

February 2020

Greetings Parent/Guardian of a Tulare Union High School Student Athlete,

We are pleased to inform you that we offer the convenience of online athletic registration through our partner company, FamilyID (www.familyid.com). FamilyID is a secure registration platform that provides you with an easy, user-friendly way to register for our programs, and helps us to be more administratively efficient and environmentally responsible. When you register through FamilyID, the system keeps track of your information in your FamilyID profile so you enter your information only once for multiple uses, multiple family members and multiple programs.

PHYSICAL EXAMS: A physical examination, completed by an MD (not a chiropractor) must be completed before an athlete can be approved for participation. This examination, coupled with completion of the online registration process, clears the athlete for all sports and cheerleading for twelve (12) months from the date of the physical examination. The Physical Examination form can be downloaded from the sports link on the Tulare Union High School website at tuhs.tjuhsd.org/athletics/ or from a link on the FamilyID registration page, www.familyid.com.

INFORMATION NEEDED TO REGISTER: Our registration site for 2020-21 school year will be activated February 24, 2020. It will be helpful to have the following information handy to allow for accurate completion of your online registration.

- Personal physician name, address, phone number
- Insurance company name and policy number
- Emergency contact name and number
- Medical history information

Policies to be read and responded to include the Tulare Union High School Athletics Guidelines including: Academic Eligibility Requirements, Athletic Participation Attendance Code, Drug and Alcohol Policy, District Student Athlete Drug Testing, Athletic Trainer Informed Consent/Permission to Treat and Boundary Affidavit. They also include the CIF Athlete's Code of Ethics, Annual Concussion Form and East Yosemite League Parent and Player Athletic Agreement for Success. Please take the time to read through this information as you will be signing off on your understanding of the information in these documents.

A parent/guardian should register by going to the Tulare Union High School website at tuhs.tjuhsd.org/athletics/ and click on the Athletics link. Then click on the www.FamilyID.com or click on **2020-21 Physical Clearance Registration Online** at the top of the right column to begin the process.

Under the "Programs" title, click on the link for all the programs you want to sign up for. Scroll to bottom of page to either Sign Up if this is your first time using FamilyID, or Log In if you already have a FamilyID account.

Sign Up for your secure FamilyID account by entering your family name, email address and password. You will receive an email with a link to activate your new account. (If you don't see the email, check your spam or junk mail folders.)

Click on the link in your email activation, which will log you in to FamilyID.

If you do not return to the registration form, click 'Find Programs' to retrieve the form. Once in the registration form, complete the information requested. When you have completed the form, click the "Save & Continue" button.

You will receive an email receipt from registratons@familyid.com. You can also view your completed registration in your 'Registration' tab. You can log into <https://www.familyid.com> at any time to update your information and to check your registration(s).

SUPPORT: You can always find your programs at www.familyid.com by clicking "Find Programs" in the top blue banner and searching for our organization name. If you need assistance with you registration, you can call Family ID at 888-800-5583 X1 or email support@familyid.com. Support is available 7 days per week during standard business hours and messages will be returned promptly

DOCTOR CLEARANCE - PROOF A CURRENT (12MONTH) PHYSICAL: This can either be uploaded to the online registration or a copy must be turned into the Tulare Union School nurse. Your athlete will not have clearance to participate in sports until proof of the current physical with doctor signature is provided to the school. Once provided the nurse will give your student a green slip to present to their coach as proof their online registration and current medical clearance has been received.

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STUDENT ATHLETE DRUG TESTING CONSENT FORM: Included in this packet is the District Student Athlete Drug Testing Consent Form. This form must be signed by a parent/guardian and student athlete, and returned to the

nurse with the proof of a physical from a doctor. If this form is not received the student athlete will not be cleared for athletic participation. The policy can be found in the online registration under policies. Refusal by parent or student consent to student athlete drug testing will result in the student athlete not be allowed to participate in athletics or cheerleading.

PROOF OF MEDICAL INSURANCE FORM: Included in this packet is the District Proof of Insurance Form. This form must be signed by a parent/guardian and returned to the nurse. If this form is not received the student athlete will not be cleared for athletic participation. All student athletes must have private insurance or Medi Cal. If an athlete does not have medical insurance pick up a packet in the nurse's office to purchase school time insurance, this must be completed before the student athlete will receive clearance to participate in tryouts, practices or competition. The policy can be found in the online registration under Insurance.

Sincerely,



Diana

Nalbandian-Hatton
Athletic Director

I understand after having read the Drug Testing Policy for the Tulare Joint Union High School District, set forth in Board Policy and Administrative Regulation 5131.61, that out of concern for my safety and health, the Governing Board and the District have established and enforce rules and consequences regarding the use of illegal drugs and controlled substances. I realize that the personal decisions that I make daily in regard to the use of illegal drugs or controlled substances may affect my health and well-being, pose a danger to those around me, and reflect negatively upon the District athletic program with which I am associated. If I choose to violate school policy regarding the use of illegal drugs or controlled substances, I understand that I will be subject to the restrictions of my participation as outlined in the policy.

I authorize Tulare Joint Union High School District to conduct a test on a urine specimen, which I provide to test for illegal drugs and controlled substances, including but not limited to those drugs and controlled substances identified in District policy and regulation and/or set forth below. I also authorize the exchange of information concerning the results of such a test between the Tulare Joint Union High School District, my parent(s) and/or guardian(s), and the contracted drug-testing agency, Recovery Resources.

This shall be deemed a consent pursuant to the Family Education Right of Privacy Act (20 U.S.C. § 1232g; 34 C.F.R. Part 99) and the Education Code (sections 49076 et seq.) for the release of the above information to the parties named above.

Dated: _____

Print Student's Name

Student Signature

PLEASE INDICATE ANY PRESCRIPTION DRUGS YOUR CHILD IS CURRENTLY TAKING AND PROVIDE DOCUMENTATION TO VERIFY IT WITH THIS FORM:

I have read and agreed to the above terms of participation of my son/daughter.

Dated: _____

Print Parent/Guardian Name

Parent/Guardian Signature

The testing service will include tests for, but not be limited to, one or more of the following illegal drugs and/or controlled substances: marijuana metabolite, cocaine metabolite, opiates, phencyclidine (PCP), amphetamines, alcohol, benzodiazepines, barbiturates, propoxyhene (Darvocet), methadone, OxyContin, designer drugs and steroids.

Parents may withdraw authorization to test students, with written notification to Associate Superintendent at the District Office: 426 N. Blackstone St., Tulare, California 93274. The only consequence for such withdrawal is that the student will no longer be able to participate in District athletics.

TULARE JOINT UNION HIGH SCHOOL DISTRICT

Athletic and Activity/Club Registration Form 2020/2021

My student wishes to participate in the following sports or activities

<input type="checkbox"/> Cross Country <input type="checkbox"/> Baseball <input type="checkbox"/> Softball <input type="checkbox"/> Badminton	<input type="checkbox"/> Flag Football <input type="checkbox"/> Tackle Football <input type="checkbox"/> Hockey <input type="checkbox"/> Swimming	<input type="checkbox"/> Soccer <input type="checkbox"/> Tennis <input type="checkbox"/> Golf <input type="checkbox"/> Water Polo	<input type="checkbox"/> Basketball <input type="checkbox"/> Volleyball <input type="checkbox"/> Cheerleading <input type="checkbox"/> Drill Team	<input type="checkbox"/> Track & Field <input type="checkbox"/> Wrestling <input type="checkbox"/> Band/Orchestra <input type="checkbox"/> Other()
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All prospective participants must complete these materials, provide proof of medical insurance and have a parent/guardian signature authorizing their participation prior to participation in any activity or practice.

Student Name (Please Print)	School	Date of Birth	Grade
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Address - Street	Apt.	City	Zip	Home Phone
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CALIFORNIA LAW

The California Education Code (Sections 32221-32224 and 49470-49474) requires that each member of an athletic team shall have insurance coverage for medical and hospital expenses in an amount of at least \$1,500 while practicing for or participating in athletic activities under the jurisdiction of a public school district. "Member of an athletic team" means member of any extramural athletic team engaged in athletic events on or outside the school grounds, maintained or sponsored by the educational institution or a student body organization thereof. "Member of an athletic team" also includes members of school bands or orchestras, cheerleaders and their assistants, pompon girls, team managers and their assistants, and any student or pupil selected by the school or student body organization to directly assist in the conduct of the athletic event, including activities incidental thereto, but only while such members are being transported by or under the sponsorship or arrangements of the educational institution or a student body organization thereof to or from a school or other place of instruction and the place at which the athletic event is being conducted.

Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses. Some pupils may qualify to enroll in no-cost or low-cost local, state or federally insured program. Information about these programs which include other comparable no-cost or low-cost local, state or federally sponsored health insurance programs, may be obtained by calling 1-800-722-3365 or the Healthy Families and Medical Programs Information Line at 1-800-880-5305.

INSURANCE PROTECTION

Parents/Guardians must provide proof of insurance and complete and sign the following athletic waiver of insurance as evidence of other insurance coverage, or purchase Student Accident Insurance made available by the Tulare Joint Union High School District before the student is eligible to participate in athletic events.

Option A **Personal Insurance** - I hereby declare that my student, _____, has medical insurance in the amount of at least \$1,500 administered by _____ Insurance Co., Policy # _____, which will provide coverage for medical and hospital expenses resulting from accidental bodily injury while practicing for or participating in athletic events. Therefore, I do not want my student to subscribe to membership in the insurance program made available through the school district for accidental bodily injury and hereby release the Governing Board and school officials of the Tulare Joint Union High School District from any and all responsibility to provide the insurance required under California Education Code Section 32220-32224. I WILL NOTIFY THE SCHOOL OF ANY CHANGE OR LAPSE IN THE ABOVE COVERAGE.

A copy of student's proof of medical insurance is attached.

Option B **I wish to participate in the Student Accident Plan made available by Tulare Joint Union High School District.**

An insurance enrollment form should accompany this form, or you can obtain one online at the Student Insurance provider website.

1. Log on to www.peinsurance.com. Under "Products", click on "Students", then click the appropriate link for a Brochure in English or Spanish. **You may also sign up online and print proof of your coverage (attach to this document) OR**
2. Print Brochure, complete and bring to your coach or teacher to forward to the insurance company with your payment.

A copy of student's proof of insurance is attached.

Date _____

Signature of Parent/Guardian

SPORTS WARNING STATEMENT

Participating in competitive athletics may result in severe injury, including paralysis or death. Players can reduce the risk by reporting all physical problems to their coaches, following coaches' instructions regarding playing techniques, training and other team rules, etc., and agreeing to obey such instructions. Even if all these requirements are met, a serious accident may still occur.

PARENT PERMISSION

In consideration of the permission granted, we, the undersigned, hereby **RELEASE, DISCHARGE** and **HOLD HARMLESS** the Tulare Joint Union High School District from all liability arising out of or in connection with the identified athletic sport/activity. The release and discharge of the Tulare Joint Union High School District from all liability includes any defect or alleged negligence attributed to the Tulare Joint Union High School District or any of its coaches, agents, instructors, teachers or any assistants supervising, directing or instructing in the athletic sport/activity. (_____) **(to be initialed by the student and/or parent or guardian)**

I, _____, being the parent/legal guardian of _____ (student), have read the above release. I understand and agree to its terms. I understand that all sports can involve **MANY RISKS OF INJURY** including, but not limited to, those risks outlined above.

In the event of an accident, or sudden illness, the school district has my permission to render whatever emergency medical treatment may be deemed necessary for the above named student.

I am signing this document on my own behalf, as well as on behalf of my student athlete.

Signature of Parent/Guardian

Date _____