



Athletic Packet
Gunn Department of Athletics
Home of the Titans ~ "A Tradition of Excellence"

To participate on a Gunn Athletics Team, you must complete the following checklist:

- Read, understand and sign the Athletics Agreement/Informed Consent Forms (page 5).
- Complete the Emergency Medical Form and the Authorization for Student Participation in Athletics Form (page 6).
- Complete the Athletic Pre-Participation Physical Evaluation Form (pages 7-8) and have a doctor fill out the Physical Examination Form (pages 9-10) confirming that you are medically able to participate on an athletic team. All medical forms expire 12 months after it is dated. All physicals must be performed by a medical doctor (MD) or doctor's assistant. CIF/CCS rules prohibit team physicals that are performed by chiropractors.
- Attach a check for \$150.00 (with your name and sport on it), payable to "Gunn High School." You must complete only one athletic packet per year. However, we ask that you contribute \$150 each time your child participates in a sport. This money forms the bulk of the income used to fund the Gunn sports program.

While the \$150 participation fee is not mandatory, it is necessary to maintain our sports program. These \$150 athletic fees comprise the entire budget for the Gunn Athletics Department (we receive no budget from the district). The athletics budget pays for league, section and state dues, transportation, entry fees, referees, umpires, equipment, and all of our other expenses.

Scholarships are available through the director of athletics and under Forms at gunntitans.com (see the director in his office to get this form, fill it out and return in to him). If you are applying for a scholarship, please attach the scholarship form to your completed Athletic Packet. No one will be denied participation! Thank you.

- We encourage all families to join the Gunn Sports Boosters, a 501(c)(3) non-profit organization. The average cost per athlete is much higher than the \$150 basic participation fee. Gunn Sports Boosters makes up the difference through membership and fund-raising. We depend on your contributions to cover our additional expenses as well as maintaining and upgrading our facilities that make our program a top-flight athletic experience for everyone. All such donations are tax-deductible and are deposited into the Boosters' general fund (checks should be made payable to "Gunn Sports Boosters") or can be earmarked for a specific sport's improvement fund. Improvement fund checks should be made payable in this manner: "Gunn Sports Boosters-Football," "Gunn Sports Boosters-Badminton," etc. An improvement fund for each sport has been established and is tracked by the Gunn Sports Boosters' treasurer at no cost. See Booster Membership Form (page 12).
- We encourage all parents to sign up for eScrip to help fund Gunn Athletics every time you shop at local stores. The online address is: www.escrip.com. Our Gunn Sports Boosters eScrip Group ID number is 132514460. For each new subscription, your team will receive \$25 from the Booster general fund to your team's improvement fund.
- Volunteers are necessary in order to have a fully functional athletic program. It is requested that all parents volunteer 5 to 10 hours during their child's sport season.
- We encourage all parents to complete the Private Transportation Form (page 11). This form allows parents to drive student-athletes to and from athletic events. Please turn in the completed form to the director of athletics.

PALO ALTO UNIFIED SCHOOL DISTRICT - ATHLETICS AGREEMENT FORM

- Read and understand this document.
- Complete and turn in all medical forms prior to tryouts or being admitted to a team.
- Complete and turn in all required forms to your coach or the director of athletics.
- State law requires that you take two years of physical education (PE). If you are participating in a sport that our Department of Athletics offers, you may be excused from your PE class and use that period as a study “prep” period. To be excused from PE you must complete a Sports Team Contract (found on the Gunn High School website) and have it signed by your coach, then turn it into your PE teacher. You must stay in PE until your PE teacher has excused you from your PE class. As soon as your sport ends you must return to your PE class. *The exception to this is that all freshmen must attend PE for their first semester, even if they are participating in a sport sponsored by Gunn Athletics. There is no “prep” period available for freshmen during the first semester (state law).* Sports done outside of Gunn Athletics do not receive a “prep.”

• Detailed information regarding SCVAL, CCS, and CIF rules as well as sports’ information and coaches’ contact information can be found on the Gunn Athletics website: www.gunntitans.com.

• If you are a sophomore, junior or senior and are new to Gunn High School, you are considered a transfer student. All transfer students must fill out CIF/CCS paperwork that can be downloaded from the CCS website (www.cifccs.org/eligibility/Transfer%20Intro.htm) and requires signatures from the old school as well as Gunn. This paperwork must be completed before competing on a Gunn team. If a transfer student competes without CCS paperwork/permission, those competitions count as losses for Gunn.

• It is assumed that your child has no objection to having his or her photo posted on the Gunn athletics website: www.gunntitans.com. Often a photo with a caption is included with the team results. If you do NOT wish your child’s photo to appear on this website, please let the coach know. Thank you.

Goals:

1. To promote the healthy development and character of each participant through the values of self-discipline, teamwork, leadership and an overall commitment to personal excellence.
2. To provide a safe and caring environment that supports growth and development.
3. To help students develop confidence and feelings of self-worth as they fulfill their roles as models for their peers and as representatives from the school to the outside community.
4. To help students and parents understand responsibilities that accompanies the privilege and opportunity of participation in athletics and other student activities.
5. To enforce clear, consistent consequences for violations of school rules and regulations within an atmosphere of prevention and therapeutic support.
6. To recognize that the abuse of alcohol and other drugs (AOD) is a disease that presents significant health problem to our society.
7. To ensure opportunities for early intervention and assistance when evidence of poor adjustment or alcohol and other drug (AOD) use is determined.
8. To support student, parent, school, and community awareness of and commitment to practices of wellness.

Eligibility:

1. All California Interscholastic Federation (CIF) rules must apply with the following additions
 - a) A student must pass a minimum of 20 semester units of work in the previous grading period, quarter or semester, in order to be academically eligible for interscholastic sports in the Palo Alto Unified School District.

- b) A student must be enrolled currently as a full time student. Athletes must earn a minimum 2.0 GPA the preceding grading period for eligibility for the next quarter. All classes will be used to compute one's GPA. Eligibility will be determined 12 days after the end of each quarter.
2. Students are expected to comply with the district attendance policy. Unexcused absences (cuts) may jeopardize a student's participation in competitions.
 3. Students must complete and return a signed athletic agreement form, emergency medical form, informed consent form and physician's examination form.
 4. A student may be registered as a member of one or more teams simultaneously provided there is mutual consent by the two coaches. A student must participate in one league contest to participate in league finals.
 5. All student-athletes must be insured in order to participate in an athletic activity. Parents must include on the emergency medical form the name of insurance company and policy number. Student-athletes who do not have insurance can purchase student accident and health insurance through Myers-Stevens & Toohey & Co., Inc. For more information see the director of athletics or the athletics trainer.
 6. The level at which a student competes in one sport does not affect the level at which he/she may compete in other sports.

Rules for Participants:

1. "Member of an athletic team" includes members of any extramural athletic team engaged in athletic events on or outside the school grounds, maintained or sponsored by the educational institution or a student body organization thereof. It also includes members of school bands or orchestras, cheerleaders and their assistants, pompom squad, team managers and their assistants, and any student selected by the school or student body organization to directly assist in the conduct of the athletic event, including activities incidental thereto, but only while such members are being transported by or under the sponsorship or arrangements of the educational institutions or a student body organization thereof to or from a school or other place of instruction and the place at which the athletic event is being conducted.

All aspects of this agreement will apply to these members as stated above. The exception will be to waive the physician's statement from school bands and orchestra.

When athletic contests are played away from school, participating students will ride to and from the games/meets with the team on school transportation, unless other arrangements are made with the director of athletics and the coach prior to the contest. The faculty sponsor or coach will accompany the team and has complete authority on such trips.

1. The student and his/her parent/guardian are responsible for the safe return of all equipment and uniforms issued to the student for an organized activity. The student will be charged for any misuse or loss of such equipment or uniform.
2. Students will use language that demonstrates respect for him/herself and others; threatening or vulgar language is prohibited.
3. Student conduct should reflect positively on the reputation of the team and school.
4. Students will not use tobacco products.
5. In the semester prior to and during the season of participation in any sport or student activity, a student will not consume, buy, sell or give away alcohol or any drugs, including steroids. Students who have approved medical prescriptions for personal use are exempted and notice of prescriptions should be on file with the Department of Athletics.
6. Students will follow all other written rules for participation established by individual coaches and advisors. These rules will be made available to the administration, parents, and students at the beginning of the activity or the activity of specific athletes.

These rules apply throughout a student's participation in each chosen sport or activity. Violations will be CUMULATIVE throughout the student's participation in a specific activity or on a specific athletic team during high school. Penalties applied but not fulfilled during one season will be carried over to the next possible sports season.

Specific Consequence: Tobacco, Alcohol / Drug Offenses:

Gunn places a high priority on early recognition and treatment of an alcohol or drug problem. Consequently, any student who requests help (or is referred by others voluntarily) prior to a violation will not be suspended from interscholastic competition if he/she successfully completes the appropriate in-school educational program or community treatment program. The consequences represent the MINIMUM PENALTIES for violating the athletic/student activity rules. The District Discipline Plan outlines specific penalties and procedures for drug or alcohol use in connection with student activities. If the violation occurs on the way to or from school, at school, or at any school-sponsored event, the violation must appear before the School District Discipline Committee and may, depending on the case, have further consequences imposed.

Tobacco Use:

Students who choose to use tobacco products will retain interscholastic eligibility IF they provide evidence that they have entered a stop-smoking (or chewing) class immediately. They must participate satisfactorily, show evidence to the director of athletics and coach when they have completed the class and refrain from use in the future.

Performance Enhancing Drugs:

Any athlete found using performance enhancing drugs including steroids, will be in violation of the drug policy of the CIF and the PAUSD. That athlete will be immediately suspended from athletic competition for the rest of that athletic season.

Alcohol and Drug Violations:

1. First violation (minimum consequence):

After confirmation of the first violation, the student shall lose eligibility for either two weeks of interscholastic contests or five interscholastic contests, whichever is fewer.

- a) If the student wishes to continue athletics, he/she must continue to attend and participate in regular practice with the team or activity.
- b) In addition to the above conditions, the students will be required to attend a minimum of six directed on-site educational group sessions regarding alcohol and drug abuse.

2. Second violation (minimum consequence):

- a) On the confirmation of the second violation, the student shall lose eligibility for an additional three weeks of interscholastic competition or seven interscholastic contests; whichever is fewer. Sections 1b and 1c above must also be honored if the student chooses to continue in athletics.

3. Third and subsequent violations (minimum consequence):

- a) On the confirmation of the third or subsequent violations, the student shall lose eligibility for participation in athletics for the remainder of the season.
- b) On the third or subsequent violations, IF the student becomes a participant in an alcohol and/or drug treatment program on his/her own volition, the student may be certified for reinstatement in Palo Alto Unified School District activities after a minimum of six weeks. Such certification must be issued by the director or counselor from the treatment center and given to the coordinator of the site core team.
- c) Any decisions made by the Discipline Committee will supersede these consequences if their deliberations determine that more severe penalties are required.

INFORMED CONSENT

By its very nature, competitive athletics can put students in situations in which SERIOUS, CATASTROPHIC and perhaps FATAL accidents could occur.

Risk Warning

By granting permission to your son/daughter to participate in athletic competition, a parent/guardian acknowledges that playing or practicing in any sport can be a dangerous activity involving MANY RISKS OF INJURY. Both the athlete and parent must understand that the dangers and risks of playing or practicing include but are not limited to: death, complete or partial paralysis, brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons and other aspects of the skeletal system and potential impairment to other aspects of the

body, general health and well-being. HOWEVER, IT IS IMPOSSIBLE TO TOTALLY ELIMINATE SUCH INCIDENTS FROM OCCURRING.

Because of the dangers of participating in sports, players may reduce the chance of injury by following coaches' instructions regarding playing techniques, training, equipment and other team rules, etc. both in competition and practice and agree to obey such instructions. DAMAGED EQUIPMENT MUST BE REPORTED IMMEDIATELY.

Even if all of these requirements are met and even if the athlete is using excellent protective equipment, we understand that a serious, maybe even fatal accident may occur.

It is understood by the student and his/her parent/guardian that the Palo Alto Unified School District, the district high school of the student's attendance, including the faculty and staff, as well as the Associated Students, assume no liability for injuries incurred in school-sponsored athletics. California law (Ed. Code sections 32220-32224) requires every member of an athletic team to have accidental bodily injury insurance providing at least \$1500 of scheduled medical and hospital benefits. Any student athletic injury must be reported to the coach before leaving the location of the game or practice in order that a proper report may be completed. All medical, hospital, ambulance, or other such bills shall be charged to the parent/guardian and shall be considered the financial responsibility of such parent/guardian.

At the beginning of the school year or a season of practice, both the athlete and parent need to be informed in writing of the above information. The school must require that both the athlete and the parent sign and date a sheet of paper acknowledging that they have read the above statement and understand it thoroughly. This paper, with signature, should be kept on file with the athletic director.

I hereby give my son/daughter/ward permission to participate in interscholastic sports and to go with the representative of the school on trips necessary for this competition. I agree to the conditions concerning injury (above), transportation, requirements, participation, insurance and equipment and give I my son/daughter permission to participate.

ATHLETICS AGREEMENT/INFORMED CONSENT FORMS

I am either a freshman or I attended Gunn High School all last year - I am not a transfer student...(if you are a transfer, please see Gunn's director of athletics for transfer paperwork).

I have read this agreement (pages 1-5), understand it, and agree to support the goals, rules and consequences for violations herein.

Student Name _____ Sport(s) _____

Student Email _____ Date _____

I (WE) have read this agreement (pages 1-4), understand it and agree to support my son/daughter in his/her decision to abide by its provisions.

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

Parent Email _____

Parent/Guardian Signature _____ Date _____

I have read and understand the information above and I want to participate.

Student's Signature _____ Date _____

EMERGENCY MEDICAL FORM

Please Print Clearly

STUDENT-ATHLETE'S LAST NAME	STUDENT-ATHLETE'S FIRST NAME	MI
PARENT/GUARDIAN NAMES OF STUDENT ATHLETE (PRINTED)	(AREA CODE)	HOME TELEPHONE
HOME ADDRESS (student-athlete's legal residence) STREET, CITY, ZIP		

MEDICAL ALERTS:

1.	
2.	

FATHER'S WORK PHONE:		FATHER'S CELL PHONE or PAGER:	
MOTHER'S WORK PHONE:		MOTHER'S CELL PHONE or PAGER:	
FAMILY DOCTOR NAME:		DOCTOR PHONE NUMBER:	
#1 EMERGENCY CONTACT NAME:		RELATIONSHIP:	
#1 EMERGENCY CONTACT PHONE:		CELL PHONE or PAGER:	
#2 EMERGENCY CONTACT NAME:		RELATIONSHIP:	
#2 EMERGENCY CONTACT PHONE:		CELL PHONE or PAGER:	

My son/daughter has a medical and hospitalization policy with:

Name of Insurance Company	Policy/Certificate Number (required)

AUTHORIZATION FOR STUDENT PARTICIPATION IN ATHLETICS

I, the undersigned, am the parent/guardian of _____, a student enrolled at GUNN HIGH SCHOOL, a public school operated by the Palo Alto Unified School District. I authorize my son/daughter, named above, to participate in school athletics starting **August 15, 2011 for one full academic year.**

In the event of injury or illness to the above named student, I hereby grant to a duly authorized representative of the Palo Alto Unified School District to act as guardian/spokesman in granting permission for emergency medical treatment/ambulance service/hospitalization (including anesthesia) if necessary for my student while in route to or from or at the site of school activities. I understand that should a health emergency arise, I will be notified, but if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized. I personally assume responsibility for any costs of such care not covered by insurance.

Signature of Parent/Guardian Date Name of Parent /Guardian

ATHLETIC PRE-PARTICIPATION PHYSICAL EVALUATION FORM

Part A: History

(TO BE COMPLETED EVERY YEAR BY THE STUDENT-ATHLETE AND PARENT/GUARDIAN)

Student's Name _____ Sex _____ Age _____

- | Yes | No | |
|------------------------------|--------------------------|---|
| 1. <input type="checkbox"/> | <input type="checkbox"/> | Have you had a medical illness or injury since your last check up or sports physical? |
| 2. <input type="checkbox"/> | <input type="checkbox"/> | Do you have an ongoing or chronic illness? |
| 3. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been hospitalized overnight? |
| 4. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had surgery? |
| 5. <input type="checkbox"/> | <input type="checkbox"/> | Are you currently taking any prescription or non-prescription medications or pills or using an inhaler? |
| 6. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever taken any supplements or vitamins to help you gain or lose weight improve your performance? |
| 7. <input type="checkbox"/> | <input type="checkbox"/> | Do you have any allergies (<i>for example, pollen, medicine, food, or stinging insects</i>)? |
| 8. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a rash or hives develop during or after exercise? |
| 9. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever passed out during or after exercise? |
| 10. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been dizzy during or after exercise? |
| 11. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had chest pain during or after exercise? |
| 12. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had racing of your heart or skipped heartbeats? |
| 13. <input type="checkbox"/> | <input type="checkbox"/> | Have you had high blood pressure or high cholesterol? |
| 14. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been told you have a heart murmur? |
| 15. <input type="checkbox"/> | <input type="checkbox"/> | Has any family member or relative died of heart problems or of sudden death before age 50? |
| 16. <input type="checkbox"/> | <input type="checkbox"/> | Have you had a severe viral infection (example; myocarditis or mononucleosis) within the last year? |
| 17. <input type="checkbox"/> | <input type="checkbox"/> | Has a physician ever denied or restricted your participation in sports for any heart problems? |
| 18. <input type="checkbox"/> | <input type="checkbox"/> | Do you have any current skin problems (for example itching, rashes, acne, warts, fungus, or blisters)? |
| 19. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a head injury or concussion? |
| 20. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been knocked out, become unconscious, or lost your memory? |
| 21. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a seizure? |
| 22. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had numbness or tingling in your arms, hands, legs, or feet? |

- | Yes | No | |
|------------------------------|--------------------------|--|
| 23. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a stinger, burner, or pinched nerve? |
| 24. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever become ill from exercising in the heat? |
| 25. <input type="checkbox"/> | <input type="checkbox"/> | Do you cough, wheeze, or have trouble breathing during or after activity? |
| 26. <input type="checkbox"/> | <input type="checkbox"/> | Do you have asthma? |
| 27. <input type="checkbox"/> | <input type="checkbox"/> | Do you have seasonal allergies requiring medical treatment? |
| 28. <input type="checkbox"/> | <input type="checkbox"/> | Do you use any protective or corrective equipment or devices that aren't usually used for your sport or position (<i>for example knee brace, special neck roll, foot orthotics, retainer, or hearing aid</i>)? |
| 29. <input type="checkbox"/> | <input type="checkbox"/> | Have you had any problems with your eyes or vision? |
| 30. <input type="checkbox"/> | <input type="checkbox"/> | Do you wear glasses, contacts, or protective eyewear? |
| 31. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a sprain, strain, fracture, or dislocation of a muscle, tendon, bone or joint? |
| <input type="checkbox"/> | <input type="checkbox"/> | Head |
| <input type="checkbox"/> | <input type="checkbox"/> | Forearm |
| <input type="checkbox"/> | <input type="checkbox"/> | Knee |
| <input type="checkbox"/> | <input type="checkbox"/> | Shoulder |
| <input type="checkbox"/> | <input type="checkbox"/> | Elbow |
| <input type="checkbox"/> | <input type="checkbox"/> | Thigh |
| <input type="checkbox"/> | <input type="checkbox"/> | Chest |
| <input type="checkbox"/> | <input type="checkbox"/> | Foot |
| <input type="checkbox"/> | <input type="checkbox"/> | Hip |
| <input type="checkbox"/> | <input type="checkbox"/> | Back |
| <input type="checkbox"/> | <input type="checkbox"/> | Hand |
| <input type="checkbox"/> | <input type="checkbox"/> | Ankle |
| <input type="checkbox"/> | <input type="checkbox"/> | Neck |
| <input type="checkbox"/> | <input type="checkbox"/> | Wrist |
| <input type="checkbox"/> | <input type="checkbox"/> | Shin/Calf |
| <input type="checkbox"/> | <input type="checkbox"/> | Upper Arm |
| 32. <input type="checkbox"/> | <input type="checkbox"/> | Do you lose weight regularly to meet weight requirements for your sport? |
| 33. <input type="checkbox"/> | <input type="checkbox"/> | Has a doctor told you or a family member that you are at risk for blood disorders? |
| 34. <input type="checkbox"/> | <input type="checkbox"/> | Were you born without, or are you missing, a kidney, testicle or any other organs? |
| 35. <input type="checkbox"/> | <input type="checkbox"/> | Do you feel that you have fatigue or increase shortness of breath with activity? |

If you have answered yes to any of the above questions, check appropriate box and explain in detail on page 2: Part B

Date of Birth _____ Grade _____ Sport(s) _____

Parent/Guardian's Full Name _____

Address _____ Phone _____

Personal Physician _____ Physician's Phone _____

Part C: Physical Examination Form

(THIS FIRST PART IS TO BE COMPLETED BY THE STUDENT-ATHLETE)

Student's Name _____ Date of Birth _____
 Sex _____ Grade _____ Sport(s) Played _____
 Parent/Guardian's Full Name(s) _____
 Home Phone _____ Work or Cell Phone _____ Email _____

(THE NEXT TWO PARTS ARE TO BE COMPLETED BY THE PHYSICIAN)

Height _____ Weight _____ Pulse _____ Blood Pressure/ _____
 Vision R 20/L 20/ Corrected Y N Contacts Y N Glasses Y N Pupils: Equal Unequal
 Record date of most recent immunizations: DT/Td _____ Hep B _____ Varicella _____

	NORMAL	ABNORMAL FINDINGS	INITIALS*
Head/Neck			
Eyes/Sclera/Pupils			
Ears/Hearing			
Nose/Mouth/Throat			
Heart: Murmurs/Rhythms			
Lungs: Auscultation/Percussion			
Chest Contour			
Skin			
Abdomen: Assessment (including liver, spleen)			
Tanner stage: Testes/Onset of menses			
Neck/Back/Spine: range of motion			
Scoliosis			
Upper Extremities:			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand/Fingers			
Lower Extremities:			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			
Neurological: Balance/Coordination Romberg			
Hernia? (if yes/possible, explain)			
Medications currently taking:			

Part D: Physical Examination Form (continued)

Student's Name: _____ Examination Date: _____

Cleared for all activities

Not cleared

Not cleared for which activity? _____

Reason: _____

Recommendations: _____

I HEREBY CERTIFY THAT I AM QUALIFIED BY TRAINING AND EXPERIENCE TO PROPERLY PERFORM THE EXAMINATION AND MAKE THE EVALUATION REFLECTED ON THIS FORM

Physician's/Provider's Stamp:

Name of physician (*print/type*) _____ Date _____

Address _____ Phone _____

Signature of physician _____ MD, DO or RPA
(please circle one)



Field Trip and Athletics Private Vehicle Form - Volunteer Adult Drivers (Separate Form Required for Each Driver)

PALO ALTO UNIFIED SCHOOL DISTRICT
25 Churchill Avenue • Palo Alto, CA 94306

I, _____ will be using the vehicle(s) described below to transport students for the current school year.
Print name of Adult Driver

Student Name(s) _____
Teacher / Coach(es) _____
School Site _____

IMPORTANT: ATTACH A COPY OF POLICY DECLARATION PAGE, SHOWING THE AMOUNTS OF COVERAGE AND CALIFORNIA DRIVERS LICENSE TO THIS PAGE.

California Drivers License (current)

License # _____ Expiration Date _____

Driving Record
I certify that I have not had a DUI (driving under the influence) violation nor had my license suspended during the last three years. In addition, I certify that my car is current in its maintenance according to manufacturer guidelines, that the car is in safe working condition, and that all safety related features of the car are operable.

Signed _____ Date _____ Phone _____
(Adult Driver of Vehicle)

Email _____ Cell _____

Proof of Insurance and Current Vehicle Registration (must be in automobile)

Policy Number _____ Expiration Date _____ Insurance Company _____

Minimum Liability Required: \$300,000 Bodily Injury Per Occurrence, \$100,000 Property Damage Per Occurrence. Private coverage will be primary.

Vehicle #1 Make _____ Model _____ Year _____ Vehicle License # _____
Vehicle #2 Make _____ Model _____ Year _____ Vehicle License # _____

Seat Belts. A seat belt must be available for each passenger and each passenger is required to wear a seat belt.
Number of seat belts available to student passengers in Vehicle #1: _____ Vehicle #2: _____

Car Seats (DMV). "Any child under the age of six years and weighing less than 60 lbs., must be secured in a federally-approved child passenger restraint system and ride in the back seat of a vehicle."

No student may drive him/herself without written permission from a parent/guardian. Written permission must be on file in the Main Office prior to the event. No student may ever drive another student.

I am the registered owner of the vehicle described on this form and I authorize the driver, whose name appears above to use this vehicle to transport him/her and students. I certify that the information provided above is correct and I agree to keep the policy current during the current school year. I understand that my insurance, as described above, provides primary coverage.

Signed _____ Date _____
(Owner of Vehicle)

The undersigned school Administrator or designee certifies that s(he) has received 1) this form completed by the driver and/or owner, 2) copy of declaration page and 3) copy of valid and current California Drivers License.

Signature _____ Date _____

Gunn Sports Boosters

Please join us for the 2011-12 Season!

Over 50% of all Gunn’s students take part in after-school sports. The average cost per athlete is much higher than what the \$150 basic participation fee pays for. Gunn Sports Boosters makes up difference through membership and fund-raising. We depend on your contributions to cover additional team expenses as well as facilities updates that are necessary for a top-flight athletic experience. And it's tax-deductable. Please join Gunn Sports Boosters to show your support for Gunn Titan athletics.

Please fill out and return the membership form (below) or Sign up online at www.GunnSportsBoosters.com

Other Ways to Contribute to Gunn Athletics:

- eScrip – Your everyday purchases at local retailers, such as Safeway, Piazza’s and many others, helps raise funds for Gunn Sports at no additional cost to you. Sign up at www.escrip.com today and designate your contribution to Gunn Sports Boosters (Group ID# 132514460). If you're already registered, remember to renew your Safeway card between Aug. 1 & Nov. 1
- Annual Fundraising Dinner at Trader Vic’s Restaurant – date to be determined, 5-8 p.m. on a Sunday in late winter. Come meet Gunn’s Coaches, Director of Athletics, Administrators as well as other like-minded supporters in a great social setting. Also please consider donating items and services that we can auction. More info at www.GunnSportsBoosters.com
- Get More Involved – Join us every third Wednesday of the month at 6:00 p.m. during the school year in the Gunn library.
- Got Ideas? – If you see a need or have a service that benefits Gunn Athletics, we’re open to any type of contributions. For details and contact info go to www.GunnSportsBoosters.com

Membership Options for the 2011-12 Season

Name: _____ Spouse: _____
(if alum, include your graduation year) (if alum, include your graduation year)

Student 1: _____ Grade: _____ Sport(s): _____

Student 2: _____ Grade: _____ Sport(s): _____

Address: _____
Street City State Zip

Phone: _____ E-mail (in CAPS): _____
(Area code) (Number)

Individual Titan Membership

Includes season ticket pass for 1 adult to all home games for all sports \$50 \$ _____

Family Titan Membership

Include season ticket pass for 2 adults and children not yet in high school \$90 \$ _____

Gold / Silver / Bronze Titan Membership

Includes Family Titan season ticket pass and your contribution \$1,000+ / \$500+ / \$250+ \$ _____

Acknowledged on a plaque at Gunn's Main Gym

Additional Direct Donations

Additional Donation Amount: \$ _____

Designate sport of your choice (optional):

Please make checks payable to "Gunn Sports Boosters" or sign up online at www.GunnSportsBoosters.com

Grand Total: \$ _____

Season ticket passes are available for pickup at Back to School Night or home athletic events. Season ticket passes are not valid for post-season championships and CCS playoffs. Gunn Sports Boosters is a 501(c)(3) non-profit organization. Our tax ID number is 94-320706.

GUNN HIGH SCHOOL: WHERE STRONG SPORTS IS THE PERFECT COMPLEMENT TO STRONG ACADEMICS