



EHS COUGAR ATHLETICS 2020-2021

The athletic coaches would like to welcome all continuing and new students, especially the incoming freshman, to Escondido High School. They look forward to having you become a part of Cougar Athletics. Below is some important information that all prospective athletes need to know.

- ***A completed Sports Clearance Packet is required prior to tryout for any athletic team at Escondido High School.***

This includes all prospective Athletes, Cheer Team, and Dance Team.

- **Sport physicals are required** and shall be completed prior to the start of the Sports Season. Please **make an appointment After July 1, 2020** to visit your personal doctor. If you do not have a family physician, there are walk-in clinics available in Escondido or see the attached List of Offices
- *****Your doctor must sign, stamp, and date the Physical Form that is included in this packet or the form may be obtained on line.***
- The Athletic Clearance Application, Parental Consent and Waiver, and the Physical Evaluation must be completed and returned to the **Cashier's Window**. Your completed packet will be processed and the coaches will be notified of your clearance through our Cashier. ***Do not turn in forms to the coaches.*** You must be cleared by the CASHIER OFFICE ***before you may tryout or participate on any athletic team.*** The Cashier window is located in the front of the Administration Building or you may Email your packet to pdorschel@euhsd.org
- Other suggested items, but not required include:

For the Athlete, an ASB (Associated Student Body) Sticker. Students receive free entrance into all athletic home games. ASB dances and events are offered at a discount for ASB stickers. A portion of our athletic officials, tournament fees, uniform and equipment expenses are paid from these ASB funds.

For the Parent, a membership to the **Escondido High School Athletic Boosters Foundation**, this parent organization assists in supporting all athletic teams.

- We offer 13 sports for boys and 16 sports for girls. A complete list of all sports offered, season start dates, and contact information for coaches is included in the packet. Please plan to attend the first day of practice. Listen to the morning announcements for practice times, team meetings, and additional sports information or check the sports page and news @ WWW.EHSCOUGARS.COM
- For more information about EHS Athletics, CIF (California Interscholastic Federation), and important NCAA academic eligibility requirements to compete at the college level, please refer to the EHS Student Handbook available on line @ WWW.EHSCOUGARS.COM

EHS ATHLETIC CLEARANCE APPLICATION

An athletic clearance is mandatory for any student wanting to try out for a sport. Once completed, the student will be cleared for that school year only. Students are not allowed to participate (including tryouts or practice) unless they have athletic clearance. This packet contains the necessary forms needed. Please return completed forms to the Cashier's Window. You will need to have your I.D. card with you.

ACADEMICS ARE IMPORTANT

C.I.F. rules require that each student maintain a 2.0 overall grade point average in order to compete in interscholastic sports. A student who fails to achieve a 2.0 GPA will be placed on probation until the next grading period in order to improve his/her grades. If, at the time of the next grading period, your GPA is still below a 2.0, you will become ineligible to participate. Please note that the probationary/ineligible period and take place before your sport begins, making you probationary or ineligible at the beginning of your season of sport. Also, if you are not passing 4 classes at the end of any grading period, you will automatically be ineligible (no probationary period).

ALL FORMS IN THIS PACKET MUST BE COMPLETED AND RETURNED, OR THE ATHLETIC CLEARANCE WILL NOT BE COMPLETE.

Parent Consent & Waiver – Proof of Insurance – Doctor's Clearance

All blanks must be completed, dated, and signed. Be sure all areas requiring a parent signature or Doctor's signature AND DOCTOR'S OFFICE STAMP are complete. **Insurance is required for all athletes. Insurance information must be listed on the form even if you are not purchasing coverage through the school.**

Assurance of Non-Discrimination

Escondido Union High School District prohibits discrimination, harassment, intimidation, and bullying based on actual or perceived ancestry, age, color, disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, sex, sexual orientation, pregnancy, marital or parental status or association with a person or group with one or more of these actual or perceived characteristics.

(EUHSD BP 0410, BP/AR 5145.3, BP/AR 4030, BP 5131.2)

STUDENT ATHLETE POLICY AGREEMENTS

Signing below indicates both the parent and athlete have read and agreed to the online forms:

- CIF Ethics in Sports
- EUHSD Athletic Contract
- CIF Sports Injury Risk Warning and Agreement
- Residential Eligibility & Contact
- Concussion Information
- Prescription Opioids What you need to know
- The New look of Nicotine Addiction
- Keep Their Heart in the Game A Sudden Cardiac Arrest information for Athletes and Parents/Guardians
- Assurance of Non-Discrimination
- Parent/Athlete Handbook --Available online at www.ehscougars.com under Athletics

Parent Signature _____ Date _____

Student Signature _____ Date _____

Print Student Name _____ ID# _____

ID# _____

ESCONDIDO UNION HIGH SCHOOL DISTRICT Parental Consent and Waiver

Student name _____ Birthdate _____ Grade _____ M/F _____
(Print name of student) (circle one)

Address _____ Zip _____ Phone _____

Activities and sports in which parents allow minors to voluntarily engage include inherent risks of injury, which may occur because of the nature of the activity/sport. Your child has stated (on the CIF Ethics in Sports form) that he/she will act responsibly and abide by all rules and regulations. By signing below, you give consent for him/her to take part in the activity/sport and travel to and from the school by transportation authorized by the school. **WAIVER:** The following waiver of liability is not applicable to the statutory liability mandated by the Government code and other statutes. The below signed parent waives all claims, on behalf of the student and parents, based upon injuries and damages resulting from wrongful and willful acts of the named child, failure of the child to abide by the school rules and regulations and his standard of care, negligence of others, including those not employed by the school, and those injuries and damages resulting from the inherent risk of injury to which the child is exposed by reason of the nature of the activity or sport. The below signed parent acknowledges that the school is not an insurer and has no financial responsibility for medical care which may be necessary.

Printed name of Parent or Legal Guardian _____ Signature of Parent _____ Date _____

EMERGENCY TREATMENT INFORMATION/AUTHORIZATION

In case of emergency, accident or illness, the school is authorized to proceed as indicated. Please number each item in order of desired action (1,2,3. etc). Please fill out the information next to each item.

<input type="checkbox"/>	_____ / _____ Contact Father Phone	<input type="checkbox"/>	_____ / _____ Contact Mother Phone
<input type="checkbox"/>	_____ / _____ Contact Physician Phone		Take child to emergency room? Yes No
<input type="checkbox"/>	_____ / _____ Additional Person Relationship		_____ / _____ Phone

Date of last tetanus shot _____ Please list any special medical problems, allergies, etc, that would be helpful to us:

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR: (I) (We) the undersigned, parent(s) of _____, a minor, do hereby authorize the Escondido Union High School District coaching staff, as agent(s) for the undersigned to consent to an 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 or surgeon licensed under the provisions of the Medicine Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I also authorize evaluation and first aid treatment of interscholastic injuries on the field, in the training room, or in the offices of a Registered Physical Therapist and/or Certified Athletic Trainers.

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 unless sooner revoked in writing delivered to said agent(s).

X _____ Date _____
Signature of Father/Mother/Legal Guardian (circle one)

HEALTH INSURANCE INFORMATION - MANDATORY

Yes - the student has health or accident insurance - list company name, policy number and local claims address:

* Company Name _____ Claims office address _____ * Policy # member # _____

Accident insurance is **mandatory**. If the student is not covered by your own private insurance, the cashier has information regarding low-cost accident coverage offered by Pacific Educators, inc.. This insurance is not affiliated with the school district, but the application form and check or money order (NO CASH) must be returned to the Cashier with this packet in the envelope provided. It will be mailed to Pacific Educators from the school. Or you may sign up on line at www.peinsurance.com/signup

Student Preparticipation Physical Evaluation, signed and dated by physician must be attached. Per Board Policy - physicals must be dated after July 1st of the school year of participation.

USE BLUE OR BLACK PEN - NO PENCIL, PLEASE

Preparticipation Physical Evaluation

DATE OF EXAM _____

NAME _____ SEX _____ AGE _____ DATE OF BIRTH _____
 GRADE _____ SCHOOL _____ SPORT(S) _____
 ADDRESS _____ PHONE _____
 PERSONAL PHYSICIAN _____
 IN CASE OF EMERGENCY, CONTACT
 NAME _____ RELATIONSHIP _____ PHONE _____

		YES	NO
1	Have you had a medical illness or injury since your last check up or sports physical?		
2	Have you ever been hospitalized overnight?		
3	Have you ever had surgery? Do you have an ongoing or chronic illness?		
4	Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?		
5	Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?		
6	Do you have any allergies (for example, to pollen, medicine, food or stinging insects)?		
7	Have you ever had a rash or hives develop during or after exercise?		
8	Have you ever passed out during or after exercise?		
9	Have you ever been dizzy during or after exercise?		
10	Have you ever had chest pain during or after exercise?		
11	Do you get tired more quickly than your friends do during exercise?		
12	Have you ever had racing of your heart or skipped heartbeats?		
13	Have you had high blood pressure or high cholesterol?		
14	Have you ever been told you have a heart murmur?		
15	Has any family member or relative died of heart problems or of sudden death before age 50?		
16	Have you had a severe viral infection for example myocarditis or mononucleosis) within the last month?		
17	Has a physician ever denied or restricted your participation in sports for any heart problems?		
18	Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus or blisters)?		
19	Have you ever had a head injury or concussion?		
20	Have you ever been knocked out, become unconscious or lost your memory?		
21	Have you ever had a seizure?		
22	Do you have frequent or severe headaches?		
23	Have you ever had numbness or tingling in your arms, hands, legs, or feet?		
24	Have you ever had a stinger, burner or pinched nerve?		
25	Have you ever become ill from exercising in the heat?		
26	Do you cough, wheeze or have trouble breathing during or after activity?		

		YES	NO
27	Do you have asthma?		
28	Do you have seasonal allergies that require medical treatment?		
29	Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot esthetics, retainer on your teeth, hearing aid)?		
31	Have you had any problems with your eyes or vision?		
32	Have you ever had a sprain, strain or swelling after an injury?		
33	Have you broken or fractured any bones or dislocated any joints?		
34	Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?		

Circle those that apply
 Head Elbow Hip Neck Forearm Thigh Back
 Wrist Knee Chest Hand Shin/calf Shoulder
 Finger Ankle Upper Arm Foot

		YES	NO
36	Do you want to weigh more or less than you do now?		
37	Do you lose weight regularly to meet weight requirements for your sport?		
38	Do you feel stressed out?		
39	Record the dates of your most recent immunizations for:		

Tetanus _____ Measles _____
 Hepatitis B _____ Chickenpox _____

40	When was your first menstrual period?	_____
41	When was your last menstrual period?	_____
42	How much time do you usually have from the start of one period to the start of another?	_____
43	How many periods have you had in the last year?	_____
44	What was the longest time between periods in the last year?	_____

Please explain any yes answers _____

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

Signature of Athlete X _____ Signature of parent/guardian X _____ Date _____

NAME _____ DATE OF BIRTH _____

Height _____ Weight _____ % of Body Fat (optional) _____

Pulse _____ BP _____ / _____ (_____ / _____)

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

	NORMAL	ABNORMAL FINDINGS	INITIALS
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Musculoskeletal			
Neck			
Back			
Shoulder/arm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

→ Cleared _____ Initials
 Cleared after completing evaluation/rehabilitation for: _____

Not cleared for _____ Reason _____
Recommendations: _____

Name of doctor (MD, DO, DC) _____

MEDICAL OFFICE STAMP/AND
DATE (UNSTAMPED AND
UNDATED FORMS WILL NOT
BE ACCEPTED)

STAMP

DATE

**Must be done
After July 1st**

ESCONDIDO HIGH SCHOOL ATHLETIC CONTRACT

Students involved in EHS Athletics are considered leaders, role models, and represent Escondido High School twenty-four hours a day. Students involved in leadership are held accountable to comply with school, district and CIF policies and the EHS Student Handbook rules and EHS Athletic Handbook Rules.

Non-compliance with these rules may result in removal from the team, removal as captain and/or leadership role, removal from athletic class, and/or disciplinary action. Students involved on athletic teams are held to a stricter standard by Escondido High School which requires the students to represent themselves as leaders on and off campus and to be exemplary role models for all students.

We at Escondido High School feel that the restrictions and requirements listed on the following page will best serve our student leaders and families. If a student is interested in participating in athletics, he or she must commit themselves to this contract **twenty-four hours a day, seven days a week.**

Student-Athletes will **NOT** be involved with any of the following:

- I. Alcohol, drugs, paraphernalia, illegal possession
- II. Tobacco products of any kind
- III. Stealing, fighting, destruction of property, vandalism, hazing, bullying, cyber-bullying, habitual breaking of school rules, unacceptable attendance or tardiness, negative citizenship, defiance, disrespect of authority, not working toward graduation, or providing a poor representation of EHS.
- IV. Social media – posting of any subject matter that is of hate speech, bullying, hazing, sexual content, threatening others or school and/or inappropriate subject matter.

This Athletic contract serves as a first warning. A violation of the guidelines described in this contract may result in removal from the team, the athletic class, leadership role and/or disciplinary action.

I, NAME of Student, will uphold the guidelines outlined in the Escondido High School Athletic Contract. As a member of EHS Athletics, I am committed to being a positive role model for all EHS students and a positive representative of Escondido High School at all times whether at school, outside of school, and in my behavior both online and in social media. I understand that a violation of this contract or to the ideals of leadership may result in removal from the team, athletic class, leadership role and/or disciplinary action.

The Following actions are grounds for suspension and/or dismissal from the team.

Suspensions: Suspension or missing of game time.

1. Recurring absences and tardiness. (Can be by quarter or full game suspension)
2. Not following team rules, instructions or protocol. (Can be by quarter or full game suspension)
3. Use of tobacco (1 Week suspension from all contests)
4. Use or possession of drugs and alcohol. (2 to 3 week suspension from all contests)
5. School Suspension (1 Week suspension of all contests)
6. Misuse or destruction of school property and locker room. (1 to 3 Week Suspension from all contests)
7. Bullying or hazing at any time. (1 to 3 Week Suspension from all contests)
8. Repeat offenses will be removal from team.

Dismissal: The following may lead to immediate removal from team and athletic class.

1. Recurring Suspensions or Offenses.
2. Appearing at school functions under the influence of drugs or alcohol.
3. Bullying or hazing at any time.
4. Inappropriate behavior in the locker room.
5. Destruction of school property.
6. Inappropriate Social Media Behavior – Posting and/or participating of hate language, posting of sexual content, cyber- bullying or hazing, posting of alcohol or drug use, using profanity and/or threatening others or school.

THIS ATHLETIC CONTRACT SERVES AS A FIRST WARNING!

Student _____ Date _____

Parent _____ Date _____



Concussion Protocol

Concussions and other brain injuries can be serious and potentially life threatening injuries in sports. 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 Escondido High School student-athletes suspected of sustaining a concussion.

WHAT IS 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-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 athlete may not be aware of their condition or potentially be trying to hide the injury to stay in the game or practice.

EHS CONCUSSION PROTOCOL:

- 1) A student-athlete suspected of sustaining a concussion will be evaluated by the team's Athletic Trainer using the Standardized Assessment of Concussions (S.A.C.) Test and Brain Base Testing system within 72 hours. In the case that an Athletic Trainer is not present, the coach should immediately contact the athlete's parent/guardian and recommend immediate referral to a Physician (M.D. or D.O). The coach should also report the incident to the Athletic Director or the Athletic Trainer to arrange follow-up assessments as needed.
- 2) 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. A student-athlete who has been removed from play may not return to play until the student-athlete is evaluated by a licensed physician (M.D. or D.O.) trained in the evaluation and management of a concussion and receives written clearance to return to play from that health care provider (CIF BYLAW 313).
- 3) Once a student-athlete is cleared by a physician or is one week symptom free the student-athlete will begin the Gradual Return to Play Protocol. Once beginning any physical activity **symptoms should not return**. In the event symptoms come back the student-athlete returns to step one of the Protocol.

Gradual Return to Play Protocol (24 hours between steps)

1. No physical activity (1 week symptom free).
2. Low levels of physical activity. This includes walking, light jogging, light stationary bike, light weightlifting (lower weight, higher reps, no bench or squat).
3. Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate intensity stationary biking, moderate-intensity weight lifting
4. Heavy non-contact activity. This includes high-intensity aerobic activity, regular weight lifting routine, non-contact sport-specific drills.
5. Full contact in controlled practice.
6. Full contact in game play.

* Sport: _____
 Var. JV FROSH

* Printed Student Name: _____

Student Signature Date

Parent Signature Date



CIF-San Diego Section
 3636 Camino Del Rio, North #200
 San Diego, CA 92108
 Phone 858-292-8165
 Fax 858-292-1375
 www.cifsd.org

ETHICS IN SPORTS (ATHLETE-PARENT/GUARDIAN/CAREGIVER) – 2019-2020
 (Revised 3/09)

I. POLICY STATEMENT

- It is the mission of the California Interscholastic Federation, San Diego Section (CIFSDS) to promote high standards of sportsmanlike and ethical behavior in and around athletic contests played under its sanction and, in life, in general. Citizenship, Integrity, and Fairness are embodied in that mission. CIF and CIFSDS contests must be safe, courteous, fair, controlled, and orderly for the benefit of all athletes, coaches, officials, and spectators, and behavior by all involved at all times should manifest the highest standards of conduct.
- It is the intent of the section membership that poor sportsmanship, unethical behavior, and violence, in any form, will not be tolerated in athletic contests or practices. In order to enforce this policy, the membership, through its Board of Managers, has established rules and regulations.
- Coaches assume the responsibility to teach and demand high standards of conduct of their athletes both on the field of play and in everyday life, in season and out of season.
- It is the school principal's responsibility to enforce all CIFSDS rules and regulations and to demand high standards of conduct from coaches, athletes, parents/guardians, and spectators. The principal shall demand strict adherence to all the CIF State and CIFSDS rules, regulations, and procedures.
- **Participation in interscholastic athletics and section playoffs is a privilege.**
- The CIFSDS Board of Managers requires that the following Code of Ethics be issued to and signed by each student-athlete, parent, coach, and officials' association. Penalties for failure to submit a signed Code of Ethics are:

1. Athlete	Ineligibility for participation in CIF-San Diego Section athletics
2. Coach	Restricted from coaching in CIF-San Diego Section contests
3. Officials Association	Not approved to officiate in the CIF-San Diego Section
4. Parent	Prohibition/Removal from attendance at CIF or CIFSDS event
- **Failure to abide by the standards of behavior as agreed will result in a penalty up to and including disqualification to participate.**

II. CODE OF ETHICS FOR STUDENT-ATHLETE, PARENT/GUARDIAN/CAREGIVER, COACH, CONTEST OFFICIAL

- A. Comply with the six pillars and 16 Principles of the Pursuing Victory with Honor program (on reverse side).
- B. Be courteous at all times with school officials, opponents, game officials, and spectators.
- C. Exercise self-control.
- D. Know all rules of the contest, of CIF State, and the CIFSDS and agree to follow the rules.
- E. Show respect for self, players, officials, coaches, and spectators.
- F. Refrain from the use of foul and/or abusive language at all times.
- G. Respect the integrity and judgment of game officials.
- H. An athletic director, sports coach, school official or employee or booster club/sport group member may not provide any muscle-building nutritional supplements to student-athletes at any time. A school may only accept an advertisement, sponsor, or donation from a supplement manufacturer that offers only non-muscle building nutritional supplements. A school may not accept an advertisement sponsorship or donation from a distributor of a dietary supplement whose name appears on the label. Permissible non-muscle building nutritional supplements are identified according to the following classes: Carbohydrate/electrolyte drinks; energy bars, carbohydrate boosters, and vitamins and minerals. (Revised - Federated Council May 2007.)
- I. **Win with character; lose with dignity.**

Accept consequences of conduct deemed inappropriate or in violation of rules.

I have read, understand, and accept the Policy Statement, Code of Ethics, The Pillars and Principles of Pursuing Victory with Honor, and the Violations, Minimum Penalties, and Appeal Process (on attached page) of the CIF-San Diego Section **ETHICS IN SPORTS** Policy. I agree to abide by this policy while participating and/or being a spectator at CIFSDS athletic events regardless of contest site or jurisdiction.

 Signature – Athlete

 Printed Name

 Date

 Signature – Parent/Guardian/Caregiver

 Printed Name

 Date

ESCONDIDO HIGH SCHOOL

DECLARATION OF RESIDENTIAL ELIGIBILITY & CONTACT PRIOR TO ENROLLMENT

NAME _____ (ID #) _____

CURRENT ADDRESS _____

STREET

Zip

PHONE: (_____) _____

GRADE IN AUGUST, 2019 _____

DATE OF BIRTH _____ AGE _____

9th GRADERS ONLY

What school did you attend for 8th grade? _____

PLEASE CONTINUE TO QUESTION #2

10th – 12th GRADERS

EXAMPLE: ESCONDIDO/JV VOLLEYBALL/VARSITY TRACK

9TH GRADE SCHOOL/LEVEL/SPORT _____

10TH GRADE SCHOOL/LEVEL/SPORT _____

11TH GRADE SCHOOL/LEVEL/SPORT _____

1. Is the residence listed above the same residence you had at the start of last year? Yes No

If you answered yes, please sign the bottom of the form, and you're all done.

If you answered no, please answer the remaining questions and sign the bottom of the form.

2. Are you an intra-district transfer (within the district)? Yes No

3. Are you an inter-district transfer (from outside the district)? Yes No

4. Did your last school require you to leave for a reason other than graduation? Yes No

5. Are you living with the same people, caregivers, legal guardians, or family members who you lived with when you attended your last school? Yes No

6. Did anyone use undue influence to impact your decision to attend this school? Yes No

7. As a student new to our school, CIF requires that you disclose any kind of contact you may have had with anyone associated with our school for the two years prior to your enrollment.

Have you had any such contact? If so, please explain below. Yes No

(You may attach another sheet if needed) _____

X _____

Student Signature

Date

X _____

Parent/Guardian Signature

Date

FALL SPORTS - begin in July

August 5	Cheer Boys	Coach Bradler	escondidohighschoolcheer@gmail.com
August 5	Cheer Girl	Coach Bradler	escondidohighschoolcheer@gmail.com
August 5	Cross Country Boys	Coach Vavra	chrismarkvavra@gmail.com
August 5	Cross Country Girls	Coach Clay	bradyclay1@yahoo.com
August 5	Field Hockey Girls	Coach Boden	kladendorfboden@euhsd.org
July 30	Football Boys	Coach Bordman	jbordman@euhsd.org
July 30	Football Girls	Coach Boardman	jbordman@euhsd.org
August 5	Golf Girls	Coach Winter	twinter@euhsd.org
August 5	Tennis Girls	Coach Cisneros	coachrigo@aol.com
August 1	Volleyball Girls	Coach Becker	lbecker@euhsd.org
August 1	Water Polo Boys	TBD	TBD

WINTER SPORTS – begin in November

November 9	Basketball Boys	Coach Baldwin	pbaldwin@euhsd.org
November 9	Basketball Girls	Coach Williams	cdubbb18@gmail.com
November 9	Soccer Boys	Coach Mendoza	mmendozal@euhsd.org michael.mendoza@eside.us
November 9	Soccer Girls	Coach Cacloppo	gregg.cacioppo@gmail.com
November 9	Water Polo Girls	Coach Call Duenas	ehsgirlspolo@gmail.com simmonnecall@gmail.com
November 9	Wrestling Boys	Coach Womack	escowrestling@gmail.com
November 9	Wrestling Girls	Coach Womack	escowrestling@gmail.com

SPRING SPORTS – begin in February

February 15	Baseball Boys	Coach Hoofard	ahoofard@euhsd.org
February 15	Beach Volleyball Girls	Coach Douglas	clubesco760@gmail.com
February 8	Golf Boys	Coach Bridges	sbridges@euhsd.org
February 15	Softball Girls	Coach Weiler	hightpre@pacbell.net
February 1	Swimming & Diving Boys	Coach Ukrainetz	ukrainetzje@guajome.net
February 1	Swimming & Diving Girls	Coach Ukrainetz	ukrainetzje@guajome.net
February 1	Tennis Boys	Coach Cisneros	coachrigo@aol.com
February 8	Track & Field Boys	Coach Boozer	rboozier@euhsd.org
February 8	Track & Field Girls	Coach Boozer	rboozier@euhsd.org
February 18	Volleyball Boys	Coach Cruz	the.sheri.cruz@gmail.com

Sports Physicals Suggested Offices

CVS Minute Clinic

Lower Von's in the CVS store

(760) 489-1505 Walk-in only

M-F 10:00 a.m. to 6:30 p.m.

Sat & Sun 9 a.m. to 5:30 p.m.

Accepts most insurance

Concentra

740 Nordahl Rd. Suite 131

San Marcos, CA

(760) 432-9000 Walk-in only

M-F 8:00 a.m. to 8:00 p.m.

Sat & Sun 8 a.m. to 5:00 p.m.

Escalante Chiropractic

403 W. 9th Avenue

Escondido, CA

(760) 839-0100 Appointments preferred

M W F 8:30 to 12 p.m. Tues 8:30 a.m. to 12:30 p.m.

M W F 1:30 p.m. to 3 p.m.

PPHExpresscare (in the Albertson's center)

1509 E. Valley Parkway

Escondido, CA

(760) 746-1562 Walk-in's ok

M-F 9 a.m. to 7:50 p.m.

Sat. 9 a.m. to 4:00 p.m.

Sunday 10 a.m. to 5:00 p.m.

U.S. Healthworks

860 W. Valley Parkway #150

Escondido, CA

(760) 740-0707 Walk-in only

M-F 7 a.m. to 7 p.m.

Whitely Chiropractic Center

1042 W. El Norte Pkwy

Escondido, CA

(760) 480-7555

M – Thurs 9 a.m. to 6 p.m. Friday 9 a.m. to 2 p.m.

Every 2nd and 4th Sat 9: a.m. to 12:00 p.m.

SPECIAL EHS PRICE:

*** \$ 40.00 ***

Karges Family Chiropractic

260 W. Crest Street, Ste. B

Escondido, CA 92025

(760) 755-7555

drskarges@gmail.com

kargeschiropractic.com