



GLC Athletic Clearance/Data Form



**BASKETBALL SEASON:
JANUARY 10-FEBRUARY 17**

Student's First Name:

Student's Last Name:

Student's Grade:

Student's Date of Birth:

Home Address:

Mother/Guardian's name:

Mother/Guardian's phone number:

Father/Guardian's name:

Father/Guardian's phone number:

Other person to contact if parent or guardian is not available:

Other person phone number:

Physician's/Doctor's Name:

Physician's/Doctor's phone number:

Is your student allergic to any medications: YES or NO

If yes, what medication is your student allergic to?

Please indicate any prescription medication your child takes:

The information below is detailed and can be referenced in the VUSD ATHLETIC HANDBOOK

Proof of Insurance: Every athlete must have insurance to cover possibly injury. By signing, I verify that my student is insured.

Signature: _____

Name of insurance company:

Insurance policy number:

CONCUSSION/HEAD INJURY - I have received and reviewed the information about concussion and head injury. I understand that a student suspected of sustaining a concussion or head injury will be removed from play and not allowed to return until cleared by a licensed health care provider trained in the management of head injury and concussion.

Signature: _____

I hereby give my consent for my student to participate in athletic conditioning. I authorize the student to go with and be supervised by a representative of the school on any athletic trips. In case this student becomes ill or is injured, a representative of the school is authorized to have the student treated and I authorize the medical agency to give treatment.

Signature: _____

EXPECTATION OF ATHLETES & PARENTS, I have read and agree with the expectations. (pages 2-3) ACTIVITY CODE – I have read and understand the Activity Code. (pages 3-5) **STEROID USE** – I have read and agree to abide by the VUSD Activity Code. (page 4) **ETHICS IN SPORTS** – I have read and agree to abide by the VUSD Code of Ethics. (pages 6-7)

Signature: _____

PRACTICES/ELIGIBILITY: Practice is mandatory. The coach must be notified if a student will be absent from practice. A student may be dismissed from the team upon the 2nd unexcused absence. Students must meet weekly athletic eligibility to practice and/or play in games. Eligibility is based on academics and behavior. Classroom teachers provide this information electronically to Administration. Office referrals will result in loss of play (the number of games will be at the discretion of school administration). A suspended student will not participate in games or practice during the length of a suspension.

Signature: _____

TRANSPORTATION: Pick-ups after Practice and Home Games: Parents will have 10 minutes after practices and games end to pick up players. Students who are picked up late will be dropped from the team upon the 2nd late pick-up. Students will be bussed to and from all away games. Estimated arrival time will be shared with parents. However, a plan for communication must be in place for prompt pick-up. Students not picked up promptly within 10 minutes of arrival will lose the privilege of participating in away games upon the 2nd late pickup.

Signature: _____

My signatures above and below indicate that I have read and agree to all terms and conditions state in the VUSD Athletic Handbook and that all information I/we have provided is true and correct.

Signature: _____