

Code of Ethics - Athletes

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 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. Win with character, lose with dignity.

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 (Article 523).

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 recognize that under CIF Bylaw 202, there could be penalties for false or fraudulent information.

We also understand that the _____ (school/school district name) policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Printed Name of Student Athlete

Signature of Student Athlete

Date

Signature of Parent/Caregiver

Date

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.



MEDICAL TREATMENT AUTHORIZATION AND TRAVEL AUTHORIZATION

I hereby give permission for my child, (*Student-Athlete's name*) _____, to participate in the St. Bonaventure Athletic Program (practices and games) and to include travel with his/her team for athletic contests for the entire term of the student's enrollment at the school.

In the event of illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licensed physician is deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be the responsibility of the parent(s) guardian(s).

I fully understand that my child is to accept all rules and requirements governing conduct during his/her season of sport. It is understood that any child determined to be in violation or unfulfilling of these behavior standards will be sent home at parent's/guardian's expense, or as provided in Education Code Section 35330.

I hereby release and discharge Saint Bonaventure High School, it's officers, employees, agents, and servants from all actions, claims, or demands that I, my heirs, distributes or assigns may have for injury to person or property arising out of or in connection with the above athletic contest. I have read this agreement carefully and fully understand its contents and agree thereto.

Name of Parent / Guardian: _____ Phone #1: _____
Address: _____ Phone# 2: _____
Health Insurance Company: _____
Policy Number: _____ Group Number: _____

Please list any health issues the coach may need to know about: (*Attach another sheet if necessary*)

Emergency Contact Info: In the event of illness or accident, if different from above, please contact:

Name : _____ Relation: _____ Phone: _____

Signature of Parent / Guardian: _____ Date: _____

Physical Examination

(Please type or print)

Student's Name _____ Birth Date _____
 Last First Middle Date of Exam _____
 Height _____ Weight _____ % Body Fat (optional) _____ Pulse _____ BP ____ / ____
 Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal ____ Unequal ____

Normal

Abnormal Findings

Initials*

MEDICAL

Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			

MUSCULOSKELETAL

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: _____

- Not cleared for: _____ Reason: _____
 Recommendations: _____

I certify that I have on this date examined this student and that, on the basis of the examination requested by the school authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities (Note exceptions above).

 Physician's Name and Address (stamp or print)
 If the Physician's Assistant (P.A.) or Advanced Nurse Practitioner (A.N.P.) performed the exam, name and address of collaborating physician or physician group:

 Examiner's Signature Date

 Examiner's Telephone Number

NOTE: History and Consent Must be Completed Prior to Physical Examination

St. Bonaventure High School Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Headaches • “Pressure in head” • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns | <ul style="list-style-type: none"> • Amnesia • “Don’t feel right” • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/comment |
|--|---|

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

St. Bonaventure High School
Concussion Information Sheet

What can happen if my child keeps on playing with a concussion or returns to soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and for the remainder of the day.”

and

“A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child's coach if you think that your child may have a concussion Remember its better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date



**SAINT BONAVENTURE HIGH SCHOOL
ATHLETIC BOOSTER CLUB
PARENT INTEREST FORM**

If your son or daughter attends Saint Bonaventure and you would like to be involved in raising funds for the athletic programs, we would encourage you to support all of our athletic programs by joining the SBHS Athletic Booster Club. Membership is free and there is no obligation.

Parent Name(s) _____

Student Name(s) _____ Grade(s) _____

Address _____

City _____ Zip _____

Phone Number(s) _____

Email #1 _____

Email #2 _____

Note: Please be sure to furnish email address to receive information and reminder about booster events, volunteer dates, meetings, etc.

Please direct questions regarding membership to:

SBHSBoosters@hotmail.com

Meetings are once a month for about an hour. We always need volunteers to help work football games and other large group athletic gatherings throughout the year.

St. Bonaventure High School

3167 Telegraph Rd
Ventura, CA 93003
805-648-6836
FAX 805-648-4903

Directory of Coaches

Baseball: Coach Chris Castro	chris_castro805@yahoo.com	
Girls Basketball: Coach Ruben Marin	coachrmarin@aol.com	
Boys Basketball: TBD	TBD	
Boys Soccer: Coach Andrew Walk	andrewjwalk@gmail.com	
Girls Soccer: Coach Eisa Ganjour	eisaganjour@gmail.com	
Football: Coach Joe Goyeneche	jgoyeneche@sbhsvta.org	
Softball: Coach Andy Gibson	coyboys@aol.com	agibson@sbhsvta.org
Boys Swimming: Coach Sarah Shaw	sarahshah@callutheran.edu	
Girls Swimming: Coach Sarah Shaw	sarahshah@callutheran.edu	
Boys Cross Country: TBA		
Girls Cross Country: TBA		
Boys Golf: Coach Jon Gomez	thegteam07@hotmail.com	
Girls Golf: Coach Jon Gomez	thegteam07@hotmail.com	
Boys Track/Field: Coach Amy Mortenson	dancencd@sbcglobal.net	
Girls Track/Field: Coach Amy Mortenson	dancencd@sbcglobal.net	
Boys Tennis: Coach Barry Feldstein	bfeldstein51@gmail.com	
Girls Tennis: Coach Barry Feldstein	bfeldstein51@gmail.com	
Girls Volleyball: Coach Jonathan Ballard	coachjon84@gmail.com	nitroman84@yahoo.com
Girls Beach Volleyball: Coach Jonathan Ballard	coachjon84@gmail.com	nitroman84@yahoo.com
Athletic Director: Coach John Muller	jmuller@sbhsvta.org	ext 125

