

# ARNOLD O. BECKMAN HIGH SCHOOL

*Home of the Patriots  
2015 California Gold Ribbon School*

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3588 Bryan Avenue • Irvine, California 92602-1347 • (714)734-2900 • [www.tustin.k12.ca.us/beckmanhs](http://www.tustin.k12.ca.us/beckmanhs)

*Donnie Rafter, Principal  
Penn Bushong, Assistant Principal  
Devang Brahmhatt Assistant Principal  
Jaclyn Spangler, Assistant Principal*

To Parents, Beckman Athletes and Families,

The Athletic Clearance Process has changed from the format that was utilized in the past. All students will have their clearances conducted online and housed at:

[www.athleticclearance.com](http://www.athleticclearance.com)

The first step is to create an account that will be used throughout your student's high school career.

1. From the above you will create an account using the "register" key. You'll need to provide a valid email address and create a password.
2. Once you create an account you will have to **verify** your account by reviewing your Email and clicking the link that will be sent to you. If you do not receive a verification within 48 hours check your spam email. Once you have clicked the link you will have successfully started the clearance process.
3. Now **Login** at [www.athleticclearance.com](http://www.athleticclearance.com) with your username and password that you have created.
4. **Select** the "New Clearance" button (upper left-hand corner) to get started.
5. **Complete** any required fields for student information, educational history, medical history, additional forms, physical, and consent including your Student's school identification number. Please double-check that the student ID number you've input is accurate.
6. **Press** submit and you will have now completed the entire registration process.
7. All of this data will be electronically filed with the BHS athletic department. An Email will be sent to you upon approval of your student forms.
8. **Physical Form:** The physical form is located on the Beckman website under Athletics in the clearance packet. Please take the physical form with you when you see your MD or DO. **All completed physical pages and the Signature Confirmation Page from [www.athleticclearance.com](http://www.athleticclearance.com) need to be turned in to the reception desk during work hours after the physical has been uploaded to your account.**
9. If you do not know student current High School I.D. number do not enter it on the form.

The account that you create will stay with your student throughout their high school career, In the upcoming years we will only ask for you to enter your account and update the signature pages and physical. By law each year we require a completed Athletic Physical.

Feel free to contact us with any questions at one of our emails below.

Thank you,  
Steve Fischel Boys Athletic Director  
[sfischel@tustin.k12.ca.us](mailto:sfischel@tustin.k12.ca.us)

Monica Salas Girls Athletic Director  
[msalas@tustin.k12.ca.us](mailto:msalas@tustin.k12.ca.us)



300 South C Street, Tustin, CA 92780 | (714) 730-7301 | www.tustin.k12.ca.us

**■ PREPARTICIPATION PHYSICAL EVALUATION**

**Part I - HISTORY FORM**

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex assigned at birth (F, M, or intersex): \_\_\_\_\_ How do you identify your gender? (F, M, or other): \_\_\_\_\_

Have you had COVID-19? (check one):  Y  N

Have you been immunized for COVID-19? (check one):  Y  N If yes, have you had:  One shot  Two shots  
 Three shots  Booster date(s) \_\_\_\_\_

List past and current medical conditions. \_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures. \_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).  
 \_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).  
 \_\_\_\_\_

Patient Health Questionnaire Version 4 (PHQ-4)  
 Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)		
	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU		
	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)		
	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		
	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		



BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

**Explain "Yes" answers here.**

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

Signature of athlete: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_

## ■ EVALUACIÓN FÍSICA PREVIA A LA PARTICIPACIÓN

### Parte I - FORMULARIO DE HISTORIAL CLÍNICO

Nota: Complete y firme este formulario (con la supervisión de sus padres si es menor de 18 años) antes de acudir a su cita.

Nombre: \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_

Fecha del examen médico: \_\_\_\_\_ Deporte(s): \_\_\_\_\_

Sexo que se le asignó al nacer (F, M o intersexual): \_\_\_\_\_ ¿Con cuál género se identifica? (F, M u otro): \_\_\_\_\_

¿Ha tenido COVID-19? (elijá una opción)  Sí  No

¿Ha recibido la vacuna contra el COVID-19? (elijá una opción):  Sí  No Si la respuesta es sí, usted recibió:  Una dosis  Dos dosis  
 Tres dosis  Fecha de la dosis de refuerzo \_\_\_\_\_

Mencione los padecimientos médicos pasados y actuales que haya tenido. \_\_\_\_\_

¿Alguna vez se le practicó una cirugía? Si la respuesta es afirmativa, haga una lista de todas sus cirugías previas. \_\_\_\_\_

Medicamentos y suplementos: Enumere todos los medicamentos recetados, medicamentos de venta libre y suplementos (herbolarios y nutricionales) que consume. \_\_\_\_\_

¿Sufre de algún tipo de alergia? Si la respuesta es afirmativa, haga una lista de todas sus alergias (por ejemplo, a algún medicamento, al polen, a los alimentos, a las picaduras de insectos). \_\_\_\_\_

#### Cuestionario sobre la salud del paciente versión 4 (PHQ-4)

Durante las últimas dos semanas, ¿con qué frecuencia experimentó alguno de los siguientes problemas de salud? (Encierre en un círculo la respuesta)

	Ningún día	Varios días	Más de la mitad de los días	Casi todos los días
Se siente nervioso, ansioso o inquieto	0	1	2	3
No es capaz de detener o controlar la preocupación	0	1	2	3
Siente poco interés o satisfacción por hacer cosas	0	1	2	3
Se siente triste, deprimido o desesperado	0	1	2	3

(Una suma  $\geq 3$  se considera positiva en cualquiera de las subescalas, [preguntas 1 y 2 o preguntas 3 y 4] a fin de obtener un diagnóstico).

PREGUNTAS GENERALES		
(Dé una explicación para las preguntas en las que contestó "Sí", en la parte final de este formulario. Encierre en un círculo las preguntas si no sabe la respuesta).		
	Sí	No
1. ¿Tiene alguna preocupación que le gustaría discutir con su proveedor de servicios médicos?		
2. ¿Alguna vez un proveedor de servicios médicos le prohibió o restringió practicar deportes por algún motivo?		
3. ¿Padece algún problema médico o enfermedad reciente?		
PREGUNTAS SOBRE SU SALUD CARDIOVASCULAR		
	Sí	No
4. ¿Alguna vez se desmayó o estuvo a punto de desmayarse mientras hacía, o después de hacer, ejercicio?		

PREGUNTAS SOBRE SU SALUD CARDIOVASCULAR (CONTINUACIÓN)		
	Sí	No
5. ¿Alguna vez sintió molestias, dolor, compresión o presión en el pecho mientras hacía ejercicio?		
6. ¿Alguna vez sintió que su corazón se aceleraba, palpitaba en su pecho o latía intermitentemente (con latidos irregulares) mientras hacía ejercicio?		
7. ¿Alguna vez un médico le dijo que tiene problemas cardíacos?		
8. ¿Alguna vez un médico le pidió que se hiciera un examen del corazón? Por ejemplo, electrocardiografía (ECG) o ecocardiografía.		
9. Cuando hace ejercicio, ¿se siente mareado o siente que le falta el aire más que a sus amigos?		
10. ¿Alguna vez tuvo convulsiones?		

PREGUNTAS SOBRE LA SALUD CARDIOVASCULAR DE SU FAMILIA		
	Sí	No
11. ¿Alguno de los miembros de su familia o pariente murió debido a problemas cardíacos o tuvo una muerte súbita e inesperada o inexplicable antes de los 35 años de edad (incluyendo muerte por ahogamiento o un accidente automovilístico inexplicables)?		
12. ¿Alguno de los miembros de su familia padece un problema cardíaco genético como la miocardiopatía hipertrófica (HCM), el síndrome de Marfan, la miocardiopatía arritmogénica del ventrículo derecho (ARVC), el síndrome del QT largo (LQTS), el síndrome del QT corto (SQTS), el síndrome de Brugada o la taquicardia ventricular polimórfica catecolaminérgica (CPVT)?		
13. ¿Alguno de los miembros de su familia utilizó un marcapasos o se le implantó un desfibrilador antes de los 35 años?		
PREGUNTAS SOBRE LOS HUESOS Y LAS ARTICULACIONES		
	Sí	No
14. ¿Alguna vez sufrió una fractura por estrés o una lesión en un hueso, músculo, ligamento, articulación o tendón que le hizo faltar a una práctica o juego?		
15. ¿Sufre alguna lesión ósea, muscular, de los ligamentos o de las articulaciones que le causa molestia?		
PREGUNTAS SOBRE CONDICIONES MÉDICAS		
	Sí	No
16. ¿Tose, sibila o experimenta alguna dificultad para respirar durante o después de hacer ejercicio?		
17. ¿Le falta un riñón, un ojo, un testículo (en el caso de los hombres), el bazo o cualquier otro órgano?		
18. ¿Sufre dolor en la ingle o en los testículos, o tiene alguna protuberancia o hernia dolorosa en la zona inguinal?		
19. ¿Padece erupciones cutáneas recurrentes o que aparecen y desaparecen, incluyendo el herpes o Staphylococcus aureus resistente a la meticilina (MRSA)?		

PREGUNTAS SOBRE CONDICIONES MÉDICAS (CONTINUACIÓN)			
	Sí	No	
20. ¿Alguna vez sufrió un traumatismo craneoencefálico o una lesión en la cabeza que le causó confusión, un dolor de cabeza prolongado o problemas de memoria?			
21. ¿Alguna vez sintió adormecimiento, hormigueo, debilidad en los brazos o piernas, o fue incapaz de mover los brazos o las piernas después de sufrir un golpe o una caída?			
22. ¿Alguna vez se enfermó al realizar ejercicio cuando hacía calor?			
23. ¿Usted o algún miembro de su familia tiene el rasgo drepanocítico o padece una enfermedad drepanocítica?			
24. ¿Alguna vez tuvo o tiene algún problema con sus ojos o su visión?			
25. ¿Le preocupa su peso?			
26. ¿Está tratando de bajar o subir de peso, o alguien le recomendó que baje o suba de peso?			
27. ¿Sigue alguna dieta especial o evita ciertos tipos o grupos de alimentos?			
28. ¿Alguna vez sufrió un desorden alimenticio?			
ÚNICAMENTE MUJERES		Sí	No
29. ¿Ha tenido al menos un periodo menstrual?			
30. ¿A los cuántos años tuvo su primer periodo menstrual?			
31. ¿Cuándo fue su periodo menstrual más reciente?			
32. ¿Cuántos periodos menstruales ha tenido en los últimos 12 meses?			

**Proporcione una explicación aquí para las preguntas en las que contestó "Sí".**

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**Por la presente declaro que, según mis conocimientos, mis respuestas a las preguntas de este formulario están completas y son correctas.**

Firma del atleta: \_\_\_\_\_

Firma del padre o tutor: \_\_\_\_\_

Fecha: \_\_\_\_\_



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**■ PREPARTICIPATION PHYSICAL EVALUATION**

**Part II - PHYSICAL EXAMINATION FORM**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**PHYSICIAN REMINDERS**

- Consider additional questions on more-sensitive issues.
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ ( _____ / _____ )	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
COVID-19 VACCINE		
Previously received COVID-19 vaccine: <input type="checkbox"/> Y <input type="checkbox"/> N		
Administered COVID-19 vaccine at this visit: <input type="checkbox"/> Y <input type="checkbox"/> N If yes: <input type="checkbox"/> First dose <input type="checkbox"/> Second dose <input type="checkbox"/> Third dose <input type="checkbox"/> Booster date(s) _____		
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, ears, nose, and throat • Pupils equal • Hearing		
Lymph nodes		
Heart* • Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Lungs		
Abdomen		
Skin • Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test		

\* Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA



■ PREPARTICIPATION PHYSICAL EVALUATION

**MEDICAL ELIGIBILITY FORM**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

\_\_\_\_\_  
\_\_\_\_\_

- Medically eligible for certain sports

\_\_\_\_\_  
\_\_\_\_\_

- Not medically eligible pending further evaluation

- Not medically eligible for any sports

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

\_\_\_\_\_  
\_\_\_\_\_

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

**SHARED EMERGENCY INFORMATION**

Allergies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Emergency contacts: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Book	Policy Manual
Section	5000 - Students
Title	Student Code of Conduct
Code	BP 5131.6
Status	Active
Adopted	November 14, 2006

## Students

### STUDENT CODE OF CONDUCT

Tustin Unified School District views the participation in extra-curricular and co-curricular activities as part of the total school experience where academics and activities help our students to become better citizens in the community and school. While the focus on academics is of paramount importance, participation in extra-curricular and co-curricular activities can open the door to opportunities and afford training and experiences not ordinarily obtainable in the regular school curriculum. District encourages all students to participate in extra-curricular or co-curricular programs. However, it recognizes that additional effort, time, training and practice are part of these activities. In addition, there is a higher expectation for participating students because they represent their school to the community. As a consequence, student participants in activities are expected to conduct themselves at all times and in all places in a manner which will bring credit to themselves, their classmates, the school and their community.

Students who participate in these activities will receive a copy of this document and will be expected to adhere to the expectations at all times.

The District also makes the commitment not to discriminate in access to extra-curricular or co-curricular activities or in the administration of disciplinary actions on the basis of sex, race, religion, ancestry, sexual orientation, national origin, or physical, mental emotional or learning disability.

#### GENERAL EXPECTATIONS

All students participating in extra-curricular or co-curricular activities shall abide by District school rules and Education Code requirements at all times including weekends and non-school hours and non-school days. The above provisions also apply to all related school activities or attendance, which occur at any time, including, but not limited to any of the following:

- While on school grounds.
- While going to or coming from school
- During the lunch period whether on or off the campus.
- During, or while going to or coming from, a school sponsored activity.

A student participant must maintain a 2.0 Grade Point Average (GPA) prior to their participation in the extra-curricular or co-curricular activity. (Refer to Policy 6145, and CIF requirements.)

It is the policy of the District that the use of performance-enhancing drugs is prohibited.

#### PARTICIPATION PREREQUISITES

In addition to the academic requirements outlined above, prior to any student participation, the student may be required to provide additional information, including, but not limited to, the following to the District:

Physical forms signed by the parent/guardian/caregiver and a physician.

Verification of insurance signed by the parent/guardian/caregiver.

Transportation, Waiver of Claims and Off-Campus Permit form signed by the parent/ guardian/caregiver.

All students in activities are expected to purchase an Associated Student Body ("ASB") card.

#### DUE PROCESS

Participation in extra-curricular and co-curricular activities is a privilege not a right. Therefore, failure to meet standards of citizenship and good behavior may result in the removal of those privileges. However, determinations regarding administration of discipline will be the responsibility of the school Principal/designee. The authority to make this determination will vest in the site administrator or Principal.



Book	Policy Manual
Section	5000 - Students
Title	Code of Conduct for Co-Curricular and Extra-Curricular Participation
Code	BP 5131.6-R
Status	Active
Adopted	November 14, 2005
Last Revised	May 9, 2013

**Students  
Elementary and Secondary**

**CODE OF CONDUCT FOR CO-CURRICULAR AND  
EXTRA-CURRICULAR PARTICIPATION**

Each high school takes a vital interest in co-curricular and extra-curricular participation in athletics, student council, band, orchestra, cheerleading, drama, dance team, choral groups, and clubs by promoting fair discipline as well as responsible standards for behavior, dress, and grooming. It is recognized that these regulations are necessary to maintain team/club/group morale, individual discipline and effective learning. Participation in co-curricular and extra-curricular activities is a privilege, not a right, and may be revoked by the principal/designee whenever a student violates this regulation.

This Administrative Regulation is the expression of the minimum standard for the code of conduct of participants in co-curricular and extra-curricular activities. As such, an individual school site, activity, or program is not prohibited from establishing a higher standard of conduct as long as the participant in the activity is aware of, and consented to, that higher standard as a requirement for participation.

Tustin Unified School District co-curricular and extra-curricular student participants must be good citizens. As defined in this Administrative Regulation, participant means a student who has either enrolled or attended at least one meeting of a student club or activity.

**Citizenship**

1. Student participation in activities requires good citizenship. Any student who verbally or through gestures, communicates profanity to an opponent, official, or fans will be evaluated for disciplinary action
2. Infractions involving hazing or other serious violations of the Education Code can carry a penalty of suspension from the activity and restricted participation in school activities. The principal/designee(s) will review the infractions. The response to the incident may include, but is not limited to the following:
  - a. First Offense Suspension for 1 to 10 days of participation
  - b. Second Offense Suspension from 1 to 15 days of participation
  - c. Third Offense Suspension from the activity for up to one year
3. Infractions of a less serious nature may result in a student being suspended from an activity directly by the coach/teacher/advisor. If a coach/teacher/advisor suspends a participant for more than one day, the coach/teacher/advisor must contact the principal/athletic director/activities director/designee as well as the student's parents.
4. Discipline problems arising within the domain of the activity and/or contest are to be handled at the coach's/teacher's/advisor's discretion. Parents/guardians/caregivers will be informed at the earliest time possible.

**Alcohol/Narcotics**

Any student in the Tustin Unified School District who possesses, uses, transports, or is under the influence of any controlled substance, alcoholic beverage, intoxicant of any kind, or who possesses or sells any drug paraphernalia shall be subject to suspension and/or expulsion from the school and activity.

Any student who sells or provides a controlled substance or intoxicant of any kind shall immediately be suspended and shall be recommended for expulsion.

The above provisions apply to related school activities, or attendance at such activities, which occur at any time, including, but not limited to any of the following:

- While on school grounds
- While going to or coming home from school
- During lunch period on or off campus
- During or while going to or coming from a school sponsored activity

Any student who violates the District's Drug and Alcohol Policy shall be ineligible to represent their school in competition or performances (in athletics, activities, or performing arts) for ten consecutive calendar weeks from the date of the infraction, excluding summer break (recess).

The ramifications for violation of this code of conduct policy do not preclude the ability of the school site or District to impose discipline, including involuntary transfer, suspension, or expulsion.

**Participant Dismissal and Abandonment**

1. A participant dismissed from any team will be removed from the appropriate co-curricular/extra-curricular class.
2. Abandonment of any activity precludes the participant from participating in another activity for the period of time the abandoned activity is in season. A participant abandons an activity when the participant departs without the knowledge or permission of the coach/teacher/advisor.

**Scholastic Eligibility (6-12)**

1. District Policy 6145
  - a. In order to be eligible for co-curricular or extra-curricular activities, a student shall maintain a 2.0 grade point average (GPA) during the preceding grading period.
  - b. A student who does not maintain a 2.0 GPA shall be placed on probation for the following grading period, the student shall continue to be eligible, providing he/she maintains a satisfactory attendance (three hours a week) in a designated tutorial class.
  - c. If the student does not maintain satisfactory attendance in the tutorial class, he/she will be declared ineligible. If at the end of the probationary grading period the student has not achieved a 2.0 GPA, he/she shall be ineligible for the following grading period.
  - d. Two or more "U's" in citizenship from two or more separate teachers will result in a student being ineligible for co-curricular or extra-curricular activities for the remainder of that grading period.

**Equipment and Financial Obligations**

1. Each participant is responsible for the use and care of the equipment issued to him/her.
2. Any participant who does not return or pay for all school equipment issued to him/her immediately at the close of each sport season or activity will not be issued any further equipment and will not be allowed to report to another activity until the debt is cleared.

3. Each student participant is responsible for the Transportation Fee at the beginning of each season of activity.

**Security Procedures for Personal Property**

1. It is highly recommended that the utmost care be taken in securing student equipment and personal articles. The school does not assume responsibility for the loss of items.

**General Athletic Information**

1. Participants must be in attendance for at least four periods the day of the contest. Unexcused absences may result in a one-day suspension from participation in the activity. Failure to attend four classes will subject the student to a one-contest suspension on that day. There is an expectation that participants will not have any unexcused absences from school on the day of the event or activity.

2. Contest:

a. The appointed coach will be in charge of the team before, during, and after the athletic contest.

b. Game time and location shall be arranged so that participants miss a minimum amount of their class work. It is the responsibility of each participant to make up all missed assignments.

3. Overflow Class:

a. After the season is complete, participants may be placed in the Overflow Class ( 0 period) or a regular physical education class to fulfill the physical education requirement.

4. Transportation:

a. The usual means of transportation to athletic contests is by school bus. Occasionally other means of transportation will be authorized, but only when specifically approved in advance.

b. All participants must travel to contests by school bus or other authorized transportation. Participants arriving at contests by other means will be denied the privilege of participation.

c. All students participating in field trips or competitive events shall return with the group unless released by the coach, using a verified signature log, to the student s parents/guardians/caregivers. (See TUSD Regulation 6174.)

**California Interscholastic Federation Southern Section (CIF) Code of Ethics**

The CIF Southern Section publishes a Code of Ethics for Athletes and each year that is part of its constitution and bylaws (Blue Book). The current CIF Code of Ethics for Athletes is incorporated by reference into this Administrative Regulation.