira Costa High School

Mira Costa High School has a long and proud athletic tradition – as recently as 2009, ESPN named the Mustang athletic program as the 15th best in the country. However, financial pressures on the athletic department are enormous. The Manhattan Beach Unified School District continues to work with fewer financial resources and may be forced, in the future, to take drastic steps to reduce the size and nature of the athletic program at Mira Costa.

The MBX Foundation is partnering with all Mira Costa booster groups to ask for donations for the cost of the athletic programs at Costa.

Sometime during the year, your sports booster group – the group of parents and supporters of the sport in which your child participates – will reach out to you with a request that you donate to help support that program. Included in that request will be an appeal for funds to cover coach stipends and transportation costs.

Please help Mira Costa and your booster group by donating what you can to assist in covering the costs of running your child's sports program at Costa.

Your contribution is tax deductible.

Your support of Mira Costa athletics is appreciated and invaluable.

Thanks in advance for your continued support of MCHS Athletics.

Ed McKeegan
President, MBX Advisory Board

Jaime Mancilla
Vice Principal, Mira Costa High School

MANHATTAN BEACH UNIFIED SCHOOL DISTRICT
Mira Costa High School

Athletic Clearance Forms and Information

Due to changes in CIF rules, in an effort to fully protect all athletes and coaches

ALL ATHLETIC PACKETS SHOULD BE SUBMITTED BEFORE SCHOOL BEGINS REGARDLESS OF THE SEASON OF THE SPORT.

ALL ATHLETIC CLEARANCE PACKETS ARE DUE BY THURSDAY, JULY 25, 2013

Your participation in the sport may be delayed if forms are returned after the deadline.

Physicals:

- A physical is required to participate in sports. A physical is good for one calendar year from the date of the exam. Example: an exam given on 7/13/12 is valid through 7/13/13; this is why we are requesting that ALL athletes obtain their athletic clearances in the summer. The physical date must cover the athlete through the season of the sport--including the CIF playoffs. **If the athlete's physical does not cover the entire season, the athlete will need to schedule a new exam before the season begins.**
- If you do not have a doctor or your yearly physical does not coincide with your health plan, you may use:

Ocean Medical Family and Urgent Care
1106 S. Pacific Coast Highway, Redondo Beach
310-316-1661

Minute Clinic
Inside CVS/Pharmacy #9496
2900 N Sepulveda Blvd, Manhattan Beach
(310) 546-3481

Medical Insurance:

California Education Code states that all students who participate in a co-curricular activity must have insurance coverage prior to practice or participation. If students do not have insurance coverage with their family, they may purchase school insurance from Meyers-Stevens. Medical brochures and forms are available in the school office and must be returned with the completed athletic forms.

Questions: Jaime Mancilla, Vice Principal, 310-318-7337 ext. 5028

Have a Great Season!

MBUSD – Mira Costa High School

Female___ Male___
Year _____

ATHLETIC EXPECTATIONS

As an athlete, I understand and agree to accept and obey the following rules and procedures as set forth by the Athletic Department:

1. The Athletic Information Packet is 11 pages and composed of the following forms:
   - MBX / MCHS Athletics Cover Letter – Pg 1
   - Athletic Clearance Forms and Information - Pg 2
   - Athletic Expectations – Pg 3
   - Eligibility Rules and Standards - Pg 4
   - Voluntary Drug Testing Enrollment – Pg 5
   - Student Insurance Information - Pg 6
   - Athletic/Activity Report - Pg 7
   - Athletic/Activity Emergency Card – Pg 8
   - Pre-participation Physical Evaluation - Pg 9
   - Athlete's Code of Ethics – Pg 10
   - Steroids Information Form - Pg 11
2. Pages 7-11 (named above) must be completely filled out, signed and returned as the "Athletic Packet" to the main office by July 25, 2013 (*or no later than 1 month before the season of sport for new athletes)*.
3. Student-athletes are encouraged to purchase an ASB activity sticker for their I.D. card. In addition to numerous discounts, ASB activity stickers allow students to attend all Mira Costa sporting events (non-CIF playoffs) for free. ASB funds are used to cover the costs of game referees and officials.
4. The athlete accepts responsibility for all equipment checked out, and promises to return same in good condition and on time.
5. Athletes must maintain good citizenship, academic and attendance records in all classes.
6. Athletics sixth or seventh period is a class students take for credit. Therefore, students must be in class on time and dressed in the proper clothing. Excessive tardiness or absences will be cause for removal from the class. Athletic period P.E. will meet sixth or seventh period during the season of sport.
7. At the conclusion of sport/season, athletes are to follow the instructions of their coach. If dropped from the team, for any reason, the student is to report to his/her counselor the following day for instructions
8. Under no circumstances are student/athletes to leave campus without an off-grounds permit prior to the end of the school day.
9. Forgery of any of these forms will result in disciplinary action by an administrator and possible removal from athletics.
10. Conduct of an athlete is expected to be of a high standard at all times both on and off campus. Misconduct, which reflects unfavorably upon the team and school, will be cause for suspension and/or removal from the team or sport.
11. Fighting during athletic or school event will result in suspension from the team and/or school. Unsportsmanlike conduct will not be tolerated.
12. Athletic participants are expected to attend school on the day of any athletic contest.

THIS PAGE DOES NOT REQUIRE SIGNATURE ~ SIGNATURE IS REQUIRED ON PAGES 7-10

CIF Athletic Eligibility Rules

TO PROTECT YOUR ATHLETIC ELIGIBILITY YOU MUST:

- Be under nineteen years of age prior to June 15.
- Have reached the ninth grade.
- Participate in no more than four seasons of the same sport after enrolling in the ninth grade.
- Be scholastically eligible.
- File an Application for Residential Eligibility if you have transferred from another school without a corresponding bona fide change of residence by your parents/guardians, or you are a foreign student.
- Since entering the ninth grade, not be in your ninth semester of attendance.
- Meet citizenship requirements.
- Maintain amateur standing.
- Not have participated in any tryout for a professional team.
- Maintain in your school files an annual physical examination certifying that you are physically fit to try out and/or participate in athletic activities.

YOUR ELIGIBILITY IS SUBJECT TO SPECIAL RULES:
(Questions should be directed to your school coach and/or Director)

- Competition with an outside team during your high school season in the same sport is prohibited.
- Participation on the varsity football team is prohibited until you have reached your 15th birthday.
- If you transfer from one school to another without a bona fide change of residence by your parents/guardians, your eligibility is subject to special rules which may include non-participation at the varsity level.
- Students may participate in All-Star competition between conclusion of the Southern Section season of sport and September 1.

Mira Costa High School Academic Eligibility Standards

The Manhattan Beach Unified School District has established the following eligibility standards for co-curricular programs.

In order for a student to participate in the school co-curricular program, his/her report card from the previous grading period must reflect a "C" (2.0) grade point average or better with a minimum of (20) credits of new work completed or in progress. This may include physical education, work experience, and SCROC.

Academic eligibility will be determined in this manner:

- **First quarter** eligibility will be determined by the 2nd semester grades received the previous June. **Summer school** credits and grades for new course work will be counted toward making up credit and/or GPA deficiencies incurred during the grading period ending in June.
- **Second quarter** eligibility will be determined by the 1st quarter grades.
- **Third quarter** eligibility will be determined by the 1st semester grades.
- **Fourth quarter** eligibility will be determined by the 3rd quarter grades.

A student concurrently enrolled in a comprehensive high school and Independent Study or adult school is eligible providing his/her combined grades meet the academic standards as stated above.

Academic eligibility for a student transferring into the Manhattan Beach Unified School District and enrolling at Mira Costa High School, **after the first quarter of the ninth grade will be determined by applying the same standards to the student's last report card from his/her former school.**

All freshmen will be eligible to participate when school opens. **Their first eligibility decision will be will be made on the basis of the student's first quarter grades which will be reported in November.** Eligibility for the periods of November through the end of January will be based on the November grades. If you have any questions regarding athletic eligibility, please contact the Director of Athletics.

Manhattan Beach Unified School District and
MBX Foundation
Confidential Substance Screening Support and Prevention Program

Adolescent alcohol and drug use is a major concern for both educators and parents. The use of illegal substances can lead to harmful and even disastrous results for everyone involved. It is, therefore, important to empower students and parents to avoid the pitfalls associated with drug and alcohol use.

To achieve this goal,
Manhattan Beach Unified School District and the MBX Foundation
have implemented a Voluntary & Confidential Drug Testing Program.

The program is offered at Mira Costa High School.
The cost of the program is $65 per semester, per student, and includes a minimum of 2 drug tests.

Participation in the program is completely voluntary.

Students who participate may, on a random basis, be selected to undergo a voluntary drug test. The tests will be administered on campus during the school day in a private and secure location. All tests will be conducted by trained professionals of Vin'Ash Coaching, LLC.

Participation in the program is:

- ✓ Voluntary, Confidential, and Non-Punitive
- ✓ Test results will only be released to parents/guardians
- ✓ Receive free unlimited access to numerous online parent support tools
- ✓ Credentialed substance abuse counselors provide brief intervention counseling and referral support

There are several reasons to participate in the Voluntary Drug Testing Program.
For parents, it is a logical and simple way to hold their child accountable to family rules concerning use of illegal drugs.

For students, it is a reason/excuse for them to not participate in smoking pot or taking of pills. If a student knows they are enrolled to be tested, they can tell their friends, "I can't, I'm enrolled in the program to be randomly tested!"

The goal of Voluntary Drug Testing Program is to help your child make positive life choices concerning drugs and alcohol.

The success of this program depends completely on parent support and student participation. The threat of substance abuse for students is enormous and there are few actions parents can take; having students randomly tested is definitely one of them!

If you have any questions, please contact Vin'Ash Coaching: **support@vinashcoaching.com**

To **register** for the program, please visit:
www.TrueResultsTesting.com

MBUSD – Mira Costa High School
Student Insurance

Dear Parent(s):

The Manhattan Beach Unified School District takes appropriate steps to protect your child from injuries. Even so, accidents can and do happen.

Your child's school does not provide medical insurance coverage for school accidents. This means that you are responsible for the medical bills if your child gets hurt during school activities. The student accident/health insurance plans are offered for your particular need.

The Student Health Care Plan is recommended since it covers both injuries and illnesses twenty-four hours a day. If your child has no insurance, *California Law (Educational Code 32220-24) requires every member of an athletic team to have at least $1,500.00 medical and hospital coverage*. If your child does have other health insurance, student insurance may also be used to supplement eligible charges not covered by other insurance.

The health care brochure is available in the school office. Please read the brochure carefully. If you have questions, please call the plan administrator, Myers-Stevens at 1(800) 827-4695 or 1(714) 348-0656. Bilingual representatives are available for parents who need assistance in Spanish.

Yours truly,

Rick Bagley

Rick Bagley
Deputy Superintendent of Business Services

▶ *INDICATES INFORMATION MUST BE FILLED OUT OR SIGNED*

FOR OFFICE USE ONLY

❑ VDT ❑ APD

Physical date: _____

MBUSD – Mira Costa High School

Athletic/Activity Report

_____

Print Last Name Above | Print First Name | Grade | Male/Female | Sport (s)

_____

Address | City/Zip | Home Phone Number

_____

Age as of June 15, 2013 | Birth date | Month and year started ninth grade

_____ _____ _____

Did you transfer from another high school? | If so, what date? | List name, city, and state of the high school from which you transferred.

M.B.U.S.D. Board Policy BP 5145.3 **Nondiscrimination**
District programs and activities shall be free from discrimination, including harassment, threats, and intimidation, with respect to gender, race, color, religion, national origin, ethnic group, marital or parental status, sexual orientation, physical or mental disability, or any other personal preference or characteristic.

Insurance Requirements

California Law (Educational Code 32220-24) requires every member of an athletic team to have $1,500.00 medical and hospital coverage. **STUDENTS MUST HAVE THEIR OWN INSURANCE TO PARTICIPATE. The Manhattan Beach Unified School District does not have insurance to cover athletic injuries.** *School insurance is available to all students. Pick-up a brochure from the school office.*

Your Family Insurance Coverage

Our family insurance coverage for our son/daughter meets the requirements of California law.

Name of Insurance Co: ▶ _____

Policy/Group No: ▶ _____

I will promptly notify the school in the event insurance coverage no longer applies to my son/daughter.

School Insurance: Myers/Stevens Insurance Company

I am purchasing Myers/Stevens insurance and returning the Myers/Stevens envelope with the Athletic/Activity Packet, so the school can send it to the company. I am purchasing the following coverage:

(Check the appropriate coverage if obtaining Myers/Stevens Insurance.)

_____ Student Health Care Plan (sickness & accidents)	_____ School Time Accident Low Mid High
_____ Tackle Football Accident Low Mid High	_____ Dental Accident Plan
_____ Full-Time (24 hr.) Accident Low Mid High	_____ Pharmacy SmartCard

Athletic/Activity *Commitments* and Responsibilities

I have read and understand the following sections of the Athletic Packet:

❑ MBX/MCHS Athletics Cover Letter – Pg 1	❑ Athletic/Activity Report – Pg 7
❑ Athletics Clearance Forms and Information – Pg 2	❑ Athletic/Activity Emergency Card – Pg 8
❑ Athletic Expectations – Pg 3	❑ Pre-participation Physical Evaluation – Pg 9
❑ Eligibility Rules and Standards – Pg 4	❑ Athlete's Code of Ethics – Pg 10
❑ Voluntary Drug Testing Enrollment – Pg 5	❑ Steriods Information Form – Pg 11
❑ Student Insurance Information – Pg 6	

▶ ▶ ▶

Parent or Guardian Signature | Student Signature | Date

MBUSD – Mira Costa High School

ATHLETIC/ACTIVITY EMERGENCY CARD

Female___ Male___
Year _____

Print Last Name | First Name | Middle Initial | Grade | Sport

Address | City | Zip | Home/Cell Phone Number

Did you transfer from another high school? | List date, name, city and state of high school from which you transferred

Father/Guardian's Name | Father/Guardian's Phone Number | Mother/Guardian's Name | Mother/Guardian's Phone Number

Father's Work Number | Mother's Work Number | Other to Call in Emergency (Name and Phone Number)

ALL AREAS OF THIS SECTION MUST BE FILLED IN COMPLETELY BY PARENT

- Medication(s) athlete uses: _____
- Purpose of medication: _____
- List any physical condition or injury that should be watched: _____

  _____
- Print physician's name _____ Print physician's phone number _____

NOTE: This card will travel with your child's coach at all times. Please make sure the information provided is complete and up to date.

* * * PARENT CONSENT * * *

I hereby give my consent for the above-named (student) to compete in sports and go with a representative of the school on any school related trip. In case of injury, you are authorized to have him/her treated.

▶ _____ ▶ _____ ▶ _____ ▶ _____

Date | Parent/Guardian Signature | Name of Insurance Co. | Policy/Group No.

MBUSD – Mira Costa High School
Pre-participation Physical Evaluation

Female___ Male___
Year _____

Print Last Name | First Name | Middle Initial | Grade | Sport

Address | City | Zip | Home Phone Number

Did you transfer from another high school? ☐ Yes ☐ No If yes, list date, name, city and state of last high school attended.

Father/Guardian's Name | Father/Guardian's Phone Number | Mother/Guardian's Name | Mother/Guardian's Phone No.

Father's Work Number | Mother's Work Number | Others to Call in Emergency (Name and Phone Number)

HEALTH HISTORY (To be completed by student & parent): Check "yes" or "no" and give as much information as possible.

☐ Yes ☐ No Heart Trouble ☐ Yes ☐ No Asthma ☐ Yes ☐ No Diabetes ☐ Yes ☐ No Seizures
☐ Yes ☐ No Palpitations ☐ Yes ☐ No Fatigue ☐ Yes ☐ No High Blood Pressure ☐ Yes ☐ No Chest Pain
☐ Yes ☐ No Current Skin Condition ☐ Yes ☐ No Dizziness/Fainting ☐ Yes ☐ No Extreme Shortness of Breath/Wheezing
☐ Yes ☐ No Kidney Problems ☐ Yes ☐ No History of family member with heart attack under 50yrs of age or sudden death.
☐ Yes ☐ No Other: Glasses/Contacts, Protective Equipment, or Hearing Aid ☐ Yes ☐ No Head Trauma/Loss of Consciousness

Other:

History of any previous injuries, fractures, serious illnesses or operations/hospitalizations (describe and give approximate dates)

Current medications | Allergies | Date of Last Tetanus Shot

PARENT CONSENT

I hereby state that the above information is true and correct and give my consent for the above-named student to compete in sports and go with a representative of the school on any trips. In case of injury, the school representative is authorized to have him/her treated.

▶_____ ▶_____ ▶_____ ▶_____

Date | Parent/Guardian Signature | Name of Insurance Co. | Policy/Group No.

+ + + +

MBUSD – Mira Costa High School

Female___ Male___
Year _____

ATHLETE'S CODE OF ETHICS

Athletics is an integral part of the school's total educational program. All school activities, curricular and extra-curricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Code of Ethics is presented.

As an athlete, I understand that AT ALL TIMES it is my responsibility to:

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials and coaches.
3. Respect the integrity and judgment of game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
5. Maintain a high level of safety awareness.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. Follow the principles of Pursuing Victory With Honor - Win with character, lose with dignity.

▶ _____

Parent's Signature Date

▶ _____

Athlete's Signature Date

▶ _____

Athlete's Name Printed

A copy of this form must be kept on file in the Athletic Director's Office at the local high school on an annual basis and the Principal's Statement of Compliance must be on file at the CIF Southern Section Office.

Female___ Male___
Year _____

Students

STEROIDS

MANHATTAN BEACH UNIFIED SCHOOL DISTRICT
AGREEMENT FOR STUDENT ATHLETE AND PARENTS/GUARDIANS REGARDING USE OF STEROIDS

Name of student athlete:

▶_____

The Board of Trustees of the Manhattan Beach Unified School District has adopted Board Policy 5131.63 prohibiting the use and abuse of androgenic/anabolic steroids or any dietary supplement banned by the U.S. Anti-doping Agency, as well as the substance synephrine. The Board requires that all participating students and their parents/guardians sign this agreement in order for a student athlete to participate in district/school-sponsored interscholastic sports.

By signing below, we agree that the student shall not use androgenic/anabolic steroids or any dietary supplement banned by the U.S. Anti-doping Agency, nor the substance synephrine, without the written prescription from a licensed health care practitioner, to treat a medical condition.

We recognize that the student may be subject to penalties, including ineligibility for any CIF competition, if the student or his/her parent/guardian provides false or fraudulent information.

We understand that the student's violation of the district's policy regarding steroids may result in discipline against him/her, including, but not limited to, restriction from athletics, suspension, or expulsion.

_____ _____

▶Signature of student athlete ▶Date

_____ _____

▶Signature of parent/guardian ▶Date

Exhibit adopted: September 20, 2006

MANHATTAN BEACH UNIFIED SCHOOL DISTRICT
Manhattan Beach, California