



2009-2010

Dear Parents & Guardians:

Welcome to Lions Athletics! At Galileo Academy, we believe that athletics are an important part of the academic success of your student-athlete. In order for your Student-Athlete to make the most of the athletic career in high school we stress academics first. For your Student-Athlete to compete they must maintain a minimum 2.0 GPA throughout the season.

Attached is the Athletic Packet that each Student-Athlete must complete and have on file with the Athletic Office before they are allowed to participate in or try out for a sport. A current physical is required and is good for one School Year. The Athletic Packet consists of forms that are required by California Interscholastic Federation (CIF), San Francisco Section (SFS) and the Athletic Department. All items must be completed in order to participate.

Galileo Sports information Form
(Optional) PTSA Membership Form
Galileo Athletic Donation Form
Galileo Residence Form
SFUSD Medical Release
SFUSD Steroid Policy
SFUSD Medical Questionnaire
SFUSD Physical Evaluation for Physician
SFUSD Clearance Form
(Optional) UCSF Pre-Physical Form
Galileo Signature Page

Please keep the Handbook portions for your reference. Physicals will be accepted all year, but must be current in order for the athlete to participate at the beginning of each season of sport.

The cost of an athletic program is substantial. Uniforms, equipment, field rentals and transportation are just some of the expenses incurred each year. We always accept donations for our Athletic Department and for specific teams. If you would like to donate please fill out the form in this packet send it back with your student athlete or mail it to the address listed.

If you have any questions please call the Athletic Office at 415.749.7340 .

Sincerely,

Ethan Winterling

Ethan Winterling
Athletic Director



GALILEO ACADEMY ATHLETICS FORM:

Name: _____ **Grade:** _____ **School Year:** _____

Circle sports you would like to participate in.

Please - only *1 sport per season*.

If you change your mind at a later time, simply advise the Athletic Director's office.

Fall and Winter: Cheer Squad

Fall Sports: Cross Country G Volleyball G Golf Football G Tennis B Soccer

Winter Sports: G Basketball B Basketball Wrestling

Spring Sports: Swimming Baseball B Golf Softball Track & Field Fencing

Badminton B Tennis G Soccer B Volleyball

In the event that I (parent/guardian) cannot be reached, I hereby authorize the trainer, administrator, or coach in charge, as agent to the student, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provision of the Medical Practice Act., whether such diagnosis or treatment be rendered at the office or at the hospital.

Please indicate the insurance carrier that insures your son/daughter, the policy number, and the name of your family physician.

INSURANCE CARRIER: _____ POLICY #: _____

NAME OF PHYSICIAN: _____ PHONE #: _____

Birth date: _____ Sex: ____ Age: ____ Known Allergies: _____

Is the student currently taking any medication? _____ If so, please list: _____

Is the student allergic to any medication? _____ If so, please list: _____

Has the student had any major operations or serious injuries? _____ If so, please list: _____

NAME OF PERSON TO BE CONTACTED IF PARENTS/GUARDIANS ARE NOT AVAILABLE

Name: _____ Home/Cell Phone: _____

Work: _____

Parent Name (Print) _____

Parent Name (Print) _____

ADDRESS: _____

Street

City

State

Zip Code

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Cell Phone: _____

Parent(s) Email: _____

SIGNATURE OF PARENT/GUARDIAN: _____



Galileo Academy Athletic Donation Form

Go Lions!!

The purpose of the Galileo Athletic Donation Form is to support Lions Athletics as an integral part of the educational mission of Galileo Academy. Your donation will assist Galileo Academy by supporting Galileo Academy athletic activities and promoting excellence and equal opportunities for all students.

Help assist Galileo Academy in its pursuit of a high standard of achievement in athletics consistent with the mission of Galileo Academy as a SFUSD High School. The Athletics Office at Galileo will uphold school athletics in accordance with the constitution and bylaws of San Francisco Section (SFS) and California Interscholastic Federation (CIF).

Block G Athletic Fund

Your donation is tax deductible

_____ \$10 Donation to Galileo Athletics

_____ \$20 Donation to Galileo Athletics

_____ \$30 Donation to Galileo Athletics

_____ \$40 Donation to Galileo Athletics

_____ \$50 Donation to Galileo Athletics

_____ \$ 100 Donation to Galileo Athletics

_____ \$200 Donation to Galileo Athletics

_____ \$_____ (Specify Amount) Donation to Galileo Athletics

Name: (Print)_____ Please Circle: General Athletic fund Specific Team: _____

Current Address

City

Zip

Phone number

Thank you for your Support of Galileo Athletics

Please send to the attention of:
Ethan Winterling Athletic Director of Galileo Academy
1150 Francisco St. S.F., CA 94109



RESIDENCE FORM

Student's Name:

Last

First

Middle

Birthdate

Male Female

(Circle One)

School Attended Last Year:

Date and Grade Enrolled:

School of Current Attendance: Galileo Academy

Date and Grade Enrolled:

Student Current Address

City

Zip

Phone number

Name of adult student is residing with:

Relationship

Is this person the legal guardian?

Yes

No

Legal Guardian's Address if different than student's address:

I/we are the parents *or* persons having legal custody of the above student and thereby am/are acting in loco parentis as guardians to the above student in all matters pertaining to school attendance during this school year. We further understand that if our student changes residence, I/we are responsible to immediately inform the principal of the school that the student is currently attending.

Signature of Parent or Legal Guardian _____ Date _____ Relationship to Student _____

Students who intend to participate in athletics **MUST SEE THE ATHLETIC DIRECTOR IMMEDIATELY IF:**

1. They transferred from one school to another.
2. They change their residence while attending current school.
3. They plan to transfer to another school without changing their residence.

Failure on the part of an athlete to report his/her current legal residence or a change of residence to the principal of the school he/she is attending may result in:

1. Athletic ineligibility status for the athlete for at least one calendar year.
2. Forfeiture of all contests won by the team on which the ineligible student played

Transfer Student: (This section to be filled out only by transfer students)

School of Former Attendance: _____ Date and Grade Enrolled _____

When student transferred from former school to current school, did student move with parent/legal guardian from former address to new current address? _____. If no, indicate the name of the adult the student moved with from former address to new address.

Name _____ Relationship _____

Explain circumstances if needed:

List sport participated in at previous school and level:

List sports and levels student intends to participate in at current school:

**SFUSD ATHLETIC OFFICE
VOLUNTARY ACTIVITY PARTICIPATION FORM
ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK**

_____ wishes to participate in the District-sponsored activities
of _____.

I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that some of the injuries/illnesses which may result from participating in these activities include, but are not limited to, the following:

- | | |
|------------------------------|--------------------------|
| 1. Sprains/strains | 5. Paralysis |
| 2. Fractured bones | 6. Loss of eyesight |
| 3. Unconsciousness | 7. Communicable diseases |
| 4. Head and/or back injuries | 8. Death |

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the District.

I understand and acknowledge that in order to participate in these activities, I agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities.

I understand, acknowledge, and agree that the District, its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered by me which is incident to and/or associated with preparing for and/or participating in this activity.

If the student has health or accident insurance, list company name, policy number and local claims address:

_____	_____	_____
Company Name	Policy #	Claims Address

_____	_____	_____
Family Doctor's Name	Phone #	Preferred Hospital – in case of emergency

I acknowledge that I have carefully read this **VOLUNTARY ACTIVITIES PARTICIPATION FORM** and that I understand and agree to its terms.

I hereby give my consent for my son/daughter to compete in the sport(s) of _____.
In case of illness or injury, the head coach or site administrator is authorized to have the student examined and treated, and authorize the medical agency to render treatment. I also consent to permit access to the contents of this form and my son/daughter's physical examination form to licensed physicians engaged in providing medical services to student-athlete participants.

_____	_____
Student Signature	Date

_____	_____
Parent/Guardian Signature	Date

**SFUSD ATHLETIC OFFICE
CONDITIONS OF PARTICIPATION FOR STUDENT ATHLETES
STEROID POLICY**

The San Francisco Unified School District ("SFUSD") recognizes that the use of androgenic/anabolic steroids presents a serious health and safety hazard. Steroids can keep youth from growing to their full height; they can also cause heart disease, stroke, and damaged liver function. Men and women using steroids may develop fertility problems, personality changes, and acne. Men can also experience premature balding and development of breast tissue. These health hazards are in addition to the civil and criminal penalties for unauthorized sale, use or exchange of androgenic/anabolic steroids.

As a condition of membership in the CIF, all schools must adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools must have participating students and their parents/legal guardians/caregivers 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.

Students participating in athletics are prohibited from possessing or using androgenic/anabolic steroids not prescribed by a physician (as recognized by the AMA) for treatment of a medical condition, whether use occurs on or off of school property. By signing below, both the participating student and the parent/legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician to treat a medical condition. A student who is found to have violated this agreement shall be restricted from participating in athletics and may be subject to disciplinary procedures including, but not limited to, suspension or expulsion in accordance with law, Board policy, and administrative regulation.

Student Signature

Date

Parent/Guardian/Caregiver Signature

Date

SFUSD Athletics Preparticipation Physical Evaluation

**HISTORY
FORM**

DATE OF EXAM _____

Name _____	Sex _____	Age _____	Date of birth _____
Grade _____	School _____	Sport(s) _____	
Address _____		Phone _____	
Personal physician _____			
In case of emergency, contact			
Name _____	Relationship _____	Phone (H) _____	(W) _____

Explain "Yes" answers below.

Circle questions you don't know the answers to.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have an ongoing medical condition (like diabetes or asthma)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have allergies to medicines, pollens, foods, or stinging insects? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever passed out or nearly passed out DURING exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever passed out or nearly passed out AFTER exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had discomfort, pain, or pressure in your chest during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does your heart race or skip beats during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has a doctor ever told you that you have (check all that apply): | | |
| <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur
<input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection | | |
| 10. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram) | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has anyone in your family died for no apparent reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does anyone in your family have a heart problem? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has any family member or relative died of heart problems or of sudden death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Does anyone in your family have Marfan syndrome? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever spent the night in a hospital? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you ever had an injury, like a sprain, muscle or ligament tear or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below: | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you had any broken or fractured bones, or dislocated joints? If yes, circle below: | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: | <input type="checkbox"/> | <input type="checkbox"/> |

Head	Neck	Shoulder	Upper arm	Elbow	Forearm	Hand/fingers	Chest
Upper back	Lower back	Hip	Thigh	Knee	Calf/shin	Ankle	Foot/toes

- | | | |
|--|--------------------------|--------------------------|
| 20. Have you ever had a stress fracture? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Do you regularly use a brace or assistive device? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Has a doctor ever told you that you have asthma or allergies? | <input type="checkbox"/> | <input type="checkbox"/> |

- | | Yes | No |
|--|--------------------------|--------------------------|
| 24. Do you cough, wheeze, or have difficulty breathing during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Is there anyone in your family who has asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Have you ever used an inhaler or taken asthma medicine? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Have you had infectious mononucleosis (mono) within the last month? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Do you have any rashes, pressure sores, or other skin problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Have you had a herpes skin infection? | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Have you ever had a head injury or concussion? | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Have you been hit in the head and been confused or lost your memory? | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Do you have headaches with exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Have you ever been unable to move your arms or legs after being hit or falling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. When exercising in the heat, do you have severe muscle cramps or become ill? | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Have you had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Do you wear glasses or contact lenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Do you wear protective eyewear, such as goggles or a face shield? | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Are you happy with your weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Are you trying to gain or lose weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Has anyone recommended you change your weight or eating habits? | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. Do you limit or carefully control what you eat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Do you have any concerns that you would like to discuss with a doctor? | <input type="checkbox"/> | <input type="checkbox"/> |

FEMALES ONLY

- | | | |
|--|--------------------------|--------------------------|
| 47. Have you ever had a menstrual period? | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. How old were you when you had your first menstrual period? | _____ | |
| 49. How many periods have you had 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 _____ Signature of parent/guardian _____ Date _____

SFUSD Athletics Preparticipation Physical Evaluation

PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____ / _____ (_____ / _____ , _____ / _____)

Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

Follow-Up Questions on More Sensitive Issues

1. Do you feel stressed out or under a lot of pressure? ☐ Yes ☐ No
2. Do you ever feel so sad or hopeless that you stop doing some of your usual activities for more than a few days? ☐ Yes ☐ No
3. Do you feel safe? ☐ Yes ☐ No
4. Have you ever tried cigarette smoking, even 1 or 2 puffs? Do you currently smoke? ☐ Yes ☐ No
5. During the past 30 days, did you use chewing tobacco, snuff, or dip? ☐ Yes ☐ No
6. During the past 30 days, have you had at least 1 drink of alcohol? ☐ Yes ☐ No
7. Have you ever taken steroid pills or shots without a doctor's prescription? ☐ Yes ☐ No
8. Have you ever taken any supplements to help you gain or lose weight or improve your performance? ☐ Yes ☐ No
9. Questions from the Youth Risk Behavior Survey (<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>) on guns, seatbelts, unprotected sex, domestic violence, drugs, etc ☐ Yes ☐ No

Notes: _____

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary†			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

*Multiple-examiner set-up only.

†Having a third party present is recommended for the genitourinary examination.

Notes: _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

SFUSD Athletics Preparticipation Physical Evaluation

CLEARANCE FORM

Name _____ Sex _____ Age _____ Date of birth _____

☐ Cleared without restriction☐ Cleared, with recommendations for further evaluation or treatment for: __________
_____☐ Not cleared for ☐ All sports ☐ Certain sports: _____ Reason: _____Recommendations: _____
_____**EMERGENCY INFORMATION**

Allergies _____

Other Information _____

IMMUNIZATIONS (eg, tetanus/diphtheria; measles, mumps, rubella; hepatitis A, B; influenza; poliomyelitis; pneumococcal; meningococcal; varicella)

☐ Up to date (see attached documentation) ☐ Not up to date Specify _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

© 2004 American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.

Preparticipation Physical Evaluation

CLEARANCE FORM

Name _____ Sex _____ Age _____ Date of birth _____

☐ Cleared without restriction☐ Cleared, with recommendations for further evaluation or treatment for: __________
_____☐ Not cleared for ☐ All sports ☐ Certain sports: _____ Reason: _____Recommendations: _____
_____**EMERGENCY INFORMATION**

Allergies _____

Other Information _____

IMMUNIZATIONS (eg, tetanus/diphtheria; measles, mumps, rubella; hepatitis A, B; influenza; poliomyelitis; pneumococcal; meningococcal; varicella)

☐ Up to date (see attached documentation) ☐ Not up to date Specify _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

© 2004 American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.



University of California
San Francisco

Consent for Pre-participation Physical Examination

I authorize the University of California, San Francisco medical staff to perform a pre-participation physical exam on _____ (Athlete's name) as required for the upcoming high school athletic season.

Please check one

_____ I authorize the medical staff at UCSF to share medical information determined on the PPE with my coach/school for the purposes of clearance or restriction to participate in athletics.

_____ I DO NOT authorize the medical staff at UCSF to share medical information determined on the PPE with my coach/school for the purposes of clearance or restriction to participate in athletics.

Signature _____

Printed Name _____

Relationship to athlete _____

Date signed _____

Signature of athlete _____

Date signed _____



SIGNATURE FORM FOR ATHLETIC PACKET

Form Acknowledgements

Form #1 Student Parent Athletic Handbook _____
Parent/Guardian Initial _____ Student Initial _____

Form #2 Informed Consent:
Understanding the information, I give my permission for my student athlete to participate
in the sport(s) of _____ Parent/Guardian Initial _____ Student Initial _____

Form #3 Code of Conduct
I have read the above statement on the expected behavior at athletic events and agree to abide by the Code of Conduct
indicated. I further agree to advise anyone I may bring to a Galileo Academy athletic contest of the above stated rules.
Parent/Guardian Initial _____ Student Initial _____

Form #4 Performance Enhancing Substances

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 American Medical Association) to treat a medical condition. We also recognize
that that under CIF Bylaw 200.D. there could be penalties for false or fraudulent information. We also understand
that the Galileo Academy High School policy regarding the use of illegal drugs will be enforced for any violations of
these rules.

Parent/Guardian Initial _____ Student Initial _____

Form #5 Ejection Policy
I have read and understand the rules and regulations of the Ejection Policy. Athletes may not participate in any contest until this
document is filed with the school.

Parent/Guardian Initial _____ Student Initial _____

Form #6 Transportation Policy
I as parent/guardian will provide or authorize one of the above means of transportation for my student athlete.
Parent/Guardian Initial _____ Student Initial _____

Form #7 Off Campus Running
We fully understand the above information regarding off campus running workouts and have gone over this information
with our son/daughter.

Parent/Guardian Initial _____ Student Initial _____

WE HAVE READ, UNDERSTAND AND AGREE TO COMPLY WITH THE INFORMATION PRESENTED
IN THE ATHLETIC PACKET FOR Galileo Academy.

Parent Guardian Name: Print _____	Signature _____
Parent Guardian Name: Print _____	Signature _____
Student Name: Print _____	Signature _____



STUDENT/PARENT ATHLETICS HANDBOOK

Keep these pages of the handbook for your reference.
Turn in the Signature Page only!

Form #1

It is important that all student athlete families have read and discussed the Athletics portion of the Student/Parent handbook. This section of the handbook explains the policies and procedures of the Athletic Department. The handbook goes into detail of all of the requirements to participate in athletics.

Initial Line # 1 on the Signature Page

Form #2

INFORMED CONSENT

Galileo Academy and SFUSD has a responsibility to make you aware of the dangers of participation in any form of athletic competition. Carefully read the statement below with your student athlete, sign and return it to the athletic office. In addition, your signature indicates that you have also reviewed the school handbook section pertaining to athletics.

I understand and acknowledge that some of the injuries/illnesses which may result from participating in these activities include, but are not limited to, the following:

1. Sprains/strains
2. Fractured bones
3. Unconsciousness
4. Head and/or back injuries
5. Paralysis
6. Loss of eyesight
8. Death
7. Communicable diseases

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the District. I understand and acknowledge that in order to participate in these activities, I agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities. I understand, acknowledge, and agree that the District, its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered.

Initial Line #2 on the signature page

Form #3**CODE OF CONDUCT**

Galileo Academy has a code of conduct for Athletic events for Parents, Students and Spectators subscribed to by the California Interscholastic Federation, the San Francisco Section, and Galileo Academy.

Spectators are expected to conduct themselves in a manner, which shall bring credit to themselves, their schools, communities, athletes, coaches and families. They shall refrain from all conduct, which degrades, intimidates or discredits the opponents, officials or other interscholastic high school athletics.

Spectators:

Fan behavior, whether at home or away at athletic contests, reflects on the entire community. Home fans should treat visitors with respect. Similarly, visiting fans should treat their hosts - both individuals and property - with the proper appreciation.

1. Know and demonstrate good sportsmanship;
2. Be positive. Cheer for your team rather than against the opposition;
3. Refrain from booing and name calling;
4. Respect the official's judgment and interpretation of the rules;
5. Exhibit respect for visiting and home coaches

Galileo Academy encourages positive support for players and coaches from the spectators. Positive, encouraging remarks including cheering for the players go a long way in helping the morale of the team and the self-esteem of the athletes.

Spectators need to remember that any actions detrimental to the playing of a game or contest may cause the forfeiture of the contest and/or other penalties. Unruly behavior will NOT be tolerated by Galileo Academy and has the right to remove any person who is in violation.

I have read the above statement on the expected behavior at athletic events and agree to abide by the Cod of Conduct indicated. I further agree to advise anyone I may bring to a Galileo athletic contest of the above stated rules.

Initial on line #3 on the Signature page.

Form #4***Prohibition of Performance Enhancing Substances***

The San Francisco Unified School District ("SFUSD") as a condition of membership in the CIF, all schools must adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools must have participating students and their parents/legal guardians/caregivers 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. By signing below, both the participating student and the parent/legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician to treat a medical condition. A student who is found to have violated this agreement shall be restricted from participating in athletics and may be subject to disciplinary procedures including, but not limited of *these substances*.

We also understand that the Galileo Academy policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Initial on line # 4 on the Signature Page

Form #5

EJECTION POLICY

The following rules and minimum penalties are applicable to players

1. Ejection of a player from a contest for unsportsmanlike or dangerous conduct.
Penalty: The player shall be ineligible for the next contest (non-league, league, invitational tournament, post-season {league, section or state} playoff, etc.)
2. Illegal participation in the next contest by a player ejected in a previous contest. Penalty: The contest shall be forfeited and the ineligible player shall be ineligible for the next contest.
3. Second ejection of a player for unsportsmanlike or dangerous conduct from a contest during one season.
Penalty: The player shall be ineligible for the remainder of the season.
4. When one or more players leave the bench to begin or participate in an altercation. Penalty: The player(s) shall be ejected from the contest-in-question and become ineligible for the next contest (non-league, league, invitational tournament, post-season, league, section or state playoff, etc.)
5. Coaches are responsible for determining the cause of ejection for any of their players and are responsible for enforcement of the Ejection Policy.

I have read and understand the rules and regulations of the Ejection Policy. Athletes may not participate in any contest until this document is filed with the school.

Initial on line #5 on the Signature Page

Form #6

TRANSPORTATION POLICY

Galileo Academy uses a number of off campus facilities for practices and games. In order to accommodate the philosophy that "*all members of the team have the opportunity to compete in league contests*", Use of these sites is necessary for the continuation of our athletic programs.

The Galileo Athletic Office may provide transportation of student athletes to contests during the season through the SFUSD transportation coordinator. In the case that the Athletic Office does not provide transportation the student-athletes will use the MUNI bus system in San Francisco for transportation.

Parental/guardian transportation responsibility means:

1. Driving their own son/daughter to venue
2. Giving permission for their own son/daughter to transport themselves via their own vehicle to venue
3. Arranging a carpool with another student athlete or parent to transport their son/daughter to the venue
4. Giving permission for their son/daughter to take the MUNI transportation system in San Francisco.

Initial on line #6 on the Signature Page

Form #7

OFF CAMPUS RUNNING

Members of the Galileo Academy athletic teams are sometimes required to condition at off campus sites. In order to facilitate safety during these workouts, the following guidelines are given to you and the athletes:

1. Always wear visible clothing for running.
2. Look both ways before crossing the street and OBEY ALL TRAFIC SIGNALS AND SIGNS.
3. Run on sidewalks or paths; run facing traffic if no sidewalk is available; never run in traffic lanes.
4. Run with a team member or within sight (verbal distance) of a teammate.
5. Stay in control when running downhill.
6. Stay on established routes.
7. If you stop, have a team member stop with you.
8. Do NOT respond to negative comments from passersby.

The usual running routes include Fort Mason, Bay Street, Francisco St. and Chestnut Stairs.

We fully understand the above information regarding off campus running workouts and have gone over this information with our son/daughter.

Initial on line #7 on the Signature Page