

SHADED AREA FOR OFFICE USE ONLY

GPA: _____ Prior Year End _____ 1st Progress _____ 1st Semester _____ 2nd Progress _____ 2nd Semester _____

**LAKE ELSINORE UNIFIED SCHOOL DISTRICT
LHS ATHLETIC & ACTIVITY
PARTICIPATION PACKET**

PLEASE PRINT

(GOOD ONE YEAR FROM DATE OF PHYSICAL)

DO NOT USE PENCIL OR COLOR INK

NAME _____ STUDENT ID # _____

GRADE _____ GENDER: ☐ Male ☐ Female Date of Birth (MM-DD-YYYY) _____ [06-15-1995]

ADDRESS/CITY/ZIP _____

Activities below require a completed packet

SPORTS-FALL

Cross Country
Girls' Golf
Girls' Tennis
Boys' Water Polo
Girls' Volleyball
Football

SPORTS-WINTER

Boys' Basketball
Girls' Basketball
Boys' Soccer
Girls' Soccer
Girls' Water Polo
Wrestling

SPORTS-SPRING

Baseball
Boys' Golf
Boys' Tennis
Softball
Swim
Track & Field

ACTIVITIES

Band
Cheer
Color Guard
Dance
Powder Puff Football/Cheer

**STUDENT'S MEDICAL INSURANCE
CARD MUST BE ATTACHED**

REQUIRED FOR CIF COMPLIANCE: ALL PAST High Schools Attended:

9th _____ 10th _____ 11th _____

I hereby confirm my son/daughter (1) is living with me or a legal guardian and resides in the Lake Elsinore Unified School District; (2) is not nineteen years of age as of June 15; (3) will not compete on an outside team in the same sport during the high school season.

COMMUNICATIONS & EMERGENCY INFORMATION PLEASE PRINT

Student Phone _____ E-Mail _____

Emergency Contact (Other than Parent) _____ Phone _____

Father/Guardian _____

Home Phone _____

Cell Phone _____

Work Phone _____

E-Mail _____

Mother/Guardian _____

Home Phone _____

Cell Phone _____

Work Phone _____

E-Mail _____

Insurance Company _____ Policy # _____

Family Physician _____ Phone _____

Medicines _____ Allergies _____

As stated in the California Education Code Section 35330, I understand that I hold the Lake Elsinore Unified School District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of, or in connection with, my child's participation in athletics or activities. The Board of Education deems many of the extracurricular activities to be worthy for students, but does not require them of students. These activities are voluntary on the part of the students and a signed Athletic & Activity Participation Packet is necessary before participation. No penalty, other than non-participation, will be assessed if the Athletic & Activity Participation Packet is not completed and signed where indicated.

I hereby give my consent for my child to be given medical aid by a physician or athletic trainer during any and all school sponsored Activity or Athletic event.

I understand this packet expires, in its entirety, one year after the Physical Examination date.

Student Signature _____

Signature of Parent or Legal Guardian _____

Date _____

Lakeside High School, 32593 Riverside Drive, Lake Elsinore, CA 92530 (951)253-7300

PARENTS—KEEP A COPY OF THIS PACKET FOR YOUR RECORDS

REV 7/6/15

SR
PHYSICAL
Last Name
First Name

TRANSFER/ENROLLED
EMERGENCY PAGE

LEUSD ACTIVITIES AND ATHLETIC CODE OF CONDUCT

STUDENT RESPONSIBILITIES

Participation in activity/athletic programs is a privilege and a responsibility. Students who participate in programs understand the privilege and agree to uphold the responsibilities below:

- The *Responsibility* to self to maintain high standards of health and safety in order to perform at the maximum level of their potential.
- The *Responsibility* to their fellow group/team members to give their best effort at all times.
- The *Responsibility* to their coaches, advisors and directors to strive for success in every effort they undertake.
- The *Responsibility* to their school and community, whom they represent, to maintain the highest standards of conduct.
- The *Responsibility* to the youth of the community, who look up to them, to be role models of citizenship and behavior.
- The *Responsibility* to refrain from the use of performance enhancing drugs, cigarettes and/or any other substance deemed inappropriate, a controlled substance, alcohol, and/or drug use.

CONSEQUENCES

Any major infraction of this Code of Conduct shall result in the following consequences:

Listed below are the cumulative (these penalties are cumulative during a student's tenure in the LEUSD) penalties and regulations regarding any major infractions of the Activities/Athletics Code. These will be applied IN ADDITION TO and AFTER students have complied with the consequences of the regular school discipline program which includes suspension and expulsion.

- First Offense (15 Day Exclusion) Upon notification by school authority, the student will be excluded from participation in EVERY extra-curricular activity/athletic program or event for 15 calendar days from the date of the code violation. If the infraction occurs during the summer break the exclusion period will begin on the first day students return to school.
- Second Offense (30 Day Exclusion) Upon notification by school authority, the student will be excluded from participation in EVERY extra-curricular activity/athletic program or event for 30 calendar days from the date of the code violation. If the infraction occurs during the summer break the exclusion period will begin on the first day students return to school.
- Third Offense (60 Day Exclusion) Upon notification by school authority, the student will be excluded from participation in EVERY extra-curricular activity/athletic program or event for 60 calendar days from the date of the code violation. If the infraction occurs during the summer break the exclusion period will begin on the first day students return to school.
- Fourth Offense (Complete Exclusion) Upon notification by school authority, the student will be excluded from participation in EVERY extra-curricular activity/athletic program or event for the duration of his/her attendance time in LEUSD.

PARENT RESPONSIBILITIES

Besides the school and coaches, parents have a strong influence over students' conduct and behavior. Good citizenship, behavior, and sportsmanship can best be emphasized through a partnership among students, staff, and parents. Parents are responsible for maintaining the standards of the CIF's Pursuing Victory with Honor Code of Conduct for Parents/Guardians.

STAFF RESPONSIBILITIES

School personnel will be responsible for assisting students in meeting their responsibilities under this Code. Coaches and advisors play a key role in educating and being role models for the students enrolled in their sport or activity. Coaches and advisors are responsible for educating students and enforcing all aspects of the Athletic/Activity Code. It is essential that a caring and positive approach be used to convey to students their responsibilities and the consequences to students if the Code is violated. The school administration will be responsible for administering all consequences to students for violation of this code.

I understand the responsibilities and consequences listed in this Code of Conduct and that any violation of this Code of Conduct will result in suspension or expulsion from all athletics and extra-curricular activities in (LEUSD).

WARNING AGREEMENT TO OBEY INSTRUCTIONS, RELEASE ASSUMPTION OF RISK, & HOLD HARMLESS

STUDENT

I am aware playing or practicing to play/participate in athletics/activities can be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing or practicing to play/participate in any sport include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers and risks of playing or practicing to play/participate in sports may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participating in athletics/activities, I recognize the importance of following instructions regarding playing techniques, training and other program rules, etc. and to obey such instructions.

In consideration of the Lake Elsinore Unified School District permitting me to try out for a team and to engage in all activities related to the team including but not limited to, trying out, practice or playing/participation, I hereby assume all risks associated with participating and agree to hold the Lake Elsinore Unified School District, its employees, agents, representatives, coaches, and all volunteers harmless from any and all liability, actions, causes of actions, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my release and assumption of risk for my heirs, estate, executor, assignees, and for all members of my family.

PARENT

I, _____ am the parent/legal guardian of _____. I have read the above warning and release and understand its terms. I understand that all athletics/activities can involve many RISKS OF INJURY, including, but not limited to those risks outlined above.

In consideration of the school district permitting my child/ward to try out for a **Lakeside High School** athletic/activity, I hereby agree to hold the Lake Elsinore Unified School District its employees, agents, representatives, coaches, and volunteers harmless from any and all liability actions, causes of action, debts, claims, or demands of every kind and nature whatsoever which may arise by or in connection with participation of my child/ward in any athletics/activities related to a **Lakeside High School**. The terms hereof shall serve as a release from my heirs, estate, executor, administrator, assignees, and for all members of my family.

FOOTBALL - WRESTLING - BASEBALL

I specifically acknowledge that Football, Wrestling and Baseball are VIOLENT CONTACT SPORTS involving even greater risk of injury than other sports.

STUDENT STEROID AFFIDAVIT

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools 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 below, both the participating student-athlete and the parent, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids 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 Lake Elsinore School District policy regarding the use of illegal drugs will be enforced for any violation of these rules.

Student Signature _____

Signature of Parent or Legal Guardian _____

Date _____

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

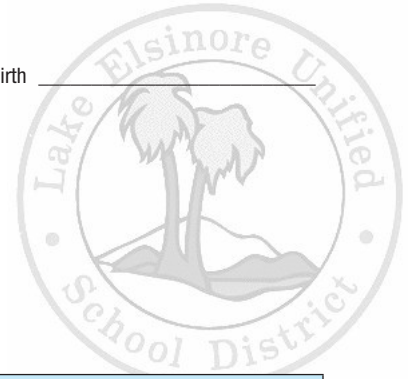
E 6145.2 (b)

Name _____

Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).



EXAMINATION			
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP _____ / _____ (_____ / _____)	Pulse _____	Vision R 20/ _____ L 20/ _____	Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) ^b			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic ^c			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- ☐ Cleared for all sports without restriction
- ☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

- ☐ Not cleared
- ☐ Pending further evaluation
- ☐ For any sports
- ☐ For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

[illegible]

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CONCUSSION

CIF/CDC CONCUSSION FACTS FOR PARENTS/GUARDIANS AND STUDENTS

WHAT IS A CONCUSSION?

- A concussion is a brain injury that is caused by: **a blow** to the head or body for contact with another player; **hitting** a hard surface such as the ground, ice or floor; or **being hit** by a piece of equipment such as a bat, hot put, or discus.
- A concussion is a brain injury that **CAN**: **change** the way your brain normally works; **range** from mild to severe; **present** itself differently for each athlete; **occur** during practice or competition in ANY sport or activity; and **happen even if you do not lose consciousness**.

CIF BYLAW 313. PLAY IT SAFER

A student who is suspected of sustaining a concussion or head injury in a practice, game or performance shall be removed from the competition at that time for the remainder of the day. A student who has been removed from play may not return to play until the he/she is evaluated by a licensed health care provider trained in the evaluation and management of concussion; and receives written clearance to return to play from the health care provider.

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

You can't see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.

Concussion symptoms may include:

- | | | |
|---------------------------------|---|--|
| • AMNESIA | • DOUBLE OR FUZZY VISION | • FEELING UNUSUALLY IRRITABLE |
| • CONFUSION | • SENSITIVITY TO LIGHT OR NOISE | • CONCENTRATION OR MEMORY PROBLEMS (forgetting game plays, routines, facts, meeting times) |
| • HEADACHE | • NAUSEA (feeling that you might vomit) | • SLOWED REACTION TIME |
| • LOSS OF CONSCIOUSNESS | • DON'T FEEL RIGHT | |
| • BALANCE PROBLEMS OR DIZZINESS | • FEELING SLUGGISH, FOGGY OR GROGGY | |

Exercises or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms (such as headache or tiredness) to reappear or get worse.

WHAT CAN HAPPEN IF MY CHILD KEEPS ON PLAYING WITH A CONCUSSION OR RETURNS TOO SOON?

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

WHAT YOU SHOULD DO IF YOU THINK YOUR CHILD HAS SUFFERED A CONCUSSION?

Any student even suspected of suffering a concussion should be removed from the game, practice or performance immediately. No student may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance. Close observation of the student should continue for several hours. This new "CIF Bylaw 313" now requires the consistent and uniform implementation of long and well-established return-to-play concussion guidelines that help ensure and protect the health of students.

IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON. WHEN IN DOUBT, GET CHECKED OUT.

For more information and resources, visit www.cifstate.org/health_safety & www.cdc.gov/concussion

LEUSD CONCUSSION MANAGEMENT PROTOCOL

Concussions and other brain injuries can be serious and potentially life threatening injuries in sports and activities. Research indicates that these injuries can also have serious consequences later in life if not managed properly. In an effort to combat this injury the following concussion management protocol will be used for LEUSD students suspected of sustaining a concussion. A **concussion** occurs when there is a direct or indirect insult to the brain. As a result, transient impairment of mental functions such as memory, balance/equilibrium, and vision may occur. It is important to recognize that many sport and activity related concussions **do not** result in loss of consciousness and, therefore, all suspected head injuries must be taken seriously. Coaches and fellow teammates can be helpful in identifying those who may potentially have a concussion, because a concussed student may not be aware of their condition or potentially be trying to hide the injury to stay in the game, practice or performance.

- (1) A student suspected of sustaining a concussion will be evaluated by the team's athletic trainer using the LEUSD Concussion Report. In the case of an athletic trainer not present, the coach/director will use the LEUSD Concussion Report. The presence of symptoms will dictate that the student is to be evaluated by a doctor (MD or DO).
- (2) A student who is suspected of sustaining a concussion or head injury in a practice, game or performance shall be removed from the event at that time for the remainder of the day. A student who has been removed from play 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 who receives written clearance to return to play from that health care provider. **CIF Bylaw 313.**

LEUSD STUDENT CONCUSSION STATEMENT

- _____
INITIAL I understand that it is my responsibility to report all injuries and illnesses to my athletic trainer and/or team physician.
- _____
INITIAL I have read and understand the *CIF/CDC CONCUSSION FACTS* above.
- After reading the *CIF/CDC CONCUSSION FACTS*, I am aware of the following information:
- _____
INITIAL A concussion is a brain injury, which I am responsible for reporting to my team physician or athletic trainer.
- _____
INITIAL A concussion can affect my ability to perform everyday activities and affect reaction time, balance, sleep, and classroom performance.
- _____
INITIAL You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.
- _____
INITIAL If I suspect a teammate has a concussion, I am responsible for reporting the injury to my team physician or athletic trainer.
- _____
INITIAL I will not return to play in a game, practice or performance if I have received a blow to the head or body that results in concussion-related symptoms.
- _____
INITIAL Following concussion the brain needs time to heal. You are much more likely to have a repeat concussion if you return to play before your symptoms resolve themselves.
- _____
INITIAL In rare cases, repeat concussions can cause permanent brain damage and even death.

Student Signature

Signature of Parent or Legal Guardian

Date



Lake Elsinore Unified School District
Safety & Risk Services
545 Chaney Street
Lake Elsinore, CA 92530
951-253-7000

STUDENT ACCIDENT INSURANCE
2014 - 2015 School Year

Dear Parents:

The Lake Elsinore Unified School District **is not required to provide medical, accident or dental insurance** for pupils injured on school premises or through school activities. In accordance with Education Code Section 49472, the District is making available a low cost medical/dental accident insurance program.

Accident Only Plans

The purpose of these plans is to provide assistance at a minimum cost to meet some of the expenses for accidental injury. The plans pay the first \$500.00 in benefits in addition to other insurance, which can help you meet your primary insurance deductibles and/or co-payments.

The plan costs are in the chart below. Please visit your Childs' School Office to obtain a detailed brochure/application, or you may obtain one and sign up online at www.peinsurance.com (click on Products, then Student Insurance). Please read the Student Benefits Plan Brochure to select the plan that best meets your needs.

All Plans Are A **ONE TIME ANNUAL** Payment

<i>Options</i>	<i>Low</i>	<i>High</i>
At School Plan		
Grades P-8	\$11.00	\$25.00
Grades 9-12	\$24.00	\$54.00
24-Hr-a-Day Plan		
Grades P-8	\$75.00	\$161.00
Grades 9-12	\$92.00	\$192.00
Optional Tackle Football Coverage		
Grade 9	\$36.00	\$80.00
Grades 10-12	\$84.00	\$177.00

Please see brochure for complete plan details

Health Insurance Plans

Pacific Educators can now assist people in applying for health insurance plans that meet the guidelines of the **Affordable Care Act** and help you avoid potential tax penalties. These penalties will be increasing each year from 2014-on. Some may **qualify for tax savings and government assistance**. We will be happy to help you get all the potential assistance/subsidies you are eligible for. Please call the number below or visit our website at www.peinsurance.com click 'products' and then 'health insurance'.

Since the district does **NOT** provide medical/dental accident insurance, we urge that serious consideration be given to these programs. If you have further questions, please call Pacific Educators, Inc., at (800) 722-3365 or (714) 639-0962.

GOVERNING BOARD: Stan Crippen • Heidi Matthies Dodd • Juan Saucedo • Susan E. Scott • Tom Thomas

SUPERINTENDENT: Dr. Doug Kimberly