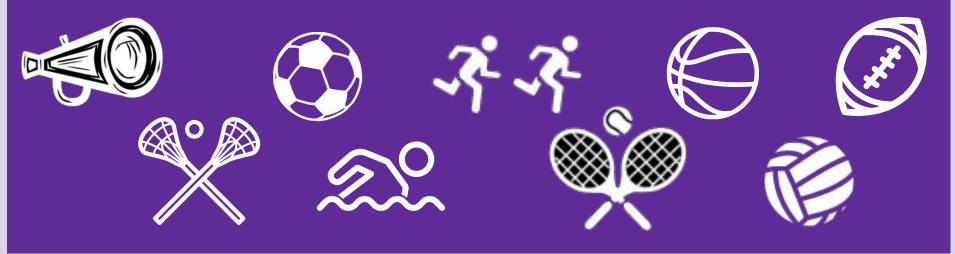
# GALA CIF ATHLETICS Leadership Starts Here





### CIF: CALIFORNIA INTERSCHOLASTIC FEDERATION

CIF is 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.
- All GALA athletes must follow CIF rules to participate on a team.

### WHAT ARE CIF SPORTS?



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

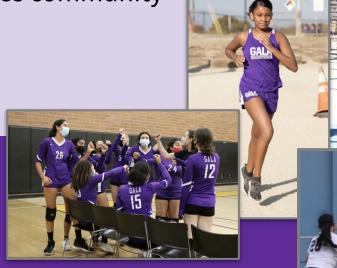
## GO TEAM!

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

If you <u>only</u> 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.



- 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

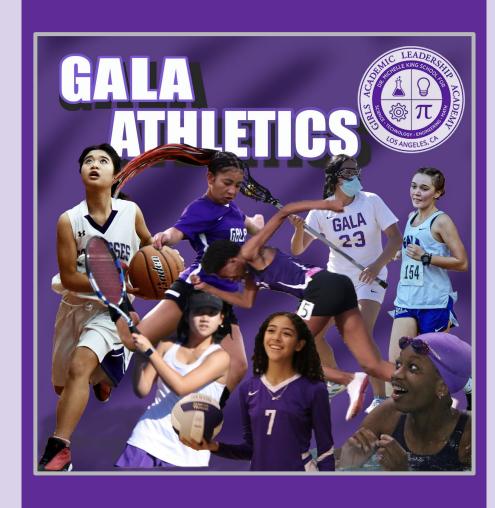
Winter Sports: Basketball, Soccer, Cheer

Spring Season: February-April

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

Swim

Paperwork must be submitted on AthleticClearance.com



### 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

# 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

969	nool:	-	_opo	u(S)	):Phone;			
	ress:sonal Physician/Provider:				Prione:			
	ase of emergency, contact: Name:				Relationship:			
		(Cell) (Cell)						
_	ephone: (Home) (Work)  licines and Allergies: Please list all the prescription and over-the-counter medicines and	zunn	laman		<del></del>			
meu	icines and Anergies. Prease ist air the prescription and over-the-counter medicines and	supp	Remen	ito (i	ieroai and numional) that you are currently taking.			
Do y	ou have any allergies?   Yes   No If yes, please identify specific allergy below.				<u> </u>			
∐ This s	Medicines Pollens Faction is to be carefully completed by the student and his/ her parent(s) or legal guardian(s) before participation in inters	ood	stic athle	tics. E	Stinging insects  Explain Yes answers below. Circle questions you don't know the answers to.			
	IERAL QUESTIONS	Yes	No	ME	EDICAL QUESTIONS			
1.	Has a doctor ever denied or restricted your participation in sports for any reason?				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: □Asthma □Anemia □Diabetes □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?		T	31.	Were you born without or are you missing a kidney, an eye, a testicle (males			
ue.	ART HEALTH QUESTIONS ABOUT YOU	Yes	No.	22	your spieen, or any other organ?			
HEA 5.	Have you ever passed out or nearly passed out DURING or AFTER exercise?	Tes	NO					
6.	Have you ever had discomfort, pain, tightness, or pressure in your chest during	-	$\vdash$		Do you have any rashes, pressure sores, or other skin problems?			
	exercise?		L					
7.	Does your heart ever race or skip beats (irregular beats) during exercise?				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:  A Heart Infection	-	⊢		, , , , , , , , , , , , , , , , , , , ,			
	□ Kawasaki disease    □ A Heart Infection     □ High Blood Pressure    □ A Heart Murmur			37.	have you ever had a nit or blow to the head that caused confusion, prolonge headache, or memory problems?			
	☐ High Cholesterol Other:		3	38.	Do you have a history of seizure disorder?			
9.	In the last 14 days, have you been exposed to someone who tested positive for COVID-		₩	39.	Do you have headaches with exercise?  Have you ever had numbness, tingling, or weakness in your arms or legs after			
٥.	19?			۳.	being hit or falling?			
10		8		L	0.000			
11.	Has a doctor ever ordered a test for your heart (for example, ECG/EKG, echocardiogram)?		1	41.	Have you ever been unable to move your arms or legs after being hit or falling			
12.	Do you get lightheaded or feel more short of breath than expected during exercise?		1	42.	Have you ever become ill while exercising in the heat?			
13.	Have you ever had an unexplained seizure?		+	43.	Do you get frequent muscle cramps when exercising?			
14.	Do you get more tired or short of breath more quickly than your friends during exercise?		T					
HEA	ALTH QUESTIONS ABOUT YOUR FAMILY	Vac	No	45	Have you had any problems with your eyes or vision?			
15.	Has any family member or relative died of heart problems or had an unexpected		-	46.	Have you had any eye injuries?			
\$7.64 T	13 P (19 ) 13 P (19 )		_		0.000 # A. Line ( Const. # (A. # 20 ) # (A. # 20 )			
16.	Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome							
	Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		1	48.				
17.	Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		- 8	49.	Do you worry about your weight?			
18.	Has anyone in your family had unexplained fainting, unexplained seizures, or near		+	50	Are you trying to or has anyone recommended that you gain or lose weight?			
	drowning?							
80)	NE AND JOINT QUESTIONS  Have you ever had an injury, like a sprain, muscle, or ligament tear, or tendinitis that	Yes	No		Are you on a special diet or do you avoid certain types of food?  Have you ever had an eating disorder?			
	caused you to miss a practice or game?	L	L		Marie Waller of American State of the Control of th			
20.	Have you had any broken or fractured bones or dislocated joints?	,			Do you have any concerns that you would like to discuss with a doctor?			
21.	Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a			FE	MALES ONLY			
22.	brace, a cast, or crutches?  Have you ever had a stress fracture?	-	$\vdash$	54.	Have you ever had a menstrual period?			
23.	Have you been told that you have or have you had an x-ray for neck instability or	-	+	55.				
	atlantoaxial instability? (Down syndrome or dwarfism)							
24.	Do you regularly use a brace, ortholics or other assistive device?			56.	How many periods have you had in the last 12 months?			
				*				
25.	Do you have a bone, muscle or joint injury that bothers you?				Explain "yes" answers here:			
26.	Do any of your joints become painful, swollen, feel warm, or look red?  Do you have any history of juvenile arthritis or connective tissue disease?		$\vdash$	Н				
		_	_	_	L			
nere	eby state, to the best of my knowledge, my answers to the above questions are complete and co	rect						

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# 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 Pre-Participation Physical Evaluation

	s to be completed			8							HMENT A
Student's Name:_									D	OB:	
Height:	_Weight:	%BMI (optio	nal):	Pulse:	:	BP:		, (			
Vision: R 20/	L 20/		Corrected:	Y D N	Pupils:	Equal	Unequa	l	_		
EMERGENCY INFO	ORMATION										
Allergies:											
Other Information:											
MEDICAL				Normal				Abnorma	l Findings		
Appearance  Marfan stigmata (ky excavatum, arachnod myopia, MVP, aortic ir	actyly, arm span > h nsufficiency)	rched palate, pecti eight, hyperlaxity,	is								
Eyes/ Ears/ Nose/ Thr Pupils equal Hearing	roat										
Hearing Lymph Nodes											
Heart 1  - Murmurs (auscultati  - Location of point of											
Lungs											
Abdomen Genitourinary (males	only) ?										
Skin	Offiy)										
<ul> <li>HSV, lesions sugge</li> </ul>	estive of MRSA, tine	a corporis			-						
Neurologic <sup>3</sup>			11/1								
MUSCULO Neck	SKELETA	L .									
Back											
Shoulder/ Arm			-								
Elbow/ Forearm			2 2								
Wrist/ Hand/ Fingers			-		_						
Hip/ Thigh											
Knee			_		_						
Leg/ Ankle											
Foot/ Toes											
Functional			_								
<ul> <li>Duck walk, single le</li> </ul>	eg hop										
Consider ECG, echoca Consider GU exam if in Consider cognitive eva	n private setting. Ha	ving 3rd party pres	ent is recomm	mended.							
Clearance											
☐ Cleared for all											
Cleared for all	sports without res	triction with reco	mmendation	s for further e	evaluation o	r treatment fo	or:				
	further evaluation										
☐ For any s											
	in sports:										
Reason/Recommen have evaluated the abo outlined above. A copy the physician may reso	ove named student as of the physical exam	is on record in my o	ffice and can I	e made availabl	e to the school	at the reques	t of the parent. If o	onditions arise	after the athlet		
Name of Physician/	Provider: (print/ to	rpe/ stamp)	9	8 8	3	or 10 5		(MD, DO.	NP or PA)	Date:	
Address:	de la constant	· · · · · · · · · · · · · · · · · · ·							Phone		

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- 1. Complete a sports physical
  - a. The <u>LAUSD forms</u> can be found on <u>AthleticClearance.com</u>
  - 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 or goto
    galacademy.org, click on the Athletics tab
    to find the link the Athletics Clearance
    Portal.
  - b. Submit all paperwork on
     <u>AthleticClearance.com</u> (do not submit before July 1st, 2024)

