

# **GALA CIF ATHLETICS**

*Leadership Starts Here*



# **CIF: CALIFORNIA INTERSCHOLASTIC FEDERATION**

CIF is the governing body for high school sports in California. CIF membership includes both public and private high schools

What does this mean?

1. All CIF member schools must follow all bylaws of CIF.
2. Colleges look at students who participate under CIF for college scholarships.
3. All GALA athletes must follow CIF rules to participate on a team.

## **WHAT ARE CIF SPORTS?**



# *WHAT IT MEANS TO BE A STUDENT-ATHLETE*

## GO TEAM!

School is a priority.

- **Communicate** with your coach if you need to attend office hours.
- **Communicate** with your teacher when you will miss class for competitions.
- You **must** be in school for at least 2 academic hours on game days to participate in games.

# WHAT IT MEANS TO BE A GALA ATHLETE

1. A privilege
2. Representing GALA in the Los Angeles community
3. Being a part of a team community
4. Student-Athlete
  - a. Student first, athlete second

## 5. TIME MANAGEMENT

## 6. Commitment

### a. **5 days a week**

3-4 practice days (typically 3:45 pm to 5:45 pm)

1-2 game days (typically 1:15pm to 6:30pm)



# WHAT IT MEANS TO BE A GALA ATHLETE

Student Athletes are a role model at GALA

What does this mean?

- You show sportspersonship in both a win or loss
- You are always in proper GALA uniform
- You are in class- attendance matters
- Your behavior is always respectful

**\*\*Any violation can be cause for dismissal from your sport**



# SPORTS + PE CREDIT

Each season of a sport counts as one\* semester of PE credit.

You need four semester of PE for graduation.

Fall sports appear on your first semester transcript.



To earn two semesters of PE credit in one year, you can play a sport:

- All three seasons
- Fall and Winter
- Fall and Spring
- Winter and Spring
- Winter\* (UPDATE! Winter sports will give you two semesters of PE credit-fall/spring)

# SPORTS + PE CREDIT

Each season of a sport counts as one\* semester of PE credit.

You need four semester of PE for graduation.

Fall sports appear on your first semester transcript.



## For 9th graders only:

If you only play a Fall sport (no PE class), you will need to take Adv Cond after school in the Spring.

If you only play a Spring sport (no PE class), you will need to take Adv Cond in the Fall. 9th graders need to be enrolled in a full-year of PE.



# WHAT ARE TRYOUT REQUIREMENTS?



1. Current GALA student; grade 9-12
2. GPA above a 2.5 (10-week and 20-week reporting periods), with no Fails
  - a. D's will have limited participation
3. Pass sports physical
4. Completed athletic packet submitted between July 1-July 10

\*Grades from 20-week Spring semester used to determine Fall initial eligibility



**Fall Season:** August-November

**Fall Sports:** Cross Country, Cheer, Flag Football, Tennis, Volleyball

**Winter Season:** October-February

**Winter Sports:** Basketball, Soccer, Cheer

**Spring Season:** February-April

**Spring Sports:** Lacrosse, Track and Field, Swim

**Paperwork must be submitted**  
**on [AthleticClearance.com](https://AthleticClearance.com)**



# **CIF SPORTS PHYSICAL DAY**

## **In June at GALA!**

Get a free sports physical at GALA! No Insurance needed!

**Check the GALA calendar for the exact date!**

If you are interested in volunteering for all or part of the day, please let me know.

Mary Eckel: [mne4746@lausd.net](mailto:mne4746@lausd.net)

# Page 1

## of Pre-Participation Physical

- Complete the each section by filling out all of the information.
- Answer each yes/no question by checking the correct box next to each question.
- On a separate sheet of paper, explain each answer that you answered “Yes”
  - Number each explanation
  - Give the who, what, how and when in your explanation.
- Do not forget to sign and date at the bottom.

**Los Angeles Unified School District**  
**Pre-Participation Physical Evaluation**

ATTACHMENT A

Date of Exam: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
 School: \_\_\_\_\_ Sport(s): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Personal Physician/Provider: \_\_\_\_\_  
 In case of emergency, contact: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

**Medicines and Allergies:** Please list all the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below:  
☐ Medicines ☐ Pollens ☐ Food ☐ Singing insects  
 This section is to be carefully completed by the student and his/her parent(s) or legal guardian(s) before participation in interscholastic athletics. Explain Yes answers below. Circle questions you don't know the answers to.

| GENERAL QUESTIONS  | Yes | No | MEDICAL QUESTIONS   | Yes | No |
|--|-----|----|---|-----|----|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason?   |     |    | 28. Do you cough, wheeze, or have difficulty breathing during or after exercise?                                    |     |    |
| 2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____  |     |    | 29. Have you ever used an inhaler or taken asthma medicine?   |     |    |
| 3. Have you ever spent the night in a hospital?  |     |    | 30. Is there anyone in your family who has asthma?  |     |    |
| 4. Have you ever had surgery?  |     |    | 31. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ? |     |    |
| <b>HEART HEALTH QUESTIONS ABOUT YOU</b>  | Yes | No | 32. Do you have groin pain or a painful bulge or hernia in the groin area?  |     |    |
| 5. Have you ever passed out or nearly passed out DURING or AFTER exercise?   |     |    | 33. Have you had infectious mononucleosis (mono) within the last month?   |     |    |
| 6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?   |     |    | 34. Do you have any rashes, pressure sores, or other skin problems?   |     |    |
| 7. Does your heart ever race or skip beats (irregular beats) during exercise?  |     |    | 35. Have you had a herpes or MRSA skin infection?   |     |    |
| 8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:<br><input type="checkbox"/> Kawasaki disease <input type="checkbox"/> A Heart Infection<br><input type="checkbox"/> High Blood Pressure <input type="checkbox"/> A Heart Murmur<br><input type="checkbox"/> High Cholesterol Other: _____ |     |    | 36. Have you ever had a head injury or concussion?  |     |    |
| 9. In the last 14 days, have you been exposed to someone who tested positive for COVID-19?   |     |    | 37. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?      |     |    |
| 10. Have you ever tested positive for COVID-19 virus? Date of (+) COVID-19 Test: _____   |     |    | 38. Do you have a history of seizure disorder?  |     |    |
| 11. Has a doctor ever ordered a test for your heart (for example, ECG/EKG, echocardiogram)?  |     |    | 39. Do you have headaches with exercise?  |     |    |
| 12. Do you get lightheaded or feel more short of breath than expected during exercise?   |     |    | 40. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?              |     |    |
| 13. Have you ever had an unexplained seizure?  |     |    | 41. Have you ever been unable to move your arms or legs after being hit or falling?                                 |     |    |
| 14. Do you get more tired or short of breath more quickly than your friends during exercise?   |     |    | 42. Have you ever become ill while exercising in the heat?  |     |    |
| <b>HEALTH QUESTIONS ABOUT YOUR FAMILY</b>  | Yes | No | 43. Do you get frequent muscle cramps when exercising?  |     |    |
| 15. Has any family member or relative died of heart problems or had an unexpected death?   |     |    | 44. Do you or someone in your family have sickle cell trait or disease?   |     |    |
| 16. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?  |     |    | 45. Have you had any problems with your eyes or vision?   |     |    |
| 17. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?  |     |    | 46. Have you had any eye injuries?  |     |    |
| 18. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?  |     |    | 47. Do you wear glasses or contact lenses?  |     |    |
| <b>BONE AND JOINT QUESTIONS</b>  | Yes | No | 48. Do you wear protective eyewear, such as goggles or a face shield?   |     |    |
| 19. Have you ever had an injury, like a sprain, muscle, or ligament tear, or tendinitis that caused you to miss a practice or game?  |     |    | 49. Do you worry about your weight?   |     |    |
| 20. Have you ever had any broken or fractured bones or dislocated joints?  |     |    | 50. Are you trying to or has anyone recommended that you gain or lose weight?                                       |     |    |
| 21. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?   |     |    | 51. Are you on a special diet or do you avoid certain types of food?  |     |    |
| 22. Have you ever had a stress fracture?   |     |    | 52. Have you ever had an eating disorder?   |     |    |
| 23. Have you been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Doan syndrome or dwarfism)  |     |    | 53. Do you have any concerns that you would like to discuss with a doctor?  |     |    |
| 24. Do you regularly use a brace, orthotics or other assistive device?   |     |    | <b>FEMALES ONLY</b>   |     |    |
| 25. Do you have a bone, muscle or joint injury that bothers you?   |     |    | 54. Have you ever had a menstrual period?   |     |    |
| 26. Do any of your joints become painful, swollen, feel warm, or look red?   |     |    | 55. How old were you when you had your first menstrual period?  |     |    |
| 27. Do you have any history of juvenile arthritis or connective tissue disease?  |     |    | 56. How many periods have you had in the last 12 months?  |     |    |
|  |     |    | Explain "yes" answers here:   |     |    |

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

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

# Page 2

## of Pre-Participation Physical

- The Physical Examination Form for Athletics must be completed by a medical professional.
- Before you leave the office:
  - Double check **all information is complete** (name, DOB, ect)
  - Double check the doctor **signed and stamped the form**

| Los Angeles Unified School District<br>Pre-Participation Physical Evaluation   |        |                                      |
|--|--------|--------------------------------------|
| <b>Physical Examination Form</b>   |        | ATTACHMENT A                         |
| The section below is to be completed by physician or staff after history and consent forms are completed.  |        |                                      |
| Student's Name: _____  |        | DOB: _____                           |
| Height: _____ Weight: _____ %BMI (optional): _____ Pulse: _____ BP: _____ / _____  |        |                                      |
| Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N Pupils: Equal _____ Unequal _____   |        |                                      |
| <b>EMERGENCY INFORMATION</b>   |        |                                      |
| Allergies: _____   |        |                                      |
| Other Information: _____   |        |                                      |
| <b>MEDICAL</b>   | Normal | Abnormal Findings                    |
| Appearance<br>• Marfan stigmata (kyphoscoliosis, high arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)  |        |                                      |
| Eyes/ Ears/ Nose/ Throat<br>• Pupils equal<br>• Hearing  |        |                                      |
| Lymph Nodes  |        |                                      |
| Heart<br>• Murmurs (auscultation standing, supine, +/- Valsalva)<br>• Location of point of maximal impulse (PMI)   |        |                                      |
| Lungs  |        |                                      |
| Abdomen  |        |                                      |
| Genitourinary (males only) *   |        |                                      |
| Skin<br>• HSV lesions suggestive of MRSA, tinea corporis   |        |                                      |
| Neurologic <sup>†</sup>  |        |                                      |
| <b>MUSCULOSKELETAL</b>   |        |                                      |
| Neck   |        |                                      |
| Back   |        |                                      |
| Shoulder/ Arm  |        |                                      |
| Elbow/ Forearm   |        |                                      |
| Wrist/ Hand/ Fingers   |        |                                      |
| Hip/ Thigh   |        |                                      |
| Knee   |        |                                      |
| Leg/ Ankle   |        |                                      |
| Foot/ Toes   |        |                                      |
| Functional<br>• Duck walk, single leg hop  |        |                                      |
| <b>Clearance</b>   |        |                                      |
| <input type="checkbox"/> Cleared for all sports without restriction<br><input type="checkbox"/> Cleared for all sports without restriction with recommendations for further evaluation or treatment for: _____<br><input type="checkbox"/> Not cleared<br><input type="checkbox"/> Pending further evaluation<br><input type="checkbox"/> For any sports<br><input type="checkbox"/> For certain sports: _____   |        |                                      |
| Reason/Recommendations: _____  |        |                                      |
| I have evaluated the above named student and completed the pre-participation physical evaluation. The athlete does not present apparent contraindications to practice, tryout and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parent. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians). |        |                                      |
| Name of Physician/ Provider: (print/ type/ stamp) _____  |        | (MD, DO, NP or PA) _____ Date: _____ |
| Address: _____   |        | Phone: _____                         |
| Signature of Physician/ Provider: _____  |        |                                      |
| <small>Modified from American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine, 2010.</small>  |        |                                      |

1. Complete a sports physical
  - a. The [LAUSD forms](#) can be found on [AthleticClearance.com](https://AthleticClearance.com)
  - b. Must have signature and stamp from physician**
  - c. Valid for 12 months from date of physical
  
2. Complete athletic packet
  - a. Forms can be found on [AthleticClearance.com](https://AthleticClearance.com) or goto [galacademy.org](https://galacademy.org), click on the [Athletics tab](#) to find the link the Athletics Clearance Portal.
  - b. Submit all paperwork on [AthleticClearance.com](https://AthleticClearance.com) (**do not submit before July 1st, 2024**)

## NEXT STEPS

