Jr. High Athletics Handbook
Dear Parents:
Welcome to Junior High and its athletic programs. The goals of the Del Norte County Unified School District encourage participation by all interested boys and girls in various programs offered by the school district. Our intent of the interscholastic athletic program is two fold.

- To provide a program which encourages participation by all interested sixth, seventh and eighth graders;
- To provide a program which encourages all students to improve their natural skills and to use these skills in competition with students of equal or similar ability.

Del Norte County Junior High Athletics offers five competitive activities for student athletes. We ask that you carefully review the contents of this handbook with your student-athlete. Inside this handbook you will find our interscholastic sports policies, expectations for behavior, and other essential details. It is important that both you and your child understand the guidelines and expectations set forth by Del Norte County Junior High Athletics. We look forward to your child participating in our athletic programs.

I have reviewed the Del Norte Junior High Athletic Handbook with my child and agree to its standards.

________________________  ________________  Grade (6/7/8)
Student Signature        Print Name

________________________  ________________
Parent or Guardian Signature  Printed Name
Please sign in the appropriate spaces and submit to the office prior to the start of practice. Only one form per student is required each school year.

**GOAL**
The goal of the DNUSD Middle School Interscholastic Athletic Program is to provide young people with a positive, enjoyable experience within a wholesome atmosphere of teamwork and sportsmanship. The degree to which this goal is attained is directly related to the accomplishment of the following specific objectives for participants:
1. Fun from participating;
2. Development of interpersonal skills needed to succeed as a team player (group sportsmanship, cooperation, leadership, self-motivation, etc.);
3. Development of physical skills needed to improve as a player (dexterity, coordination, etc.) both now and in the future;
4. Development of positive self-esteem;
5. Instruction resulting in the realization that both winning and losing demand behavior which shows respect for opponents;
6. Awareness of mature, appropriate modeling by adults (coaches, parents, spectators, and officials);
7. Development of friendships as a result of taking part;
8. Development of a healthy sense of competition;
9. Opportunity for all team members to participate in contests when appropriate.
Extracurricular activities are an integral part of the ongoing educational process. Through participation in various activities, students gain a sense of responsibility, sportsmanship, and team play. It is our goal to encourage all students to participate in extracurricular activities.

Interscholastic Athletic Eligibility

Students who represent individual schools in athletics take pride in their accomplishments. A student-athlete is a student first and an athlete second. The following policy should be read and understood by all student-athletes and their parents/guardians. It reflects minimum requirements for all athletic programs. Individual coaches may develop additional expectations that will be clearly stated in writing at the beginning of each sport. To be eligible, a student-athlete must maintain a good standing socially and academically: Social Standing - A student-athlete is required to display appropriate behavior toward all school personnel and students in and around Del Norte County schools and at all related school activities. In upholding this commitment, a student/athlete agrees not to be involved in the use, sale, or distribution of tobacco, alcohol, or drugs of any kind. Failure to do so may result in suspension from an athletic contest and/or dismissal from an athletic team. Students who are serving in-school detention will not participate in or attend games/matches/meets until I.S.D complete.
**Academic Standing** - A student-athlete must maintain a passing grade in all classes.

1. An athlete who is failing two or more classes will be ineligible to compete in any athletic contest until failing grades become a passing grade.
2. It is the responsibility of the student-athlete to seek extra help and take necessary steps to become eligible.
3. A passing grade is defined as a D grade or better, reflecting the cumulative effort for the current grading period.
4. Probation: Students are eligible for probation when the grades they earn in a trimester fall below the required minimum 2.0 GPA. Probation is a period of grace during which students are expected to work to improve their grades. Students may be granted a probation period once during their three years of eligibility.
   - *Student participation at practices will continue through the ineligibility period.*

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**Jr. High Athletic Policy**

1. Participation
   a. Each student must have a permission form and Jr. High Athletic Handbook signed by the parent/guardian authorizing athletic participation.
   b. Each student is required to have a parent/guardian complete the Emergency Information Form.
-District forms for Emergency Information, Insurance, Code of Conduct, Acknowledgement and Assumption of Potential Risk - JPA 5, Preparticipation Physical Evaluation History Form - JPA 24 page 1, Preparticipation Physical Evaluation Physical Examination Form- JPA 24 page 2 and Parent Permission for participation may be obtained from any secondary school or from the district administration building.
c. Each student-athlete will need to maintain the eligibility standards as defined in this handbook in order to participate.
d. If a student is absent from school for 3 periods or more during the school day, the student will not be permitted to participate in any interscholastic event unless approved by the school administration prior to the event.
e. Team members of all sports are required to attend all scheduled practices, meetings, and scheduled events, during the established sport season. If circumstances arise whereby the student cannot attend a practice or meeting, the validity of the reason will be judged by the individual coach. In all cases, however, the coach must be notified prior to the practice or meeting missed, by personal contact, phone call, or written statement from the student’s parent/guardian.
f. Each student-athlete is required to participate in at least five practices before they are permitted to play in any event.
g. Athletes are not allowed to play on two different teams.
h. Schools may have a traveling team at each grade level made up of the best athletic ability from the school.
I. Traveling teams will only play against traveling teams.
J. All traveling teams must be approved by administration prior to the start of the season.

II. Selection Criteria
a. Some sports cannot keep all student-athlete participants who try out for the team. It will be at the discretion of the coaches to decide how many student-athletes are kept on the team. All athletes will play at their grade level unless selected for a traveling team. Non traveling teams, for example, no 8th grader will be bumped or cut from the program and replaced with a 7th grader, and so on. If there is a shortage of players on a team other athletes will be considered. Student athletes should play at their skill level. The following sports may cut if numbers are high: volleyball, basketball, and cheerleading.
b. Selection will be determined by evaluating the following:
   - Academic responsibility
   - Athletic ability
   - Attitude and behavior

III. Sportsmanship and Appropriate Behavior
a. Junior High Athletics is committed to promoting good sportsmanship. We are representatives of our school and as such, we directly reflect our school and community. The way we present ourselves on the bus, in the locker room, on the court or field, in the stands, on the sidelines, and before and after the contest, sends messages to everyone around us about who we are. Participants in athletic programs will represent their respective schools according to the standards set forth by the school administration and
coaches. Good sportsmanship by athletes, spectators and coaches will be emphasized throughout the entire program.

b. **Students will:**
   - Treat teammates with respect
   - Treat opponents with respect
   - Respect judgment of contest officials, abide by the rules of the contest and display no behavior that could incite fans
   - Cooperate with officials, coaches, and fellow participants to conduct a fair contest
   - Exercise self control at all times
   - Win without boasting, lose without excuses, and never quit

c. **Coaches will follow CIF Guidelines**
   - Be an exemplary role model by supporting their teams in a positive manner
   - Respect their players, opposing teams, and officials
   - Discipline those on the team who display unsportsmanlike behavior

d. **Parents will:**
   - Respect decisions made by contest officials
   - Respect fans, coaches, administration, and participants
   - Be an exemplary role model by supporting teams in a positive manner, including content of cheers
   - Realize that being a spectator is a privilege

**IV. Transportation**

a. Elementary and Middle Schools do not provide bus transportation to athletic events. Students are expected to ride with approved drivers on the Approved District Drivers List. In order to be placed on this list you must:
1. Get an application from the Transportation Department.
2. Provide a copy of driver’s license and car insurance.
3. Provide H-6 form from DMV (H-6 form provides 10 year driving record). The cost for this form is $10.00.
4. Once these documents are provided to the Transportation Department it will take one week for final approval.
b. It is the parents/guardians responsibility to provide transportation to and from practices and games.
C. No vehicle can transport more than seven passengers.

Last revision: 1/7/15
DEL NORTE COUNTY UNIFIED SCHOOL DISTRICT
301 West Washington Boulevard, Crescent City, California 95531
(707) 464-6141

Code of Conduct for Athletics, Extra Curricular and Cocurricular Activities
Grades 6-12

This form must be signed by a parent and student and returned to the coach or advisor before the student may participate in practice or performance.

Students volunteer to participate on athletic teams as well as other competitive or performing groups. They are expected to maintain high standards of conduct at all times. A good physical and mental condition is necessary for performance in athletics or activities. The protection of health and safety of all students is also a major concern.

If a student is guilty of violating either of the following rules at school or at a school activity, the result will be dismissal from the team for the remainder of the season. In the case of performing activities, students will be dismissed for 9 weeks from the date of the infraction:

1. Use or possession of illegal drugs or alcohol.
2. Involvement in a crime that has a victim.

An appropriate punishment will be assigned by each coach or advisor for violation of any of the following:

1. Use or possession of tobacco.
2. Practice cuts.
3. Practice tardiness.
4. Physical assault.

Coaches or advisors may impose a curfew or dress standards. In either case, participants and parents/guardians will be informed in writing.

Our rules are not intended to control students’ lives away from school, but students must realize that our program and their activity are judged by the public on the basis of appearance and behavior. Our program of sports and activities can only prosper when we create and maintain a positive image.

Students are prohibited from participating in a school activity while on suspension until the day after their suspension is complete.

I have read the above and agree to participate under these rules.

Student Signature: ____________________________

Parent Signature: ____________________________

Date: ____________________________

White Copy: Athletic Director
Yellow Copy: School
Pink Copy: Student/Parent

072198:DelNorteDist.Office
Code of Conduct for Athletics 1998
North Coast Schools Insurance Group

Acknowledgement and Assumption of Potential Risk
Voluntary Sports Activity

(Student Name)_________________________ has my permission to participate in the activity listed below. I fully understand the following:

(Circle appropriate activities) Football, Basketball, Volleyball, Cheerleading, Track & Field, Baseball, Soccer, Wrestling, Tennis, Cross Country, Golf, Other ___________________________ by its very nature, poses some inherent risk of a participant being seriously injured. These injuries could include, but are not limited to, the following:

1. Sprains/strains
2. Fractured bones
3. Cuts/abrasions
4. Unconsciousness
5. Paralysis
6. Disfigurement
7. Head injuries/Concussion
8. Loss of eyesight/hearing
9. Death

All participants in this activity should understand that the participation is voluntary and is not required by the school district.

I understand and acknowledge that in order to participate in these activities, I and my son/daughter agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities.

I understand, acknowledge, and agree that the ___________________________ School District, its employees, officers, agents, or volunteers, shall not be liable for any injury suffered by my son/daughter which is incident to and/or associated with preparing for and/or participating in this activity. I further relieve the _____ School District, its employees, officers, agents, or volunteers from any liability for loss or damage to any personal property that may be damaged, lost or stolen.

List any medical conditions, allergies or other limiting factors:

* Medical examination release has been completed: Yes No (Circle one)
Family physician name: ____________________________________________
Phone # ___________________________

Health insurance/MEDI-CAL per Education Code 32220-32224: Yes No (Circle one)
Plan name and number: ____________________________________________

In the event of illness or injury, I do hereby consent to medical/hospital treatments that are determined necessary in the best judgement of the attending physicians or dentists. I acknowledge that I have carefully read this Voluntary Sports Activities Form and that I understand and agree to its terms.

Parent/legal guardian (if under 18)_________________________ Date

Student signature ___________________________ Date

* Medical exams are required for all athletic participants (including cheerleaders) of any school sports team (K-12). Participation includes: tryout (except cheerleading tryouts that only have standing cheers), practice and competitive play. Band members and team managers - i.e., non-playing field participants are exempt.
AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

(I) (We), the undersigned, parent(s) of ________________________, a minor, do hereby authorize ____________________ as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

This authorization shall remain effective until ___________, ____, unless sooner revoked in writing delivered to said agent(s).

Signatures: ______________________

Dated: ______________________

Student: ______________________

Guardian: ______________________

Father: ______________________

Witness: ______________________

Mother: ______________________

Witness: ______________________

Redwood School

6900 Lake Earl Drive
Fort Dick, CA 95538
(707) 464-0360
In accordance with State Law, the School District requires that each Elementary School Athletic League participant have the necessary insurance coverage before he/she can play or practice in league play.

Please complete and sign below:

PARTICIPANT'S NAME: ___________________________ Last ________ First ________ M.I. ________

The above named participant has insurance which meets the California Law (Education Code Section 32220-21) which requires every member of an athletic team to have accidental bodily injury insurance providing at least $1500 of scheduled medical and hospital benefits, and at least $1500 accidental death benefit. The School Approved Student Insurance meets these requirements.

Check here if your child is enrolled in the School Insurance plan*: __________

Check here if your child is enrolled as a Medi-Cal recipient: __________ Case #: __________

If the student already has insurance coverage that meets the above requirements, please complete the following:

Name of insurance company: ___________________________

Policy number: __________

* NOTE: School approved insurance applications are available in the school office.

My child (named as participant above) has my permission to participate in the Elementary School Athletic League and Sports Program.

SIGNATURE: __________________________________ Parent or Guardian

DATE: ____________________ TELEPHONE: ____________________

PLEASE DESCRIBE ANY HEALTH OR MEDICAL CONDITION(S) OF YOUR CHILD THAT THE SCHOOL OR COACHES SHOULD BE AWARE OF:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

NAME OF FAMILY PHYSICIAN: ___________________________
Preparticipation Physical Evaluation

Physicians may use the Child Health and Disability Prevention Pre-participation Physical Evaluation History form instead of the JPA 24.

DATE OF EXAM

Name
Grade__ School ______ Sport(s) __________
Address ________ Sex ________ Age ________ Date of Birth ________
Personal Physician ____________________________
In Case of Emergency, Contact ____________________________
Name __________________ Relationship __________ Phone (H) ________ (W) ________

Explain "Yes" answers below.
Circle questions you don't know

1. Has a doctor ever denied or restricted your participation in sports for any reason?
   Yes No

2. Do you have an ongoing medical condition (like diabetes or asthma)?
   Yes No

3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?
   Yes No

4. Do you have allergies to medicines, pollen, foods, or stinging insects?
   Yes No

5. Have you ever passed out or nearly passed out during exercise?
   Yes No

6. Have you ever passed out or nearly passed out after exercise?
   Yes No

7. Have you ever had discomfort, pain, or pressure in your chest during exercise?
   Yes No

8. Does your heart race or skip beats during exercise?
   Yes No

9. Has a doctor ever told you that you have high blood pressure or high cholesterol? 
   Yes No

10. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram)
    Yes No

11. Has anyone in your family died for no apparent reason?
    Yes No

12. Does anyone in your family have a heart problem?
    Yes No

13. Has any family member or relative died of heart problems or of sudden death before age 50?
    Yes No

14. Do you have any family have Marfan syndrome?
    Yes No

15. Have you ever spent the night in a hospital?
    Yes No

16. Have you ever had surgery?
    Yes No

17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below:
    Yes No

18. Have you ever had any broken or fractured bones or dislocated joints? If yes, circle below:
    Yes No

19. Have you ever had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:
    Yes No

   Head Neck Shoulder Upper arm Elbow Forearm Hand/ fingers Chest
   Upper back Lower back Hip Thigh Knee Calf/foot Ankle Foot/toes

20. Have you ever had a stress fracture?
    Yes No

21. Have you ever been told that you have or you had an x-ray for atlantoaxial (neck) instability?
    Yes No

22. Do you regularly use a brace or assistive device?
    Yes No

23. Has a doctor ever told you that you have asthma or allergies?
    Yes No

24. Do you cough, wheeze, or have difficulty breathing during or after exercise?
    Yes No

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete ________________ Signature of parent/guardian ________________ Date ________________

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JPA 24, Page 1
Preparticipation Physical Evaluation

**PHYSICAL EXAMINATION FORM**

Name __________________________  Date of birth __________________________

Height: _______  Weight: _______  % Body fat (optional): _______  Pulse: _______  BP: _______ (____/____/____/____)

Vision R 20/____  L 20/____  Corrected: Y/N  Pupils: Equal _______ Unequal _______

**PHYSICIAN REMINDERS**

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

Notes:

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**NORMAL**

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* Multiple-examiner set-up only.

** Having a third party present is recommended for the genitourinary examination.

Notes:

Sports participation: Approved: _______  Conditional: _______  Denied: _______

Name of physician (print/type) __________________________  Date _______

Address ___________________________________________  Phone _______

Signature of physician ___________________________________________  MD, DO, ND, NP or PA
PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name ___________________________ Sex □ M □ F Age ______ Date of birth ______

☐ 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 contra-indications 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, DO, ND, NP, PA

EMERGENCY INFORMATION

Allergies ____________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Other information _________________________________
ATHLETIC / EXTRACURRICULAR ACTIVITY
COVID-19 ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

Parent/Legal Guardian’s Name: ____________________________
Student’s Name: ____________________________
Activity: ____________________________

I understand and agree as set forth below.

1. The District, its governing board, officers, agents, employees, volunteers, and representatives (collectively “Released Parties”) shall not be liable for any injury or illness suffered by my son/daughter which is related to or arises out of preparing for and/or participating in this Activity, and to the fullest extent allowed by law, on behalf of my child and myself, I voluntarily assume all known and unknown risks of injury or illness, howsoever caused, even if caused, in whole or in part, by the action or inaction of the Released Parties;

2. Participation in Activity includes possible exposure to, illness, and death from infectious diseases including, but not limited to, methicillin-resistant staphylococcus aureus (MRSA), influenza, and Covid-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;

3. I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my child’s participation;

4. I willingly agree to comply with the stated and customary terms and conditions for participation as they relate to protection against infectious diseases. I have reviewed the most recent directives from the Centers for Disease Control (CDC), the California Department of Public Health @ https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/outdoor-indoor-recreational-sports.aspx, and Del Norte County Health Services along with District policy and protocols @dnusd.org, regarding the risks associated with Covid-19 exposure and safe practices to follow. I have informed and discussed the dangers of participation in Activity and the required rules and regulations to allow participation in Activity with my child;

5. To the fullest extent permitted by law, I, for myself, and on behalf of my child, heirs, assigns, and representatives hereby release and hold harmless the Released Parties with respect to any and all illness, injury, disability, death of my child related to or arising out of preparing for and/or participating in the Activity.

I HAVE READ THIS WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT FREELY AND VOLUNTARILY.

Parent/Guardian signature: ____________________________
Date Signed: __________
December 14, 2020

TO: All Californians

SUBJECT: Outdoor and Indoor Youth and Recreational Adult Sports

Summary

COVID-19 continues to pose a severe risk to communities and requires all people in California to follow recommended precautions and adapt the way they live and function in light of this ongoing risk. This guidance provides direction on outdoor and indoor youth and recreational adult sports activities to support a safe environment for these sports. The guidance applies to all organized youth sports — including school- and community-sponsored programs, and privately-organized clubs and leagues — and adult recreational sports (hereafter youth and adult sports). This guidance does not apply to collegiate or professional sports.

Sports Risk Profiles

In general, the more people from outside their household with whom a person interacts, the closer the physical interaction is, the greater the physical exertion is, and the longer the interaction lasts, particularly when indoors, the higher the risk that a person with COVID-19 infection may spread it to others.

Youth and adult sports include varied activities that have different levels of risk for transmission of COVID-19. Outdoor activities that allow for consistent wearing of face coverings and physical distancing are lower risk than indoor activities that involve close contact between sports participants and high exertion that increases spread of exhaled particles and limits the ability to wear face coverings consistently. The competition between different teams also increases mixing across groups and outside of communities, which also contributes to the potential for spread of COVID-19 disease.

Youth and adult sports are classified below by their level of contact and transmission risk. This classification applies to competition or training/practice with others. It does not apply to individual conditioning or exercise.

- Low-Contact Sports
  - Individual or small group sports where contact within six feet of other participants can be avoided. Some of these sports have relatively low exertion rates that allow for consistent wearing of face coverings when within six feet of other people.
• Moderate-Contact Sports
  ○ Team sports that can be played with only incidental or intermittent close contact between participants.

• High-Contact Sports
  ○ Team sports with frequent or sustained close contact (and in many cases, face-to-face contact) between participants and high probability that respiratory particles will be transmitted between participants. Indoor sports are higher risk than outdoor sports due to reduced ventilation.

For examples of different levels of sports by risk, see table below.

• Factors Affecting the Risk of Transmission
  ○ Risk increases for indoor activities; indoor sports are higher risk than outdoor sports due to reduced ventilation.
  ○ Risk increases when face coverings are not worn, and physical distancing is not maintained.
  ○ Risk increases with increasing levels of contact between participants; closer contact (particularly face-to-face contact), and the frequency and total duration of close contact, increases the risk that respiratory particles will be transmitted between participants.
  ○ Risk increases with greater exertion levels; greater exertion increases the rate of breathing and the quantity of air that is inhaled and exhaled with every breath.
  ○ Risk increases with mixing of cohorts and groups, particularly when from different communities (during or outside of sports play); mixing with more people increases the risk that an infectious person will be present.

General Guidance for Youth and Adult Sports Participants, Coaches, and Support Staff

Face Coverings
• Participants in youth and adults sports should wear face coverings when participating in the activity, even with heavy exertion as tolerated, both indoors and outdoors (unless the face covering could become a hazard), and face coverings must be worn when not participating in the activity (e.g., on the sidelines).1

• Observers must wear face coverings indoors, and comply with the CDPH Guidance for the Use of Face Coverings, which broadly requires the use of face coverings for both members of the public and workers in all public and workplace settings.

Physical Distancing
• Participants in youth and adult sports should maintain at least six feet of distance from others to the maximum extent possible, including when on the sidelines. Coaches should avoid contact with participants, and facilitate physical distancing between participants to the maximum extent possible (e.g., staggered starts instead of mass starts for races).

• When observing, individuals must stay at least 6 feet from non-household members.
Hygiene and Equipment Sanitation

- Shared equipment should be cleaned and disinfected before use by another person, group, or team.
- When equipment is shared during an activity, participants should perform hand hygiene (wash hands with soap and water or use an alcohol-based hand sanitizer) before play, during breaks, at half time, and after the conclusion of the activity.
  - Balls or other objects or equipment can be touched by multiple players and used during practice and play if the above hand hygiene practices are followed.
- Drink bottles must not be shared, and other personal items and equipment should not be shared.

Cohorting

- Athletes and coaches should cohort by team, and refrain from participating with more than one team over the same season or time period (notwithstanding competitions permitted as outlined below).

Observers

- For youth sports (age 18 years and under), immediate household members may observe practices and games as needed for age-appropriate supervision, but observers should be limited to ensure physical distance can be maintained, reduce potential crowding, and maintain indoor and outdoor capacity limits allowed by Tiers.
- Observers must stay at least 6 feet from non-household members and wear face coverings.

Indoor Venues

- Limit indoor sports venue capacity for athletes, coaches, and observers to CDPH Gym & Fitness Center Guidance Capacity (25% in Tier 3 [Orange/Moderate], and 50% in Tier 4 [Yellow/Minimal]).
- Ventilation in indoor sports venues should be increased to the maximum extent possible.

Additional Recommendations

- For adult sports, spectators are not permitted at this time.
- Local health departments and school districts may have stricter rules and should be consulted to confirm what is allowed.

Permitted Youth and Recreational Adult Sports by County Tier

- Physical conditioning, practice, skill-building, and training that can be conducted outdoors, with 6 feet of physical distancing, and within stable cohorts are authorized regardless of county tier status. Such activities may be conducted indoors consistent with restrictions by Tier in the Gym & Fitness Center Guidance Capacity.
- In counties under the Regional Stay at Home Order, only activities consistent with the bullet immediately above are permitted, regardless of the county's tier status.
- The Table below provides information on which categories of competitions are permitted in each Tier.
• The Table is not exhaustive, but provides examples of sports with different levels of contact so that the level of risk and appropriate Tier can be assessed for other sports.

**Inter-Team Competitions**

• As transmission rates are increasing significantly in California, communities across California must act with caution and state agencies will carefully monitor epidemiological trends.

• Youth should limit their sport activities to their own households in counties under the Regional Stay at Home Order.

• Inter-team competitions (i.e., between two teams) will not be allowed in California until January 25, 2021, at the earliest, based on the guidelines outlined in this document. The return-to-competition date will be reassessed by January 4, 2021 based on California disease transmission trends and is subject to change at any time given the level of COVID-19 transmission in California.

• Teams must not participate in out-of-state tournaments; several multistate outbreaks have been reported in CA residents and around the nation.

• Inter-team competitions, meets, races, or similar events are authorized only if (a) both teams are located in the same county and the sport is authorized in the Table below; or (b) teams are located in immediately bordering counties and the sport is authorized in both counties in the Table below.

• The county-based authorizations outlined in the Table below applies to the locations/counties in which the teams, schools, clubs, leagues, and similar organizations are functionally based (e.g., where the players reside, where facilities are located, etc.).

• Any tournaments or events that involve more than two teams are not currently permitted in California. Exceptions may be made, with authorization from the local health department, for the following sports where individual competitors from multiple teams are routine: track and field; cross-country; golf; skiing/snowboarding; tennis; and swimming/diving.

**Returning to sports after infection (1)**

• Children and teens with symptoms of COVID-19 should not attend practices or competition. They should consult their physician for testing and notify their coach, athletic trainer and/or school administrator of their symptoms.

• Youths recovering from COVID-19 will have different paths to return to sports based on the severity of their illness. Those who are asymptomatic or have mild symptoms should not exercise until cleared by a physician. See the American Academy of Pediatrics Interim Guidance on Return to Sports for additional guidance for more serious infections.

### Table: Youth and Adult Recreational Sports* Permitted by Current Tier of County

<table>
<thead>
<tr>
<th>Widespread Tier (Purple)</th>
<th>Substantial Tier (Red)</th>
<th>Moderate Tier (Orange)</th>
<th>Minimal Tier (Yellow)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1†</td>
<td>2†</td>
<td>3†</td>
<td>4†</td>
</tr>
<tr>
<td>Outdoor low-contact sports</td>
<td>Outdoor moderate-contact sports</td>
<td>Outdoor high-contact sports</td>
<td>Indoor moderate-contact sports</td>
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<td>----------------------------</td>
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</tr>
<tr>
<td>• Archery</td>
<td>• Baseball</td>
<td>• Basketball</td>
<td>• Cheerleading</td>
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<tr>
<td>• Badminton</td>
<td>• Cheerleading</td>
<td>• Football</td>
<td>• Dance (intermittent contact)</td>
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<tr>
<td>• Biking</td>
<td>• Dodgeball</td>
<td>• Ice hockey</td>
<td>• Dodgeball</td>
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<tr>
<td>• Bocce</td>
<td>• Field hockey</td>
<td>• Lacrosse (boys/men)</td>
<td>• Kickball</td>
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<tr>
<td>• Corn hole</td>
<td>• Gymnastics</td>
<td>• Rugby</td>
<td>• Pickleball (doubles)</td>
</tr>
<tr>
<td>• Cross country</td>
<td>• Kickball</td>
<td>• Rowing/crew (with 2 or more people)</td>
<td>• Racquetball</td>
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<tr>
<td>• Dance (no contact)</td>
<td>• Lacrosse (girls/women)</td>
<td>• Soccer</td>
<td>• Squash</td>
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<tr>
<td>• Disc golf</td>
<td>• Pickleball (doubles)</td>
<td>• Volleyball</td>
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<tr>
<td>• Golf</td>
<td>• Softball</td>
<td>• Water polo</td>
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<tr>
<td>• Ice and roller skating (no contact)</td>
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<tr>
<td>• Lawn bowling</td>
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<tr>
<td>• Martial arts (no contact)</td>
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<tr>
<td>• Physical training programs (e.g., yoga, Zumba, Tai chi)</td>
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<tr>
<td>• Pickleball (singles)</td>
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<tr>
<td>• Rowing/crew (with 1 person)</td>
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<tr>
<td>• Running</td>
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<td>• Shuffleboard</td>
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<tr>
<td>• Skeet shooting</td>
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<tr>
<td>• Skiing and snowboarding</td>
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<tr>
<td>• Snowshoeing</td>
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<tr>
<td>• Swimming and diving</td>
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<tr>
<td>• Tennis</td>
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<tr>
<td>• Track and field</td>
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<tr>
<td>• Walking and hiking</td>
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</tbody>
</table>

*This Table is not exhaustive, but provides examples of sports with different levels of contact so that the level of risk and appropriate Tier can be assessed for other sports.

†All sports permitted in lower tiers, are also permitted in higher tiers.


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