

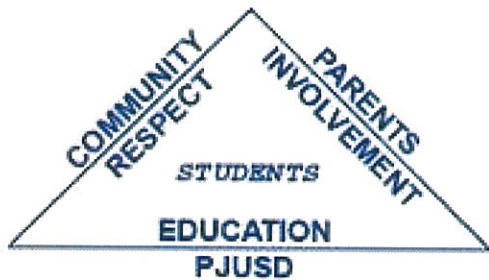
Pierce Joint Unified School District  
**Board of Trustees Special Meeting**  
**PIERCE JOINT UNIFIED SCHOOL DISTRICT**  
**OFFICE**

***ORIGINAL***

**Monday**

**July 13, 2015**

**9:00 a.m.**



***"Students First"***



Pierce Joint Unified School District  
540A 6<sup>th</sup> Street  
P.O. Box 239  
Arbuckle CA 95912  
(530) 476-2892 \* (530) 476-2289 Fax

**BOARD OF TRUSTEES SPECIAL MEETING**

Pierce Joint Unified School District Office  
540A 6<sup>th</sup> Street  
Arbuckle CA 95912

**MONDAY JULY 13, 2015 9:00 A.M.**

**AGENDA**

**Governing Board**

Debbie Charter, President

Amy Charter, Vice President

Abel Gomez, Board Clerk

John Friel, Member

Nadine High, Member

Documents provided to a majority of the Governing Board regarding an open session item on this agenda will be made available for public inspection in the District Office located at 540A 6<sup>th</sup> Street, Arbuckle CA 95912, during normal business hours.

1. CALL TO ORDER
  - A. *Pledge of Allegiance*
2. APPROVAL OF AGENDA ACTION
3. HEARING OF THE PUBLIC  
(Speakers will be given three (3) minutes to speak with a twenty (20) minute limit per topic)
4. Consider and approve **Variable Term Waiver Request for Carol Keiser to teach Business/Computer Applications to Grades 9-12 on the Basis of an English Language Authorization Credential Waiver** ACTION
5. Consider and approve **Memorandum of Understanding between the Pierce Joint Unified Educators Association and the Pierce Joint Unified School District for the 2015/16 School Year – Salary Schedule** ACTION
6. Consider and approve **Pierce High School Athletic Code Revision** ACTION
7. Consider and approve **Consent Agenda:** ACTION
  - A. Minutes of June 16, 2015 Special Board Meeting
  - B. Donations:
    1. AES Rojelio Dance Academy:
      - a. Valley Farm Transport, Inc.
      - b. California Family Foods
      - c. Davis Bro. Arbuckle Chevron

- d. Andy and Carol Geyer
- e. Superior Tire Service
- f. Colusa Dairy
- 2. Pierce Football Boosters – Golf Club
- 3. Pierce Football Boosters – Football Club
- 4. Pierce Football Boosters – Boy's Basketball
- 5. Carol Arens – PHS Auditorium
- C. Contracts:
  - 1. Memorandum of Understanding with Woodland Community College – Dual Enrollment Partnership
- D. Overnight Field Trip Requests:
  - 1. FFA Officer's Planning Retreat – Butt Lake, Prattville CA
  - 2. FFA Officer Leadership Conference – Mt. Meadows Camp, Shingletown CA

8. Adjourn


In compliance with the American with Disabilities Act, if you need special assistance to access the Board meeting room or to otherwise participate at this meeting, including auxiliary aids or services, please contact our office at (530) 476-2892 x13006. Notification at least 48 hours prior to the meeting will enable the office to make reasonable arrangements to ensure accessibility to the Board meeting. (Government Code § 54954.2)

**MEMORANDUM OF UNDERSTANDING  
BETWEEN THE  
PIERCE JOINT UNIFIED EDUCATORS ASSOCIATION  
AND THE  
PIERCE JOINT UNIFIED SCHOOL DISTRICT  
FOR THE 2015/16 SCHOOL YEAR**

The Pierce Joint Unified School District ("District") and the Pierce Joint Unified Educators Association ("PJUEA") having met and negotiated pursuant to the Educational Employment Relations Act hereby agree to modify the current Collective Bargaining Agreement as follows:

1. The 2015/16 Certificated salary schedule set forth in Appendix A to the current Collective Bargaining Agreement shall change Column I (Intern) to include the following:
  - a. Increase Column I to \$40,500
  - b. Change the Column I heading to "BA", this column will be for teachers that hold less than a Preliminary or Clear Credential.

PIERCE JOINT UNIFIED EDUCATORS  
ASSOCIATION

BY: 

TITLE: PJUEA President

DATED: 6-30-15

PIERCE JOINT UNIFIED SCHOOL  
DISTRICT

BY: 

TITLE: Superintendent

DATED: 6/30/15

**Pierce Joint Unified School District  
Certificated Salary Schedule  
2015-16**

	I	II	III	IV	V
	BA *	BA + 30	BA + 45 or MA	BA + 60 or MA + 15	BA + 75 or MA + 30
1	40,500	46,821	48,877	51,023	53,263
2		47,639	49,731	51,915	54,487
3		48,471	50,599	53,393	55,737
4		49,316	51,483	54,618	57,017
5		50,178	53,522	55,873	58,325
6		51,055	54,750	57,154	59,665
7		53,650	56,007	58,468	61,036
8		54,884	57,293	59,810	62,437
9		56,143	58,610	61,183	63,870
10		57,431	59,955	62,588	65,338
11		58,750	61,331	64,026	66,837
12		60,099	62,740	65,497	68,374
13			64,180	67,000	69,943
14			65,654	68,538	71,550
15				70,112	73,193
18				75,055	78,353
20					81,048
22					83,742
Based on 187 Work Days					

\* Teachers that hold less than a Preliminary or Clear Credential.

1. Language Development Certificate - \$100 per step included in salary schedule above
2. \$800 for Masters' degree
3. \$2,000 for Bilingual Credential

**Credit for experience:**

Five years of teaching experience in or out of state will be allowed plus 1 year of credit for each additional two years of teaching experience. A maximum of 9 years experience may be granted on the salary schedule.

**Salary Related Benefits**

**Health Care: Plan Year is 10-1-14 to 9-30-15**

Employee and dependents health insurance, dental, and vision. Annual premium costs range from \$116.49 to \$1,228.12 monthly, over an 11 month pay period. Employee can choose from 6 medical plans. The district's annual contribution toward health benefits is \$9,288.

**Dental Care: (Employee & dependents)**

Full dental coverage through Delta Dental Plan is provided.  
70% coverage 1st year / 80% 2nd year / 90% 3rd year/ 100% thereafter.

**Vision Care: (Employee & dependents)**

Plan provides for exams and for the purchase of glasses or contacts, if needed.

**Extra Duty Schedule:**

PJUSD provides a comprehensive extra-duty schedule.



Commission on Teacher Credentialing  
 Certification Division  
 ATTN: Waiver Unit  
 1900 Capitol Avenue  
 Sacramento, CA 95811-4213

Email: [waivers@ctc.ca.gov](mailto:waivers@ctc.ca.gov)  
 Website: [www.ctc.ca.gov](http://www.ctc.ca.gov)

CTC Use Only

CTC Use Only	
W	Z

## VARIABLE TERM WAIVER REQUEST (WV1 Form)

Requests must be prepared by the employing agency, not the applicant. All materials must be typewritten or computer generated and sufficiently clear to photocopy. This form must be used for **first time and subsequent** waivers only.

1. EMPLOYING AGENCY (include mailing address)	County/District CDS Code	Contact Person:
Pierce Joint Unified School District P.O. Box 280 Arbuckle, CA 95912	06-61614	Tammy Minten
NPS/NPA (list county code <u>N/A</u> )		Telephone #: 530-476-2892
		Email: <a href="mailto:tminten@pierce.k12.ca.us">tminten@pierce.k12.ca.us</a>

## 2. APPLICANT INFORMATION:

Social Security or Individual Tax Identification Number: 568-19-4877

*All applicants must answer professional fitness questions (see #11). In addition, if fingerprint clearance is not on file at CTC, a completed Live Scan receipt (41-LS) must be submitted with this waiver request. If needed, a review by the Division of Professional Practices will be concluded before a waiver approval letter will be issued.*

Full Legal Name Keiser Carol Ann  
Last First Middle

Former Name(s) \_\_\_\_\_ Birth Date 04-07-1969

Applicant's Mailing Address 567 Gregory Dr.  
Yuba City, CA 95993

Phone# 530-701-7654 Email carolkeiser@gmail.com

Waiver Title CCSD Waiver

(List the specific title and subject area of the credential that authorizes the assignment. Note that the subject must be one that is available under current regulations.)

Assignment Business/Computer Applications Teacher, grades 9-12

Indicate specific position and grade level (e.g. chemistry teacher, grades 11-12)

- For bilingual assignment list LANGUAGE: \_\_\_\_\_
- Is this a full time position? ☒ Yes ☐ No
- If not, indicate how many periods a day the individual will be teaching the waiver assignment(s) \_\_\_\_\_
- Is this a subsequent waiver? (see #9 for additional information) ☐ Yes ☒ No

### 3. EDUCATION CODE OR TITLE 5 SECTION TO BE WAIVED

Specific section(s) covering the assignment: EC 44253.3

### 4. EFFECTIVE DATES

Waivers are dated effective the beginning date of service. Provide the ending date of your school term, track or year below. A justification *must* be included if the expiration date extends beyond the term, track or year.

Effective Dates (mm/dd/yyyy): 08/07/2015 to 06/03/2016

Ending date of school term, track, or year: 06/03/2016

### 5. STATEWIDE HIGH INCIDENCE AREA WAIVER REQUESTS:

#### a. INDICATE THE SHORTAGE AREA FOR THE ASSIGNMENT

- |  |  |
|--|--|
| <input type="checkbox"/> Special Education                   | <input type="checkbox"/> Driver Education and Training |
| <input type="checkbox"/> Clinical or Rehabilitative Services | <input type="checkbox"/> 30-Day Substitute             |
| <input type="checkbox"/> Speech-Language Pathology Services  |  |

#### b. INDICATE WHAT WAS DONE THIS YEAR TO LOCATE AND RECRUIT INDIVIDUALS TO FILL THIS POSITION

No copies are necessary if this is a recognized high incidence area.

- |  |  |
|--|--|
| <input type="checkbox"/> Advertised in local/national newspapers | <input type="checkbox"/> Contacted IHE placement centers |
| <input type="checkbox"/> Advertised in professional journals     | <input type="checkbox"/> Distributed job announcements   |
| <input type="checkbox"/> Attended job fairs in California        | <input type="checkbox"/> Internet                        |
| Attended recruitment out-of-state                                |  |

Other \_\_\_\_\_

#### c. IF THIS IS AN INITIAL WAIVER REQUEST, EXPLAIN WHAT MAKES THE APPLICANT THE BEST CANDIDATE

Include detailed information about the individual's professional preparation and expertise in the subject/area requested and attach appropriate documentation including transcripts, examination score reports, and verification of experience.

**6. NON STATEWIDE NON SHORTAGE AREA WAIVER REQUESTS:**

**a. INDICATE THE LOW INCIDENCE AREA FOR THE ASSIGNMENT**

- |   |  |
|---|--|
| <input type="checkbox"/> Administrative Services                                    | <input type="checkbox"/> Multiple Subject Teaching                                     |
| <input type="checkbox"/> Single Subject Teaching ( <b>all</b> subject areas)        | <input type="checkbox"/> Pupil Personnel Services: Counseling, Psychology, Social Work |
| <input type="checkbox"/> Designated Subjects – except driver education and training | <input type="checkbox"/> Reading Specialist/Certificate                                |
| <input type="checkbox"/> Teacher Librarian Services                                 | <input checked="" type="checkbox"/> Teacher of English Learner Students                |

**b. INDICATE WHAT WAS DONE THIS YEAR TO LOCATE AND RECRUIT INDIVIDUALS TO FILL THIS POSITION**

Copies of announcements, advertisements, web site registration, etc. **must** be attached.

The employer must verify **all** of the following:

- ☒ Distributed job announcements
- ☐ Contacted IHE placement centers
- ☒ Internet (i.e. [www.edjoin.org](http://www.edjoin.org))

Optional recruitment methods:

- ☐ Advertised in local/national newspaper
- ☒ Attended job fairs in California
- ☐ Attended recruitment out-of-state
- ☐ Advertised in professional journals

Other \_\_\_\_\_

**c. PROVIDE DETAILED INFORMATION ABOUT THE RESULTS OF RECRUITMENT EFFORTS. BE SURE TO ANSWER EACH OF THE FOLLOWING QUESTIONS:**

How many individuals credentialed in the authorization of the waiver request applied for the position? 8

How many individuals credentialed in the authorization of the waiver request were interviewed? 3

What were the results of those interviews? (Please indicate answers in numbers)

<u>0</u>	Applicant(s) withdrew
<u>0</u>	Candidate(s) declined job offer
<u>2</u>	Candidate(s) found unsuitable for the assignment

**d. PROVIDE THE SPECIFIC EMPLOYMENT CRITERIA FOR THE POSITION**

What special skills and knowledge are needed to successfully perform in this position? These should also be described in your recruitment advertisements and announcements.

Applicant should have a Single Subject Credential in Business with the ability to teach computer applications, accounting and other business classes.

**e. IF THIS IS AN INITIAL WAIVER REQUEST, EXPLAIN WHAT MAKES THE APPLICANT THE BEST CANDIDATE**

Include detailed information about the individual's professional preparation and expertise in the subject/area requested and attach appropriate documentation including transcripts, examination score reports, and verification of experience.

Carol Keiser was chosen as the Business/Computer Applications Teacher because she holds a CTE credential in Finance and Business. She has experience in teaching this content in an adult education program. She also is a partner in a graphic design business. This experience and her deep content knowledge will serve her well as a teacher of Career Technical Education (CTE) courses at our high school.

**7. REQUIREMENTS AND TARGET COMPLETION DATES FOR REACHING CREDENTIAL GOAL**

List the requirements that the applicant must complete to be eligible for the credential along with the credential goal and target date by which he or she plans to complete those requirements

PROGRAM, COURSE, EXAMINATION, EXPERIENCE	TARGET COMPLETION DATE
Applicant must clear CTE credential	7-01-16

**8. LIST THE NAME AND POSITION OF THE PERSON ASSIGNED TO PROVIDE SUPPORT AND ASSISTANCE TO THE APPLICANT DURING THE TERM OF THIS WAIVER**

By assigning this individual, the employing agency makes a commitment to provide orientation, guidance and assistance to the applicant, as feasible, in completing the requirement(s) listed above.

Name Eric Pomeroy Position Tri-County ROP Program Coordinator

**9. SUBSEQUENT WAIVER REQUESTS**

- Attach a copy of a personnel evaluation that verifies the applicant served satisfactorily in the position authorized by the previous waiver.
- Attach supporting documentation

# 10. IS THIS EMPLOYING AGENCY GEOGRAPHICALLY ISOLATED?

Would the applicant have to travel more than 1 1/2 hours one-way to attend an institution with an approved program to meet the credential goal?

☐ Yes    ☒ No    ☐ Not applicable (program completion is not a requirement)

# 11. PROFESSIONAL FITNESS QUESTIONS (to be answered by the applicant)

Answers to the following questions are required. **If you answer yes to any question, you must complete the corresponding Professional Fitness Explanation Form.**

Before granting your application, the Commission will review, at a minimum:

- Federal Bureau of Investigation criminal history (rap sheet)
- California Department of Justice criminal history (rap sheet)
- International database of teacher misconduct maintained by the National Association of State Directors of Teacher Education and Certification (NASDTEC)
- Previous reviews by the Commission
- Complaints from others
- Notifications from school districts
- Teacher preparation test score violations

You must disclose misconduct, even if:

- It happened a long time ago
- It happened in another state, federal court, military or jurisdiction outside the United States
- You did not go to court and your attorney went for you
- You did not go to jail or the sentence was only a fine or probation
- You received a certificate of rehabilitation
- Your conviction was later dismissed (even if under Penal Code section 1203.4), expunged, set aside or the sentence was suspended



**Warning:** Failure to disclose any information requested is falsification of your application and the Commission may reject or deny your application or take disciplinary action against your document.

Do you understand:

- these instructions and;
- that you will later declare under penalty of perjury that the information you give is true and correct and;
- the Commission may reject your application if it is incomplete and;
- the Commission may deny your application or take disciplinary action against your document if you do not disclose misconduct?

☐ Yes

☐ No

a. Have you ever been:

- dismissed or,
- non-reelected or,
- suspended without pay for more than ten days, or
- retired or,
- resigned from, or otherwise left school employment

because of **allegations of misconduct** or while **allegations of misconduct** were pending?

☐

Yes

☐

No

b. Have you ever been convicted of any felony or misdemeanor in California or any other place?  
You must disclose:

- all criminal convictions
- misdemeanors and felonies
- convictions based on a plea of no contest or nolo contendere
- convictions dismissed pursuant to Penal Code Section 1203.4
- driving under the influence (DUI) or reckless driving convictions
- no matter how much time has passed

You do not have to disclose:

- misdemeanor marijuana-related convictions that occurred more than two years prior to this application, except convictions involving concentrated cannabis, which must be disclosed regardless of the date of such a conviction.
- Infractions (DUI or reckless driving convictions are not infractions)

☐

Yes

☐

No

c. Are you currently the subject of any inquiry or investigation by any law enforcement agency or any licensing agency in California or any other state?

☐

Yes

☐

No

d. Are any criminal charges currently pending against you?

☐

Yes

☐

No

e. Have you ever had any credential, including but not limited to, any Certificate of Clearance, permit, credential, license or other document authorizing public school service, revoked, denied, suspended, publicly reprimanded, and/or otherwise subjected to any other disciplinary action (including an action that was stayed) in California or any other state or place?

☐ Yes

☐ No

f. Have you ever had any professional or vocational (not teaching or educational) license revoked, denied, suspended, and/or otherwise subjected to any other disciplinary action (including an action that was stayed) in California or any other state or place?

☐ Yes

☐ No

## **12. CHILD ABUSE AND NEGLECT MANDATED REPORTING (to be answered by the applicant)**

As a document holder authorized to work with children, it is part of my professional and ethical duty to report every instance of child abuse or neglect known or suspected to have occurred to a child with whom I have professional contact.

I understand that I must report immediately, or as soon as practicably possible, by telephone to a law enforcement agency or a child protective agency, and will send a written report and any evidence relating to the incident within 36 hours of becoming aware of the abuse or neglect of the child.

I understand that reporting the information regarding a case of possible child abuse or neglect to an employer, supervisor, school principal, school counselor, coworker, or other person is not a substitute for making a mandated report to a law enforcement agency or a child protective agency.

I understand that the reporting duties are individual and no supervisor or administrator may impede or inhibit my reporting duties.

I understand that once I submit a report, I am not required to disclose my identity to my employer.

I understand that my failure to report an instance of suspected child abuse or neglect as required by the Child Abuse and Neglect Reporting Act under Section 11166 of the Penal Code is a misdemeanor punishable by up to six months in jail or by a fine of one thousand dollars (\$1,000), or by both that imprisonment and fine.

I acknowledge and certify that as a document holder, I will fulfill all the duties required of a mandated reporter.

☐ **I agree**

### 13. PUBLIC NOTICE -- CHECK THE BOX THAT APPLIES



**Public School District:** Attached is a copy of the agenda item presented to the governing board of the school district in a public meeting showing the name of the applicant, the specific assignment including subject and grade level, and the fact that employment will be on the basis of a credential waiver. With the signature of the superintendent or his or her designee in item #14 below, the person signing verifies that the board acted upon the item favorably.

By submitting this waiver request the district is certifying that reasonable efforts to recruit a fully prepared teacher for the assignment(s) were made in the following order:

1. A candidate who is qualified to participate in an approved internship program in the region of the school district
2. An individual who is scheduled to complete initial preparation requirements within six months



**County Office of Education, State Agency, or Nonpublic, Nonsectarian School or Agency:** Attached is a dated copy of the notice that was posted at least 72 hours before the position was filled showing the name of the applicant, the specific assignment including subject and grade level, and the fact that employment will be on the basis of a credential waiver. With the signature of the superintendent or administrator or his or her designee in item #14 below, the person signing verifies that there were no objections to this waiver request.

### 14. APPLICANT'S CERTIFICATION

I understand that in order to receive a subsequent waiver for this assignment I must pursue the completion of requirements to obtain full certification in the subject or area covered by this waiver request as specified in #7 above.

I understand that if my case is heard in a public meeting, all materials submitted to the Commission regarding my suitability, including grades and test scores, may be discussed.

I hereby certify (or declare) under penalty of perjury under the laws of the State of California that all of the foregoing statements in this application are true and correct.

\_\_\_\_\_  
Signature of Applicant

(Sign full legal name as listed in #2)

\_\_\_\_\_  
Date

### 15. EMPLOYING AGENCY CERTIFICATION *(To be signed by district or county superintendent, personnel administrator, NPS/NPA administrator, or designee.)*

The person for whom this waiver is requested will not be employed until he or she has been cleared by the Department of Justice under the provisions of Education Code Section 44332.6 and Section 44830.1 (AB1612). The employer acknowledges that the Commission's final approval of this individual's waiver will be determined by a fitness review covering, in part, criminal activity, including certain in-state and/or out-of-state convictions. If this waiver request is for service to special education children, the Special Education Local Planning Area (SELPA) has been notified of our intent to request this waiver.

I certify under penalty of perjury that the information provided in this report is accurate and complete.

**Signature:**

Tommy Montem

**Title:**

Payroll/Personnel Technician

**Date:**

6-30-15

# PIERCE HIGH SCHOOL

## ATHLETIC CODE updated 07.2015

### Section I

#### Introduction and Statement of Philosophy

In conjunction with their academic course of study, Pierce High School students are encouraged to pursue their extracurricular interests and participate in the athletic programs available to them. Participation in these programs is a privilege, which carries certain responsibilities and expectations for them as competitors, leaders and representatives of Pierce High School.

The philosophy of the Pierce High School athletic program is the belief that academic achievement, physical conditioning, and high moral standards should be the primary goal of all Pierce students, parents, coaches and other individuals associated with the school's athletic program. This code is designed to promote the ideals of sportsmanship and pride in representing the school and to ensure acceptable standards of participation. This code applies to all participants during the entire academic and athletic school year including practice sessions or games occurring outside the normal school year.

Participants are defined as any player actively participating on any recognized interscholastic athletic team. This also includes student managers, statisticians, video persons, student trainers or any other person assisting an athletic team.

**Program Administration:** The Principal, Athletic Director, and coaching staff administer the school's athletic program and thus are responsible for enforcing the rules of the California Interscholastic Federation (CIF), The Northern Section (NSCIF), the Sacramento Valley League (SVL), as well as, Pierce District, school, and Athletic Policies and Codes. The Athletic Director meets with each coach prior to each athletic season to review all pertinent rules and regulations. Each coach, in turn, has the responsibility to review all rules with the participants of their sport.

**Appeal Process:** Any appeal to a decision made by a coach or Athletic Director will follow the uniform complaint policy.

**Review and Updating of Athletic Code:** The Athletic Director and the Principal will meet prior to the conclusion of each school year for the purpose of reviewing the existing athletic policies. Any proposed changes will be submitted for Board Approval.

## Section II Athletic Eligibility

To be eligible for participation in any athletic activity, students must meet residential, academic and behavioral requirements of the CIF, NSCIF, SVL, and Pierce High School.

### **Residential Eligibility:**

1. Students must be of residence of the Pierce Joint Unified School District or be residentially eligible according to CIF regulations.
2. Additional CIF residential requirements specific to grade level, legal residence, and transfer status also applies. Any and all questions regarding athletic eligibility should be referred to the Athletic Director or Principal.

### **Academic Eligibility:**

1. To be scholastically eligible for extra-curricular activities, a student must maintain a 2.0 G.P.A. on a 4.0 scale with no more than two F's. The scholastic eligibility is determined by the grades recorded during the 1<sup>st</sup> Quarter, 1<sup>st</sup> Semester, 3<sup>rd</sup> Quarter and 2<sup>nd</sup> Semester. In addition, the student must be maintaining minimum progress toward meeting the high school graduation standards.
2. If a student falls below a 2.0 G.P.A. at the end of a grading period, he/she may use a probation period to continue on the team until the next grading period. Only one academic probationary period may be utilized during their high school eligibility.

### **Attendance Eligibility:**

1. A student must be in attendance at least half the school day in order to participate in any athletic practice, contest or event.
2. Medical and/or dental appointments, funerals, court or probation appointments and religious activities are possible exceptions subject to prior approval and to the interpretation of the Athletic Director or Principal.

### Section III Additional Regulations

In addition to the academic, residential, and behavioral eligibility standards, the following rules and regulations established by the CIF and Pierce Joint Unified School District specifically apply to Pierce High School Athletics.

#### **All Participants Will:**

1. Pass a physical examination by a licensed physician prior to the start of practice.
2. Have on file the signature page of the Athletic Code prior to the start of practice.
3. Have on file a physical card signed by the parent/guardian giving permission for their son/daughter to participate in athletic activities and verifying the athlete has medical insurance to cover any injuries resulting from his/her participation. The physical card also grants the student's coaches or other district employees the right to approve medical treatment in the event of injury.
4. Be personally responsible for all school equipment checked out to them. All equipment must be returned in good condition.
5. Pay for any equipment lost, misplaced, or stolen. The participants will not be allowed to participate in the next sport or receive a letter or any other award until all equipment is returned or paid for.
6. Attend the awards ceremony concluding the season unless permission to be excused is granted by his/her coach **prior** to the event. A Block P will not be issued to athletes who do not attend the awards ceremony **without previous approval by the coach**.
7. Any athlete, who quits a team without permission of the coach or is removed from the team once the first regularly scheduled contests have begun, will not be eligible to participate in another sport until the completion of the season that the athlete quits. The athlete is also ineligible to participate in games for 1/3 of the allowable NSCIF contacts in the next sport in which they compete. An athlete may quit a team, up until the first regularly scheduled contest, with no penalty.
8. Any athlete or participant ejected from a game for unsportsmanshiplike conduct is subject to the rules of the NSCIF.
9. An athlete who is ejected from a contest for fighting is subject to the NSCIF rules regarding such incident.
10. In all athletic contests away from school, the participants will ride to and from the event in school provided transportation. Except when parents personally contact the head coach to take their son/daughter. Under extenuating circumstances, it is possible for an

athlete to use other means of transportation providing the parent/guardian makes arrangements with the Athletic Director, Principal or Coach.

11. All athletes understand it is their responsibility to request any homework assignments when they must be absent from class because of an athletic contest. This homework is to be turned in on time, or prior to leaving for the athletic contest.
12. Coaches may set standards of behavior and expectations for their sport which, if violated, may result in the participant being suspended or dismissed from the team for the remainder of the season. Each coach shall furnish the participants with a copy of their team rules, PHS Athletic Code Handbook, and exceptions at the beginning of the season.

**Before a player is eligible to begin practice the coach must provide the Athletic Director with a signed copy of the Pierce High School Athletic Code Student/Parent Signature sheet.**

## Section IV Misconduct

The following behaviors are unacceptable for any student involved in Pierce High School's athletic program. Individuals who violate any of the following rules will be disciplined as indicated. Students who violate these rules are also subject to the penalties established in the Pierce High School Discipline Handbook.

A student shall immediately become ineligible to participate in athletics for any or all of the following reasons:

- A. Quitting a sport without the consent of the coach after the first regularly scheduled contest.
- B. Being dismissed from the team for cause. This implies a coach may set and enforce rules, which are more stringent than the minimum standards and penalties indicated in this code.
- C. Possessed, used, sold, or otherwise furnished tobacco, alcoholic beverage, controlled substances or intoxicants.

### **Substance Abuse (Tobacco, Drugs/Alcohol)**

- 1. During any season of participation, any athlete cited by police, or in possession of Tobacco, Drugs or Alcohol will be suspended from the team for the remainder of the sport season in which they are participating. Should the violation take place during the last third of the season; the individual will also be ineligible for the first 1/3 of the games during the next sport in which they compete.
- 2. A second offense will result in exclusion from any sport at Pierce High School for one calendar year from the enforcement date.
- 3. A third offense will result in exclusion from any sports at Pierce High School.

### **Quitting or Being Removed From a Team**

Any athlete, who quits a team without permission of the coach or is removed from the team once the first regularly scheduled contests have begun, will not be eligible to participate in another sport until the completion of the season that the athlete quits. The athlete is also ineligible to participate in games for 1/3 of the allowable NSCIF contacts in the next sport in which they compete.

### **Participation in Athletic Events while Suspended**

Any time a student's behavior results in a suspension, the student will be ineligible to participate in athletic contests or practice with the team while on suspension. Students will also not be allowed to travel with a team, or attend an athletic event, home or away while on suspension.

### **Additional Penalties upon Return from Suspension**

Any student/athlete suspended from school for any reason will be ineligible for a specific period of time starting upon the date the student returns from suspension. The student will be allowed to practice and travel to games during this period of time.

1. **1<sup>st</sup> violation** – The student will be ineligible during the duration of the suspension plus an additional five- (5) school days.
2. **2<sup>nd</sup> violation** – The student will be ineligible during the duration of the suspension plus an additional ten- (10) school days.
3. **3<sup>rd</sup> violation** – The student will be ineligible during the duration of the suspension plus an additional fifteen- (15) school days.

Any offense, including those not specifically listed in the Athletic Code, will be considered by the Athletic Director and the coaches involved. With the Principal's approval, the ruling of the Athletic Director and Coaches may include a penalty more severe than the minimum penalties listed above.

No student will be permitted to be on any team whose personal appearance does not conform to the standards set in the school dress code.

### **Androgenic/Anabolic Steroid**

As a condition of membership in the California Interscholastic Federation (CIF), Pierce High School has adopted a policy prohibiting the use and abuse of androgenic/anabolic steroids. Pierce High School shall have participating students and their parents, legal guardian/caregiver 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 (Bylaw 524).

By signing the Pierce High School Athletic Code, both the participating student athlete and parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroid without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We also recognize that under CIF Bylaw 200 D there could be penalties for false or fraudulent information. We also understand that the Pierce High School policy regarding the use of illegal drugs will be enforced for any violation of these rules.

## Section V Risk Policy

Pierce High School has a responsibility to make you aware of the dangers of participation in any form of athletic competition. We are asking that you carefully read the following statement with your son/daughter. Your signature on this document indicates that you are aware of the risks involved with athletics and assume those risks.

### Statement of Risk

Our signature on the student/parent signature sheet indicates we are aware of the potential dangers of participation in interscholastic athletics and realize there is a risk of being injured in any sport, no matter how many precautions are taken. We realize this risk of injury may be severe, including fractures, sprains, contusions, brain injuries, paralysis, and even death. We further realize the athlete needs to carefully follow all guidelines given by the coaching staff regarding training rules, safety procedures, proper use of equipment, legal and safe playing techniques, and any and all other safety procedures.

We also understand that even if all the above is done, those injuries discussed above as well as other types of injuries may still occur in any sport the individual participates in.

## Section VI

### No Competition On An Outside Team

**Important** – Students are not allowed to compete on an outside team during the season of sport. Per By-Law 600. Competition on an outside team. A student on a high school team becomes ineligible if the student competes in a contest on an “outside” team, in the same sport, during the student’s high school season of sport. This includes 3 on 3 basketball.

## -- CONCUSSION INFORMATION SHEET --

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

### Symptoms may include one or more of the following:

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• Headaches</li><li>• “Pressure in head”</li><li>• Nausea or vomiting</li><li>• Neck pain</li><li>• Balance problems or dizziness</li><li>• Blurred, double, or fuzzy vision</li><li>• Sensitivity to light or noise</li><li>• Feeling sluggish or slowed down</li><li>• Feeling foggy or groggy</li><li>• Drowsiness</li><li>• Change in sleep patterns</li></ul> | <ul style="list-style-type: none"><li>• Amnesia</li><li>• “Don’t feel right”</li><li>• Fatigue or low energy</li><li>• Sadness</li><li>• Nervousness or anxiety</li><li>• Irritability</li><li>• More emotional</li><li>• Confusion</li><li>• Concentration or memory problems (forgetting game plays)</li><li>• Repeating the same question/comment</li></ul> |
|--|--|

### Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

### **What can happen if my child keeps on playing with a concussion or returns too soon?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers

another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

**If you think your child has suffered a concussion**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and for the remainder of the day.”

**and**

“A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:  
<http://www.cdc.gov/ConcussionInYouthSports/>

### **Athletes' Bill of Rights**

Enumerates the rights available to a pupil relating to gender equity in athletics.

- A. You have the right to fair and equitable treatment and you shall not be discriminated against based on your sex.
- B. You have the right to be provided with an equitable opportunity to participate in all academic extracurricular activities, including athletics.
- C. You have the right to inquire of the athletic director of your school as to the athletic opportunities offered by the school.
- D. You have the right to apply for athletic scholarships.
- E. You have the right to receive equitable treatment and benefits in the provision of all of the following:
  - 1. Equipment and supplies.
  - 2. Scheduling of games and practices.
  - 3. Transportation and daily allowances.
  - 4. Access to tutoring.
  - 5. Coaching.
  - 6. Locker rooms.
  - 7. Practice and competitive facilities.
  - 8. Medical and training facilities and services.
  - 9. Publicity.
- F. You have the right to have access to a gender equity coordinator to answer questions regarding gender equity laws. The Pierce Unified School District Title IX Coordinator is the School Superintendent.
- G. You have the right to contact the State Department of Education and the California Interscholastic Federation to access information on gender equity laws.
- H. You have the right to file a confidential discrimination complaint with the United States Office of Civil Rights or the State Department of Education if you believe you have been discriminated against or if you believe you have received unequal treatment on the basis of your sex.
- I. You have the right to pursue civil remedies if you have been discriminated against.
- J. You have the right to be protected against retaliation if you file a discrimination complaint.
- K. **“Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses. Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling 800-300-1506 Covered California. “**

# Pierce High School Athletics

## CODE OF ETHICS

### IT IS THE DUTY OF ALL CONCERNED WITH SCHOOL ATHLETICS:

- A. To emphasize the proper ideals of sportsmanship, ethical conduct and fair play.
- B. To eliminate all possibilities which tend to destroy the best values of the game.
- C. To stress the values derived from playing the game fairly.
- D. To show cordial courtesy to visiting teams and officials.
- E. To establish a happy relationship between visitors and hosts.
- F. To respect the integrity and judgment of sports officials.
- G. To achieve a thorough understanding and acceptance of the rules of the game and the standards of eligibility.
- H. To encourage leadership, use of initiative, and good judgment by the players on a team.
- I. To recognize that the purpose of athletics is to promote the physical, mental, moral, social and emotional well-being of the individual players.
- J. To remember that an athletic contest is only a game-not a matter of life and death for player, coach, school, officials, fan community, state of nation.
- K. Any parent or fan that is ejected from a CIF event will be required to complete the NFHS online course; "Role of the Parent in Sports".

**PIERCE HIGH SCHOOL ATHLETIC CODE  
STUDENT/PARENT SIGNATURE SHEET**

**Note: This page must be returned to the school before participation can be allowed**

Students Name (Please Print) \_\_\_\_\_

I have carefully read the Pierce High School Athletic Code and agree to abide by all provisions contained in the code.

\_\_\_\_\_  
Students Signature

\_\_\_\_\_  
Date

Parent's (Guardian) Name (Please Print) \_\_\_\_\_

I (we) understand that a violation by the athlete of any of the rules in this code will result in loss of athletic privileges and/or suspension from the team. I (we) also understand our signature (s) indicate we have read the Statement of Risk, and are aware of the risks involved with athletics and assume those risks. We release and hold the Pierce Joint Union School District and its officers and employees harmless from any and all claims for damage or injury, including claims of negligence, arising out of or in connection with our child's participation in any aspect of the school's athletic program.

By signing this document, parents are giving parental permission for the student to participate in the Pierce High School Athletic Program, and if appropriate, be transported by the District to and from competitions.

\_\_\_\_\_  
Parent (Guardian) Signature