## February 2021

Greetings Parent/Guardian of a Tulare Union High School Student Athlete,

We are pleased to inform you that we offer the convenience of online athletic registration through our partner company, FamilyID (<a href="www.familyid.com">www.familyid.com</a>). FamilyID is a secure registration platform that provides you with an easy, user-friendly way to register for our programs, and helps us to be more administratively efficient and environmentally responsible. When you register through FamilyID, the system keeps track of your information in your FamilyID profile so you enter your information only once for multiple uses, multiple family members and multiple programs.

<u>PHYSICAL EXAMS</u>: A physical examination, completed by an MD (not a chiropractor) must be completed before an athlete can be approved for participation. This examination, coupled with completion of the online registration process, clears the athlete for all sports and cheerleading for twelve (12) months from the date of the physical examination. The Physical Examination form can be downloaded from the sports link on the Tulare Union High School website at **tuhs.tjuhsd.org/athletics/** or from a link on the FamilyID registration page, www.familyid.com.

<u>INFORMATION NEEDED TO REGISTER</u>: Our registration site for 2021-22 school year will be activated February 22, 2021. It will be helpful to have the following information handy to allow for accurate completion of your online registration.

- · Personal physician name, address, phone number
- · Insurance company name and policy number
- · Emergency contact name and number
- · Medical history information

Policies to be read and responded to include the Tulare Union High School Athletics Guidelines including: Academic Eligibility Requirements, Athletic Participation Attendance Code, Drug and Alcohol Policy, District Student Athlete Drug Testing, Athletic Trainer Informed Consent/Permission to Treat and Boundary Affidavit. They also include the CIF Athlete's Code of Ethics, Annual Concussion Form and East Yosemite League Parent and Player Athletic Agreement for Success. Please take the time to read through this information as you will be signing off on your understanding of the information in these documents.

A parent/guardian should register by going to the Tulare Union High School website at **tuhs.tujuhsd.org/ athletics/** and click on the Athletics link. Then click on the **www.FamilyID.com** or click on **2020-21 Physical Clearance Registration Online** at the top of the right column to begin the process.

Under the "Programs" title, click on the link for all the programs you want to sign up for. Scroll to the bottom of the page to either Sign Up if this is your first time using FamilyID, or Log In if you already have a FamilyID account.

Sign Up for your secure FamilyID account by entering your family name, email address and password. You will receive an email with a link to activate your new account. (If you don't see the email, check your spam or junk mail folders.)

Click on the link in your email activation, which will log you in to FamilyID.

If you do not return to the registration form, click 'Find Programs' to retrieve the form. Once in the registration form, complete the information requested. When you have completed the form, click the "Save & Continue" button.

You will receive an email receipt from registrations@familyid.com. You can also view your completed registration in your 'Registration' tab. You can log into https://www.familyid.com at any time to update your information and to check your registration(s).

<u>SUPPORT</u>: You can always find your programs at www.familyid.com by clicking "Find Programs" in the top blue banner and searching for our organization name. If you need assistance with your registration, you can call Family ID at 888-800-5583 X1 or email <a href="mailto:support@familyid.com">support@familyid.com</a>. Support is available 7 days per week during standard business hours and messages will be returned promptly

<u>DOCTOR CLEARANCE - PROOF A CURRENT (12MONTH) PHYSICAL:</u> This can either be uploaded to the online registration or a copy must be turned into the Tulare Union School nurse. Your athlete will not have clearance to participate in sports until proof of the current physical with doctor signature is provided to the school. Once provided the nurse will give your student a green slip to present to their coach as proof their online registration and current medical clearance has been received.

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STUDENT ATHLETE DRUG TESTING CONSENT FORM: Included in this packet is the District Student Athlete Drug Testing Consent Form. This form must be signed by a parent/guardian and student athlete, and returned to the nurse with the proof of a physical from a doctor. If this form is not received the student athlete will not be cleared for athletic

participation. The policy can be found in the online registration under policies. Refusal by parent or student consent to student athlete drug testing will result in the student athlete not being allowed to participate in athletics or cheerleading. <a href="PROOF OF MEDICAL INSURANCE FORM">PROOF OF MEDICAL INSURANCE FORM</a>: Included in this packet is the District Proof of Insurance Form. This form must be signed by a parent/guardian and returned to the nurse. If this form is not received the student athlete will not be cleared for athletic participation. All student athletes must have private insurance or Medi Cal. If an athlete does not have medical insurance, pick up a packet in the nurse's office to purchase school time insurance, this must be completed before the student athlete will receive clearance to participate in tryouts, practices or competition. The policy can be found in the online registration under Insurance.

Sincerely,

Diana Nalbandian-Hatton Athletic Director

1 Jana Nalbandian Hatten

I understand after having read the Drug Testing Policy for the Tulare Joint Union High School District, set forth in Board Policy and Administrative Regulation 5131.61, that out of concern for my safety and health, the Governing Board and the District have established and enforce rules and consequences regarding the use of illegal drugs and controlled substances. I realize that the personal decisions that I make daily in regard to the use of illegal drugs or controlled substances may affect my health and well-being, pose a danger to those around me, and reflect negatively upon the District athletic program with which I am associated. If I choose to violate school policy regarding the use of illegal drugs or controlled substances, I understand that I will be subject to the restrictions of my participation as outlined in the policy.

I authorize Tulare Joint Union High School District to conduct a test on a urine specimen, which I provide to test for illegal drugs and controlled substances, including but not limited to those drugs and controlled substances identified in District policy and regulation and/or set forth below. I also authorize the exchange of information concerning the results of such a test between the Tulare Joint Union High School District, my parent(s) and/or guardian(s), and the contracted drug-testing agency, Recovery Resources.

This shall be deemed a consent pursuant to the Family Education Right of Privacy Act (20 U.S.C. § 1232g; 34 C.F.R. Part 99) and the Education Code (sections 49076 et seq.) for the release of the above information to the parties named above.

Dated:	
Print Student's Name PLEASE INDICATE ANY PRESCRIPTION DRUGS DOCUMENTATION TO VERIFY IT WITH THIS FOR	Student Signature YOUR CHILD IS CURRENTLY TAKING AND PROVIDE RM:
I have read and agreed to the above terms of partic	sipation of my son/daughter.
Dated:	
Print Parent/Guardian Name	Parent/Guardian Signature

The testing service will include tests for, but not be limited to, one or more of the following illegal drugs and/or controlled substances: marijuana metabolite, cocaine metabolite, opiates, phencyclidine (PCP), amphetamines, alcohol, benzodiazepines, barbiturates, propaxyhene (Darvocet), methadone, OxyContin, designer drugs and steroids.

Parents may withdraw authorization to test students, with written notification to Associate Superintendent at the District Office: 426 N. Blackstone St., Tulare, California 93274. The only consequence for such withdrawal is that the student will no longer be able to participate in District athletics.

TULARE JOINT UNION HIGH SCHOOL DISTRICT

Athletic and Activity/Club Registration Form 2020/2021

My student wishes to participate in the following sports or activities

			•	
Cross Countr	y Flag Football	Soccer	Basketball	Track & Field
Baseball	Tackle Football	Tennis	Volleyball	Wrestling
Softball	Hockey	Golf	Cheerleading	Band/Orchestra
Badminton	Swimming	Water Polo	Drill Team	Other( )
All prognostive per	tiginants must complete these meta	rials provide proof of modi	and incurance and have a n	arent/guardian signature authorizing their
	to participation in any activity or pr		car msurance and have a p	arent/guardian signature authorizing then
Student Name (Ple	ase Print)	School		Date of Birth Grade
Address - Street	Apt.	City	Zip	Home Phone
		CALIFORNIA L		
	ication Code (Sections 32221-3222			
-	cal and hospital expenses in an amo			_
			•	etic team engaged in athletic events on or
				zation thereof. "Member of an athletic
				team managers and their assistants, and
	-			he athletic event, including activities gements of the educational institution or a
•	ization thereof to or from a school	2 1		
cost or low-co the Healthy Fa	st local, state or federally spo milies and Medical Programs	nsored health insurance Information Line at 1-80 INSURANCE PROTI	e programs, may be ol 0-880-5305. ECTION	which include other comparable notained by calling 1-800-722-3365 or other insurance as evidence of other insurance
	ase Student Accident Insurance mad		· ·	istrict before the student is eligible to
Option A	Personal Insurance - I hereby de			,
	has medical insurance in the amou		-	1: 1 11 2: 1
in the insurance pro	dily injury while practicing for or pogram made available through the s	participating in athletic event school district for accidental	s. Therefore, I do not war bodily injury and hereby	nedical and hospital expenses resulting that my student to subscribe to membership release the Governing Board and school not required under California Education
Code Section 3222	0-32224. I WILL NOTIFY THE S f student's proof of medical insuran	CHOOL OF ANY CHANG		-
Option B	I wish to participate in the Student		ailable by Tulare Joint I	Inion High School District
-	lment form should accompany this			
1.	Log on to <u>www.peinsurance.com</u> .	•		*
	Spanish. <b>You may also sign up onl</b>			
2.	Print Brochure, complete and brin			
	A copy of student's proof of insura			
	Signature of Demont IC	rdion	Date	
	Signature of Parent/Gua	пинап		

Participating in competitive athletics may result in severe injury, including paralysis or death. Players can reduce the risk by reporting all physical problems to their coaches, following coaches' instructions regarding playing techniques, training and other team rules, etc., and agreeing to obey such instructions. Even if all these requirements are met, a serious accident may still occur.

## PARENT PERMISSION

In consideration of the permission granted, we, the undersigned, hereby RELEASE, DISCHARGE and HOLD HARMLESS the Tulare Jo	oin
Union High School District from all liability arising out of or in connection with the identified athletic sport/activity. The release and discharge	e of
the Tulare Joint Union High School District from all liability includes any defect or alleged negligence attributed to the Tulare Joint Union H	ligh
School District or any of its coaches, agents, instructors, teachers or any assistants supervising, directing or instructing in the athletic sport/activ	vity
()(to be initialed by the student and/or parent or guardian)	
I,	ove
release. I understand and agree to its terms. I understand that all sports can involve MANY RISKS OF INJURY including, but not limited to, the	
risks outlined above.	
In the event of an accident, or sudden illness, the school district has my permission to render whatever emergency medical treatment may be deer necessary for the above named student.	med
I am signing this document on my own behalf, as well as on behalf of my student athlete.	
Date	
Signature of Parent/Guardian	