

## Medical Eligibility for Sports

To be eligible for participation in any sport, each student must complete four (4) forms. After these are reviewed, it is determined if the student is eligible. Any part that is not completed will need to be corrected and may cause a delay in eligibility.

### 1. **Athlete's Eligibility and Consent Form**

Complete the identifying information on all sections and sign each section.

### 2. **Emergency Card**

This emergency card is needed for the coach to have at all times. Please complete both sides of the card.

### 3. **Physical Examination and Health History**

The rules and regulations of the L.A. City Section of the California Interscholastic Federation (CIF) state that every student must have an **ANNUAL California** physical examination before practicing or competing in any athletics. This is for the protection and safety of the student and staff.

**Parents must complete the Pre-participation Physical Evaluation before going to the physician for the physical exam. Please fill in all information completely.**

A licensed physician must complete the white physical examination form in total. **The exam must be stamped by the physician or clinic where it was received in addition to the physician's written signature.** A physical done by a nurse practitioner must be co-signed by a physician.

**CIF rules state the physical exam is good for one year only.** If you had a physical on 9/1/05, you are eligible until 9/1/06. If your physician signs the form on 9/1/06 but states the physical was done on 9/1/05, you **must** have another physical. **There are no exceptions to this rule.**

If the physical exam is falsified, the student could be disqualified from sports or other extra-curricular activities for the entire year. The school's team might be forced to forfeit all contests in which the guilty student participated. If such a situation were discovered during playoffs for a sport, the team would be disqualified.

### 4. **CIF BYLAW 524 – Steroid Prohibition Use Form**

### 5. **Consent Form for Chatsworth Healthy Start (Optional)**

**(See back of this page for places to get physical examinations. Many clinics require you to bring your immunization record with you.)**

## Places to get Physical Examinations

- **Your own private doctor.**  
Call now to make your appointment.
- **County Health Department CHDP program:**  
The county CHDP program gives **free** complete health check-ups at no cost to eligible students. This program is for students under 19 without health insurance, or students with Medi-Cal coverage. These exams are available from many clinics and private doctors that do free CHDP physicals. The school nurse has a complete list and can provide several names of clinics and doctors in your area. Contact the school nurse for more information.

- **Medical Clinics and/or Urgent Care Clinics:**  
***BE PREPARED TO HAVE IMMUNIZATION RECORDS WITH YOU!***

|   |   |
|---|---|
| Valley Urgent Care, 9346 Corbin St., Northridge   | (818) 349-9966-----\$30   |
| Dr. Phillip Shore, 18546 Roscoe Blvd., Suite 230<br>Northridge                            | (818) 886-1100-----\$25   |
| West Oaks Family Practice, 20181 Saticoy, Canoga Park                                     | (818) 709-5700-----\$20   |
| Family Urgent Care, 15450 Ventura Blvd., Sherman Oaks                                     | (818) 996-6319-----\$25   |
| Florence Western Medical Clinic, 7301 S. Western Ave., L.A.<br><b>MUST BE WITH PARENT</b> | (323) 778-2131-----\$20   |
| Queens Care Medical Center, 150 Reno St., Echo Park                                       | (213) 380-7298----- CHDP (sliding scale)  |
| Urgencia Medical Clinic, 2151 West 6th St., Los Angeles                                   | (213) 483-2222-----CHDP (sliding scale)   |
| San Miguel Medical Clinic, 8771 Van Nuys Blvd.,<br>Panorama City                          | (818) 892-8349-----CHDP (sliding scale)   |
| Dr. Julio Vasquez, 18433 Roscoe Blvd., Suite 202,<br>Northridge                           | (818) 772-7393-----CHDP (sliding scale)<br><b>NO INSURANCE, LOW INCOME ONLY</b> |
| Dr. Allan Kurtz, 6325 Topanga Cyn. Blvd., Suite 501,<br>Woodland Hills                    | (818) 346-1440-----\$35   |
| Chatsworth Healthy Start Clinic, Lawrence Middle School,<br>Chatsworth                    | (818) 576-1334-----CHDP, Medi-Cal   |
| Columbus Middle School, Healthy Start, Canoga Park  | (818) 594-0614-----CHDP, Medi-Cal   |
| Kennedy High School-Based Clinic, Granada Hills   | (818) 831-8257-----CHDP, Medi-Cal   |
| Tarzana Treatment Center, 18646 Oxnard St., Tarzana                                       | (818) 342-5897-----CHDP (sliding scale)   |

|   |        |                    |          |                          |          |       |
|---|--------|--------------------|----------|--------------------------|----------|-------|
| Name  |        |                    |          | Birth date               |          |       |
| Address                                     |        |                    |          | Grade                    |          | Track |
| School Last Fall                            |        | School Last Spring |          | Date Entered Ninth Grade |          |       |
| I am participating in the following sports: | Fall 1 | Nurse              | Winter 1 | Nurse                    | Spring 1 | Nurse |
|   | Fall 2 | Nurse              | Winter 2 | Nurse                    | Spring 2 | Nurse |



**CIF LOS ANGELES CITY SECTION  
CHATSWORTH HIGH SCHOOL (8583)**

**ATHLETE'S ELIGIBILITY INFORMATION AND PARENT'S CONSENT  
TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS**

|                     |
|---------------------|
| Current School Year |
|---------------------|

As a member of a high school team you have many responsibilities. Among them is remaining eligible or reporting your ineligibility immediately should it occur. The Rules and Regulations Governing Interscholastic Athletics states, "If a school plays an ineligible student, knowingly or unknowingly, in any athletic contest involving team sports – all contests in which the student participated must be forfeited; In individual sports – only the points which the student won must be forfeited." Summarized below are the eligibility rules which you must observe:

1. Only students who are amateurs may participate in athletic contests.
2. Students on high school teams become ineligible if they play on "outside" teams, in the same sport, during their high school season of the sport.
3. For the purpose of this rule, outside competition is prohibited from the opening contest (scrimmage) until the final contest of that sport (league, playoff, or state competition) in which that school is involved, both dates inclusive. The prohibition on playing on outside teams applies to school holidays and vacation periods which occur during the season of the sport.
4. To be eligible for an athletic contest a student must be in attendance at school for at least two class hours on the day of the contest exclusive of the lunch hour and the athletic period. A student who is currently enrolled in at least 20 semester periods of work and passed in at least 20 semester periods of work at the completion of the last regular school marking period is scholastically eligible until the completion of the current regular school marking period.
5. The legal residence of a student who represents a high school in athletics must have been in the high school district of that school when registering as an entering student. Any student who registers in a school other than the one in whose district the student legally resides in is ineligible to represent that school in athletics unless attending on a permit which carries athletic privileges or on a Statement of Residence. If a Statement of Residence is on file, a student is ineligible to compete in athletics until 20 weeks of attendance have been completed in the new school.
6. Students who knowingly fail to provide complete and accurate information regarding eligibility to participate in athletics shall be declared ineligible to represent their school in any sport for one year following the date of the discovery of the offense.
7. When a bus is furnished to transport athletic teams to contests, only those participants traveling by bus will be eligible to compete. Students assigned to bus travel must return by bus.

**PLEASE SIGN THE FOLLOWING AFFIRMATION:** I am aware of my responsibilities and the regulations governing my participation in connection with the Interscholastic Athletic program. I will so govern myself that my association with the program will bring honor to it and my school, and I shall expect to be asked to withdraw from the activity in case I fail to do so. I agree to withdraw from the activity if requested to do so. I have read and understand the above requirements. Any attempt to circumvent the above rules will result in my being declared ineligible.

**PLEASE SIGN THE FOLLOWING AFFIRMATION:** I hereby grant permission for the above named student – athlete to participate in interscholastic baseball, basketball, cross country, football, golf, soccer, softball, swimming, tennis, track and field, volleyball, wrestling, cheer, dance team, drill team, and marching band including travel to and from athletic contests at other schools or locations. I have read and understand the above requirements. Any attempt to circumvent the above rules will result in my student-athlete being declared ineligible.

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

Student-Athlete Signature

Date

Parent Signature

Date

**ACKNOWLEDGMENT OF RISK AND INFORMED CONSENT FOR INTERSCHOLASTIC ATHLETIC PARTICIPATION**

We are aware that play/participation in any sport can be a dangerous activity involving MANY RISKS OF INJURY. We understand that the risks and dangers include, but are not limited to, death or paralysis, brain damage, cardiac arrest, serious injury to internal organs and to bones, joints, ligaments, muscles, tendons, and other serious injury or impairment to other aspects of the athlete's general health and well-being. We understand that the dangers and risks of participating in sport(s) also include the high cost of medical care and impairment of the athlete's future ability to earn a living, and engage in other business, social, and recreational activities. Recognizing these risks, we consent to the participation of the above named student-athlete in any sport of participation at **Chatsworth High School**.

Because of the dangers of participating in interscholastic sports, we recognize the importance of following coaches' instructions regarding playing techniques, training, and other team rules, as well as obeying such instructions.

**Both the applicant student and a parent or guardian must read carefully and sign. If there are any questions, contact the Athletic Director or the Administrator in Charge of Athletics at (818) 341-6211.**

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

Student-Athlete Signature

Date

Parent Signature

Date

Birth Date

STUDENT'S NAME

Name of Student-Athlete \_\_\_\_\_ Grade \_\_\_\_\_ Track \_\_\_\_\_

**ATHLETIC INSURANCE CERTIFICATE:** The governing board of each school district of any kind or class shall provide insurance protection for medical and hospital expenses resulting from accidental bodily injuries in an amount of at least one thousand five hundred dollars (\$1,500) for all such services for each member of an athletic team, through group, blanket or individual policies of accident insurance from authorized insurers or through a benefit and relief association described in subparagraph (1) of subdivision (c) of Section 10493 of the Insurance Code, for injury to members of athletic teams arising while such members are being transported by or under the sponsorship or arrangements of the school districts or a student body organization thereof to or from school or other places of instruction and the place of the athletic event. *Calif. Ed. Code, Vol 1, Part 19, Chapter 2, Article 3, Section 32221 (pgs. 1004, 1005, 1006), Revised 1979, Amended 1980.* One thousand five hundred dollars (\$1,500) insurance protection for medical and hospital expenses resulting from accidental bodily injuries must be provided for each member of an athletic team by the student or his/her parents or guardians through group, blanket policies, etc., or through the insurance carrier for the District. **I certify that this student has at least \$1,500 protection for medical and hospital expenses with**

|                           |                        |
|---------------------------|------------------------|
|                           |                        |
| Name of Insurance Carrier | Policy or Group Number |

to cover injuries incurred while participating in, practicing for, or traveling to and from extramural contests. I understand that the insurance requirement may be met by purchase of School District approved insurance coverage. **I have read and understand the rules above. I hereby grant permission for my son/daughter to participate in interscholastic athletics under these rules.**

|                  |      |
|------------------|------|
|                  |      |
| Parent Signature | Date |

### CODE OF CONDUCT FOR INTERSCHOLASTIC STUDENT-ATHLETES

Interscholastic athletic competition should demonstrate high standards of ethics and sportsmanship and promote the development of good character and other important life skills. The highest potential of sports is achieved when participants are committed to pursuing victory with honor according to six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship (the "Six Pillars of Character"). This code applies to all student-athletes involved in interscholastic sports in California. I understand that, in order to participate in high school athletics, I must act in accord with the following:

#### TRUSTWORTHINESS

*Trustworthiness* – be worthy of trust in all I do.

*Integrity* – live up to high ideals of ethics and sportsmanship and always pursue victory with honor; do what's right even when it's unpopular or personally costly.

*Honesty* – live and compete honorably; don't lie, cheat, steal or engage in any other dishonest or unsportsmanlike act.

*Reliability* – fulfill commitments; do what I say I will do; be on time to practices and games.

*Loyalty* – be loyal to my school and team; put the team above personal glory

#### RESPECT

*Respect* – treat all people with respect all the time and require the same of other student-athletes.

*Class* – live and play with class; be a good sport; be gracious in victory and accept defeat with dignity; give fallen opponents help, compliment extraordinary performance, show sincere respect in pre- and post-game rituals.

*Disrespectful Conduct* – don't engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual or racial nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.

*Respect Officials* – treat contest officials with respect; don't complain about or argue with official calls or decisions during or after an athletic contest.

#### CARING

*Concern for others* – demonstrate concern for others; never intentionally injure any player or engage in reckless behavior that might cause injury to myself or others.

*Teammates* – help promote the well-being of teammates by positive counseling and encouragement or by reporting any unhealthy or dangerous conduct to coaches.

#### RESPONSIBILITY

*Importance of Education* – be a student first and commit to getting the best education I can. Be honest with myself about the likelihood of getting an athletic scholarship or playing on a professional level and remember that many universities will not recruit student-athletes that do not have a serious commitment to their education, the ability to succeed academically or the character to represent their institution honorably.

*Role-Modeling* – Remember, participation in sports is a privilege, not a right and that I am expected to represent my school, coach and teammates with honor, on and off the field. Consistently exhibit good character and conduct yourself as a positive role model. *Suspension or termination of the participation privilege is within the sole discretion of the school administration.*

*Self-Control* – exercise self-control; don't fight or show excessive displays of anger or frustration; have the strength to overcome the temptation to retaliate.

*Healthy Lifestyle* – safeguard your health; don't use any illegal or unhealthy substances including alcohol, tobacco and drugs or engage in any unhealthy techniques to gain, lose or maintain weight.

*Integrity of the Game* – protect the integrity of the game; don't gamble. Play the game according to the rules.

#### FAIRNESS

*Be Fair* – live up to high standards of fair play; be open-minded; always be willing to listen and learn.

#### CITIZENSHIP

*Play by the Rules* – maintain a thorough knowledge of and abide by all applicable game and competition rules.

*Spirit of Rules* – honor the spirit and the letter of rules; avoid temptations to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship.

**I have read and understand the requirements of this Code of Conduct, I understand that I'm expected to perform according to this code and I understand that there may be sanctions or penalties if I do not.**

|                           |      |                  |      |
|---------------------------|------|------------------|------|
|                           |      |                  |      |
| Student-Athlete Signature | Date | Parent Signature | Date |

LOS ANGELES UNIFIED SCHOOL DISTRICT  
**Preparticipation Physical Evaluation**

**HISTORY**

DATE \_\_\_\_\_

|                                      |             |                    |                     |
|--------------------------------------|-------------|--------------------|---------------------|
| School <b>CHATSWORTH HIGH SCHOOL</b> | Grade _____ | Sports _____       |                     |
| Name _____                           | Sex _____   | Age _____          | Date of Birth _____ |
| Address _____                        |             | Phone (____) _____ |                     |
| Personal physician _____             |             |                    |                     |
| Address _____                        |             |                    |                     |
| City _____                           |             | State _____        | Zip code _____      |
| Phone (____) _____                   |             |                    |                     |

**In case of Emergency, contact:** \_\_\_\_\_

Relationship \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

**Explain "Yes" answers below. Circle questions you can't answer.**

- |  | Yes                      | No                       |  | Yes                      | No                       |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| 1. Have you had a medical illness or injury since your last check up or sports physical?<br>Do you have an ongoing or chronic illness?   | <input type="checkbox"/> | <input type="checkbox"/> | 10. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been hospitalized overnight?<br>Have you ever had surgery?  | <input type="checkbox"/> | <input type="checkbox"/> | 11. Have you had any problems with your eyes or vision?<br>Do you wear glasses, contacts, or protective eyewear?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?<br>Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?   | <input type="checkbox"/> | <input type="checkbox"/> | 12. Have you ever had a sprain, strain, or swelling after injury?<br>Have you broken or fractured any bones or dislocated any joints?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?<br>Have you ever had a rash or hives develop during or after exercise?   | <input type="checkbox"/> | <input type="checkbox"/> | Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?<br><i>If yes, check appropriate box and explain below.</i>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever passed out during or after exercise?<br>Have you ever been dizzy during or after exercise?<br>Have you ever had chest pain during or after exercise?<br>Do you get tired more quickly than your friends do during exercise?<br>Have you ever had racing of your heart or skipped heartbeats?<br>Have you had high blood pressure or high cholesterol?<br>Have you ever been told you have a heart murmur?<br>Has any family member or relative died of heart problems or of sudden death before age 50?<br>Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?<br>Has a physician ever denied or restricted your participation in sports for any heart problems? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip<br><input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh<br><input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knees<br><input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/calf<br><input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle<br><input type="checkbox"/> Upper arm <input type="checkbox"/> Foot | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?   | <input type="checkbox"/> | <input type="checkbox"/> | 13. Do you want to weigh more or less than you do now?<br>Do you lose weight regularly to meet weight requirements for your sport?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had a head injury or concussion?<br>Have you ever been knocked out, become unconscious, or lost your memory?<br>Have you ever had a seizure?<br>Do you have frequent or severe headaches?<br>Have you ever had numbness or tingling in your arms, hands, legs, or feet?<br>Have you ever had a stinger, burner, or pinched nerve?   | <input type="checkbox"/> | <input type="checkbox"/> | 14. Do you feel stressed out?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever become ill from exercising in the heat?   | <input type="checkbox"/> | <input type="checkbox"/> | 15. Record the dates of your most recent immunizations (shots) for:<br>Tetanus _____ Measles _____<br>Hepatitis B _____ Chickenpox _____   |                          |                          |
| 9. Do you cough, wheeze, or have trouble breathing during or after activity?<br>Do you have asthma?<br>Do you have seasonal allergies that require medical treatment?  | <input type="checkbox"/> | <input type="checkbox"/> | <b>FEMALES ONLY</b>  |                          |                          |
|  |                          |                          | 16. When was your first menstrual period? _____<br>When was your most recent menstrual period? _____<br>How much time do you usually have from the start of one period to the start of another? _____<br>How many periods have you had in the last year? _____<br>What was the longest time between periods in the last year? _____  |                          |                          |

**Explain "Yes" answers here:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.**

**Signature of athlete** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of parent/guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PHYSICAL EXAMINATION FOR INTERSCHOLASTIC ATHLETICS**

**DATE OF EXAM** \_\_\_\_\_

|                   |              |                            |   |
|-------------------|--------------|----------------------------|---|
| <b>NAME</b> _____ |              | <b>Date of Birth</b> _____ |   |
| Height _____      | Weight _____ | %Body fat (optional) _____ | Pulse _____ BP ____/____ (____/____, ____/____) |
| Vision: R 20/____ | L 20/____    | Corrected: Yes No          | Pupils: Equal _____ Unequal _____               |

|                        | Normal | Abnormal Findings | Initials* |
|------------------------|--------|-------------------|-----------|
| <b>MEDICAL</b>         |        |                   |           |
| Appearance             |        |                   |           |
| Eyes/Ears/Nose/Throat  |        |                   |           |
| Lymph Nodes            |        |                   |           |
| Heart                  |        |                   |           |
| Pulses                 |        |                   |           |
| Lungs                  |        |                   |           |
| Abdomen                |        |                   |           |
| Genitalia (males only) |        |                   |           |
| Skin                   |        |                   |           |
| <b>MUSCULOSKELETAL</b> |        |                   |           |
| Neck                   |        |                   |           |
| Back                   |        |                   |           |
| Shoulder/arm           |        |                   |           |
| Elbow/forearm          |        |                   |           |
| Wrist/hand             |        |                   |           |
| Hip/thigh              |        |                   |           |
| Knee                   |        |                   |           |
| Leg/ankle              |        |                   |           |
| Foot                   |        |                   |           |

\* Station-based examination only

**CLEARANCE**

- Cleared
- Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

Tetanus immunization (date of last booster): \_\_\_\_\_

Varicella Documentation: \_\_\_\_\_  MMR #2: \_\_\_\_\_

Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of physician (print/type) \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Signature of physician \_\_\_\_\_, M.D. or D.O. Date of exam \_\_\_\_\_

**THIS EXAM MUST HAVE A STAMP AND SIGNATURE. IF IT IS DONE BY A NURSE PRACTITIONER OR A PHYSICIANS ASST., IT MUST BE CO-SIGNED BY MD.**



Los Angeles Unified School District  
Parent/Guardian Publicity Authorization and Release

Dear Parent/Guardian:

The Los Angeles Unified School District requests your permission to reproduce through printed, audio, visual, or electronic means activities in which your pupil has participated in his/her education program. Your authorization will enable us to use specially prepared materials to (1) train teachers and/or (2) increase public awareness and promote continuation and improvement of education programs through the use of mass media, displays, brochures, websites, etc.

**1. Name of Pupil (please print)**

**2. Birth date (please print)**

**3. Name of Parent (please print)**

- a. I, as a parent or guardian, of the above named pupil fully authorize and grant the Los Angeles Unified School District and its authorized representatives, the right to print, photograph, record, and edit as desired, the biographical information, name, image, likeness, and/or voice of the above named pupil on audio, video, film, slide, or any other electronic and printed formats, currently developed, (known as "Recordings"), for the purposes stated or related to the above.
- b. I understand and agree that use of such Recordings will be without any compensation to the pupil or the pupil's parent or guardian.
- c. I understand and agree that the Los Angeles Unified School District and/or authorized representatives shall have the exclusive right, title, and interest, including copyright, in the Recordings.
- d. I understand and agree the Los Angeles Unified School District and/or its authorized representatives shall have the unlimited right to use the Recordings for any purposes stated or related to the above.
- e. I hereby release and hold harmless the Los Angeles Unified School District and its authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney's fees, brought by the pupil and/or parent or guardian which relate to or arise out of any use of these Recordings as specified above.

**My signature shows that I have read and understand the release and I agree to accept its provisions.**

**4. Signature of Parent/Guardian**

**5. Date Signed**

**6. Address (Number, Street, Apartment Number)**

**7. City**

**8. State**

**9. Zip Code**

**10. Telephone**

**Granting of permission is voluntary. Please return completed form to school.**

**11. Principal**

**12. School**

**Approved as to form by the  
Office of the General Counsel.**

This form shall not be amended without the written approval of both the Office of the General Counsel and the Office of Communications/Public Information

Dear Chancellor Parent(s)/Guardian(s):


The Parent/Guardian Publicity Authorization Release (on reverse side) is a permission slip that must be filled out and signed so that your child's photos can be posted on the [chatsworthhs.org](http://chatsworthhs.org) Web site.

Having the photos of the student body posted on the Web site would put a face to the name of the [chatsworthhs.org](http://chatsworthhs.org) Web site. It's nice to be able to tell the community about all of the great things that are happening here at Chatsworth, but it would be that much nicer to be able to show them. We envision being able to show Chancellors who are involved in every aspect of student life, but without these completed consent forms we cannot include your child's photograph.

Filling out and returning this form is voluntary, but students who do not return a completed copy of this form cannot have their photographs and/or information posted on the [chatsworthhs.org](http://chatsworthhs.org) Web site.

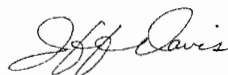
Please show your support for Chatsworth and our new Web site by completing and returning this form as soon as possible. We thank you and look forward to your participation. C-House Pride Cannot Be Denied!

Sincerely,



Michael Immken  
Title I Coordinator

Approved: Jeff Davis, Principal





## CIF LOS ANGELES CITY SECTION

### CIF BYLAW 524/STEROID PROHIBITION USE FORM

\_\_\_\_\_  
Print Name of Student-Athlete

\_\_\_\_\_  
Birth date

Chatsworth High School  
School

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Bylaw 524).

By signing below, both the participating student-athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We also recognize that under CIF Bylaw 200.D., there could be penalties for false or fraudulent information. We also understand that the CIF Los Angeles City Section/Los Angeles Unified School District policy regarding the use of illegal drugs will be enforced for any violations of these rules.

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Caregiver

\_\_\_\_\_  
Date



LOS ANGELES UNIFIED SCHOOL DISTRICT

REQUEST FOR FREE AND LOW-COST HEALTHCARE INSURANCE INFORMATION

Healthy Children Are Better Learners!

By completing this form, you can request that the District, or one of its partners, contact you by phone to give you information about free and low-cost healthcare insurance programs for your child and family.

CHAMP

Children's Health Access and Medi-Cal Program

THIS FORM IS NOT AN APPLICATION FOR HEALTH INSURANCE.

Complete this form only if your child does not have healthcare insurance.

Free and Low-Cost Healthcare Insurance Programs include:

- Medi-Cal, Kaiser Permanente Cares for Kids, Healthy Families, Access for Infants & Mothers (AIM), Healthy Kids, C H D P, and California Kids, Other public and private programs.

There are even programs for children who do not have legal immigration status.

AUTHORIZATION

I authorize the District to share information that I provide on this form with a partnering community agency, managed care, or health plan organization so that I may receive healthcare insurance enrollment assistance.

Please mark (X) your choices. Check as many as you like.

Community Agency Partner, Managed Care Organization or Health Plan Partner, School District Staff

If you mark more than one, this form will be forwarded to the first available - only one will call you.

X Signature of Parent or Legal Guardian, Date

PLEASE PRINT CAPITAL LETTERS WITH BLACK INK

Student's Last Name, Student's First Name, Middle Initial

Student's School Name, Grade

Parent's or Legal Guardian's Last Name, Parent's or Legal Guardian's First Name, Middle Initial

Address, City, Zip Code

Home Phone Number, Other Phone Number, Mark (X) best time to call AM, PM

Mark (X) languages you prefer English, Spanish, Other (Please enter)

Parents: Please return this form to your child's school. Thank you.

If you have questions, please call the District's toll-free Helpline. 1 (866) 742 - 2273 Monday - Friday

School Staff: Please return this form to: CHAMP Office, 17th Street Annex, Room C, 644 West 17th St, Los Angeles, CA 90015

Children's Health Access and Medi-Cal Program (CHAMP) is under the Los Angeles Unified School District's Student Health and Human Services Division, Office of Integrated Student Health Partnerships



DISTRITO ESCOLAR UNIFICADO DE LOS ANGELES

SOLICITUD PARA INFORMACION SOBRE SEGURO MEDICO GRATIS O DE BAJO COSTO

¡Niños Saludables Aprenden Mejor!

Al completar ésta forma, usted esta solicitando que el distrito, o una de las agencias de la comunidad asociada, se comuniqué con usted por teléfono para darle información acerca de los programas de seguro médico gratuito o de bajo costo para su hijo(a), y su familia.

ESTA FORMA NO ES UNA APLICACIÓN PARA SEGURO MÉDICO.

Complete ésta forma solamente si su hijo(a) no tienen seguro médico.

CHAMP

Programa de Acceso a la Salud y Medi-Cal para niños

Los Programas de Seguro Médico y de bajo costo incluyen:

- Medi-Cal, Kaiser Permanente Cares for Kids, Healthy Families, Acceso para Infantes y sus Mamás (AIM), Healthy Kids, C H D P, y California Kids, Otros programas públicos y privados.

Tambien hay programas para niños que no tienen la residencia legal.

AUTORIZACION

Yo autorizo al Distrito para que comparta ésta información con las organizaciones asociadas, como; las agencias de la comunidad, y/o las organizaciones de planes de salud; para que yo pueda recibir asistencia en la inscripción en los seguros médicos. Por favor marque (X) en cualquiera de las siguientes agencias.

Agencia de la Comunidad Asociada

Organización de Planes de Salud

Empleados del Distrito Escolar

Si usted marca más de una agencia, ésta forma sera enviada a la primera agencia que este disponible-usted sólo recibira una llamada.

X

Firma del Padre o Tutor Legal

Fecha

POR FAVOR ESCRIBA CON TINTA NEGRA Y LETRA DE MOLDE

Apellido del estudiante, Primer Nombre del estudiante, Inicial

Nombre de la escuela a la que asiste el estudiante, Grado

Apellido del Padre o Tutor Legal, Primer Nombre del Padre o Tutor Legal, Inicial

Dirección, Ciudad, Código Postal

Número de teléfono de la casa, Otro Número de teléfono, Marque (X) Mejor hora para llamar AM PM

Marque (X) El idioma que usted prefiere Inglés Español Otros (por favor especifique)

Padres: Por favor regresen esta forma a la escuela de su niño. Gracias

Si usted tiene alguna pregunta, por favor llame a la línea gratuita de ayuda del Distrito. 1 (866) 742-2273 de Lunes a Viernes

School Staff: Please return this form to:CHAMP Office, 17th Street Annex, Room C, 644 W. 17th Street, Los Angeles, CA 90015

Children's Health Access and Medi-Cal Program (CHAMP) is under the Los Angeles Unified School District's Student Health and Human Services Division, Office of Integrated Student Health Partnerships