



# MELVA DAVIS

*Academy of Excellence*

15831 DIAMOND ROAD, VICTORVILLE CA 92394

(760) 530-7650 FAX- (760) 955-1841

Principal – Kathy Youskievicz    AP of Operations – Jennifer Henao    AP of Academic Instruction – Bonnie Avery  
Secretary – Martha Vega    Counselor – Ericka Dujon    Counselor – Demi Eromosele

## MELVA DAVIS ATHLETIC PACKET

**To participate in sports, each student must do the following:**

1. Complete the Student Athlete Medical history form and have a physician complete and sign the physical complete and sign the physical part.
2. All forms must be completed and signed by the student's parent or legal guardian.
3. Students must meet the minimum requirement of a 2.0 cumulative grade point average to try out. Students may not have more than 1 F and maintain a grade point average of 2.5 to play the season. Grade checks will be every three weeks.
4. Students may not have any outstanding fines, or fees for library books, textbooks, etc. (This includes past schools attended).
5. Good behavior must be met and maintained. A student who receives a suspension during the season will be removed from the team. All athletes must attend/complete any behavioral consequences; failure to attend/complete will result in missing one game.

### **Places for Physicals**

Mojave Chiropractic- 15000 7<sup>th</sup> Street Suite 102 Victorville, CA 92395 (760)952-3800

Dr. Mike's – 15626 Hesperia Rd. Victorville CA 92395 (760) 952-0244

Dr. Mike's- 15791 Bear Valley Rd. Hesperia CA 92345 (760)949-1231

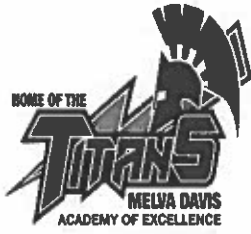
Adelanto Medical Clinic- 11678 Ranch Rd. Adelanto, CA 92301 (760)246-9555

Health First – 16061 Bear Valley Rd #7 Hesperia, CA 92345 (760)948-0980

Meridian Urgent Care- 18522 Highway 18 Suite 102 Apple Valley CA 92307 (760)242-7707

Meridian Urgent Care- 12821 Main Street Hesperia CA 92345 (760)949-2500

Active Care Chiropractic- 14156 Amargosa Rd Suite G. Victorville CA 92392 (760) 955-5558



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Member of the  
High Desert Athletic League  
2023-2024 School Year

Welcome to Melva Davis Academy of Excellence sports program. Cross country, cheer, volleyball are offered in the fall; while basketball, soccer, and track are offered in the spring. Specific dates will be announced once they have been posted by the High Desert Athletic League. Please make sure your son/daughter has an Athletic Packet with a completed sports physical on file with the school before they attend any try-outs.

For your convenience game schedules will be available in the front office as well as posted on our website. The important information listed below is for parents and students to assist in making this year successful and enjoyable:

- Playing sports is a privilege which must be maintained throughout the season. Not only must students achieve good grades to try-out for a team, (2.0 at time of try-outs) but they must also keep those grades up in order to stay on the team (a minimum 2.5 GPA) and no more than 1 (one) F. Students are offered extra support and coaching to maintain grades if needed.
- Character counts. Students who get suspended from school during the season will automatically be removed from the team – there will be no exceptions to this expectation. Any exhibitions of inappropriate behavior during school or sports competitions will result in game suspensions. Failure to attend any behavioral consequences will result in a game suspension.
- Everyone gets equal time in practice, but playing time in the game is at the coach's discretion. This is competitive league play so players have to earn time according to the coach's judgment. Playing time can be lost due to poor attitude, lack of effort, tardiness, absences, inexperience, not executing the proper plays – and more. If you have any questions about what your child needs to do to increase playing time please make an appointment to speak with the coach. Team Captains are chosen by the coach based on several factors: skill, focus, attitude, dedication, timeliness, attendance, and leadership. This position of trust and responsibility must be earned by the athlete every day and can be revoked at the coach's discretion.
- Let our coaches coach: We all get excited, but please refrain from coaching from the stands – it makes the kids nervous and distracts the coach.
- Support the referees: Yes...they will miss some calls. It's a tough job. Let's remember that we are role models for the kids and must take the bad calls with the good calls.



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- Be on time: Arrangements must be made for timely arrival to all games and practices. This also applies to being picked up after games and practices. It is our expectation that students are picked up immediately after practice and as soon as the games have ended.
- Be prepared to pay entry fees: To help support the costs of referees, trophies, and other expenses, the cost of admission is \$3 for adults and \$1 for students at all HDAL games.
- Buses will be provided only to far away games such as Barstow and Big Bear. For all other games, please arrange transportation for your child. If a student rides on the bus to an away game that student must return with the team on the bus. If you want to take them home from the game, please fill out the proper form in the school office at least 24 hours prior to the game.
- No person shall on the basis of sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, religion, color or mental or physical disability be excluded from participation in, be denied the benefits of, be denied equivalent opportunity in, or otherwise discriminated against in interscholastic, intramural, or club athletics. (5 CCR Section 4920).
- All sports are open to both male and female athletes.
- All athletes are given the opportunity to use the school locker rooms and facilities.
- If a student is absent from school, he/she may not participate in any competition or practice on that day. If you have any questions or concerns please contact the Athletic Director at (760)530-7650.

Sincerely,

Kathy Youskievicz

Principal

MELVA DAVIS ACADEMY OF EXCELLENCE  
EMERGENCY INFORMATION FORM

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Birth Date: \_\_\_\_\_ Home Language: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Company Name/Occupation: \_\_\_\_\_

Company Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cellphone #: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

Company Name/Occupation: \_\_\_\_\_

Company Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cellphone #: \_\_\_\_\_

\_\_\_\_\_  
Father/Guardian signature

\_\_\_\_\_  
Mother/Guardian signature

IN CASE WE ARE UNABLE TO REACH YOU DURING ANY EMERGENCY, YOU ARE AUTHORIZING US TO CONTACT AND, IF NECESSARY, RELEASE YOUR CHILD TO ANY OF THE FOLLOWING:

1. \_\_\_\_\_  
Name Phone #
2. \_\_\_\_\_  
Name Phone #
3. \_\_\_\_\_  
Name Phone #

Does your child have any brothers or sisters in school?

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**MELVA DAVIS ACADEMY OF EXCELLENCE**

**Student Athlete Physical Form**

**MEDICAL HISTORY (To be completed by Parent or Guardian)**

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Has your son/daughter ever had:

1. Any restrictions from sports activity? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain \_\_\_\_\_

2. Head injuries, unconsciousness, or seizures? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, dates \_\_\_\_\_

3. Concussion? Yes \_\_\_\_\_ No \_\_\_\_\_  
if yes, dates? \_\_\_\_\_

4. Eye or ear disease? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain \_\_\_\_\_

5. Lung disease? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, dates? \_\_\_\_\_

6. Heart murmurs or disease? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain condition \_\_\_\_\_

7. Bone or joint disease? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain condition \_\_\_\_\_

8. Back or neck injuries? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, dates \_\_\_\_\_

9. Any other medical problems please list below:  
\_\_\_\_\_

10. Any medications: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PHYSICAL (To be completed by Physician)**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_

General appearance: Good \_\_\_\_\_ Average \_\_\_\_\_ Less than average \_\_\_\_\_

Stature: Slight \_\_\_\_\_ Medium \_\_\_\_\_ Heavy \_\_\_\_\_ Obese \_\_\_\_\_

Muscle tone: Good \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_

Back, shoulders, or extremity Deformity: No \_\_\_\_\_ Yes \_\_\_\_\_

if yes, restrictive? Yes \_\_\_\_\_ No \_\_\_\_\_

Ears: Evidence of past or present disease: No \_\_\_\_\_ Yes \_\_\_\_\_

Throat: Airway unrestricted \_\_\_\_\_ Airway restricted \_\_\_\_\_

Chest Excursion: Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

Lungs: Clear \_\_\_\_\_ Abnormality \_\_\_\_\_

Heart: Tones normal \_\_\_\_\_ Function Murmur \_\_\_\_\_ Questionable Murmur \_\_\_\_\_

Hernia: No \_\_\_\_\_ Yes \_\_\_\_\_

Impression: Qualified for sports \_\_\_\_\_ Referral to family physician \_\_\_\_\_

Qualified, but with the following restrictions:

\_\_\_\_\_

Medications needed to participate: \_\_\_\_\_

Physician's statement: I hereby certify that this student was examined by me and found to be physically fit to engage in sports.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please stamp with Facility stamp here.



# Adelanto *Elementary School District*

**TO: Adelanto Families and Staff**  
**FROM: Melva Davis Academy of Excellence**  
**SUBJECT: Sports Activity Release Forms**  
**DATE: 6.13.2023**

**BOARD OF TRUSTEES**  
La Shawn Love-French, President  
Stephanie Webster, Clerk  
Christine Turner, Board Representative  
Christina Bentz, Member  
Miguel Soto Jr., Member

**SUPERINTENDENT**  
Michael Krause

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## School-Sponsored Trips Activity Travel Release

This is to certify that \_\_\_\_\_ Has my permission to ride  
(to/from/both) the \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_\_,  
at \_\_\_\_\_  
(Location of Activity)

I certify that I am personally transporting the above- named student, who is my child, in my vehicle.

The reason for not riding the bus is \_\_\_\_\_  
\_\_\_\_\_  
(Reason must be sufficient urgent to family needs to justify not riding the bus)

I understand that the rules of the Adelanto School District require that students ride the buses to and from all activities and a departure from this requirement will release the Adelanto School District from all liability for any adverse results that may occur.

I agree to release the Adelanto School District and its employees and officers from all liability with reference to the above-stated transportation.

This form must be on file in the School Administrator's Office the day prior to the dismissal of school on the day of the activity.

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Signature of Parent or Guardian

Date

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Signature of Site Administrator

Date

## Athletes' Code of Conduct

The opportunity to participate in the High Desert Athletic League is a privilege that is available to students who demonstrate respect for others and themselves, appreciation of others' talents, adherence to rules and those who regulate them, and the desire to use athletics as an avenue to develop strong character and integrity. It is believed that winning is a byproduct of training, practice, skill and teamwork, but it is not the reason schools participate in the High Desert Athletic League. The goal of this league is to develop character, fairness, ambition, and esteem for self and the group. Students who participate in the High Desert Athletic League agree to the following:

- I am one of a team of athletes, and I appreciate that everyone is giving their best effort, as am I, and win or lose, our effort is what matters most.
  
- I will encourage my teammates in their effort, and I will share responsibility in victory and defeat.
  
- I will respect my coach and his or her direction.
  
- I will respect my opponents, and I will approach each competition with fairness, sportsmanship, and healthy competition.
  
- I will respect the referees and their judgment, and I recognize that no game will ever be decided by a referee's call. I will focus on what my teammates and I could have done differently to affect the game's outcome, rather than what the referees could have done differently.
  
- I will not interact with spectators, as it reduces my effectiveness on the playing field, and it encourages negative interaction between spectators and those participating in the game.
  
- I will refrain from behavior that is profane, argumentative, defiant, boastful or otherwise unsportsmanlike.
  
- When I am visiting other schools, I will respect their property, both private and public, and I will conduct myself in a manner that is appropriate and polite.
  
- I am a student first, and I will place academics ahead of my athletic endeavors. I understand that by not making academics my top priority, I risk losing my athletic eligibility.

Student-athletes who participate in the High Desert Athletic League understand that their behavior must adhere to the highest standards. Ultimately, students represent their coach, their school, and its administrators, their peers, and their parents. The High Desert Athletic League brings out the very best in student-athletes.

I agree to conduct myself to the standards set forth in this Athletes' Code of Conduct.

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Student signature Date



## Parent's Code of Conduct

Interscholastic and youth sports programs play an important role in promoting the physical, social, and emotional development of children. It is therefore essential for parents, coaches, and officials to encourage young athletes to embrace the values of good sportsmanship. Moreover, adults involved in youth sports events should be models of good sportsmanship and should lead by example by demonstrating fairness, respect, and self-control. Adults have the opportunity and the responsibility to teach young athletes to enjoy sports for the pleasure, the camaraderie, and the competition, at all times placing sportsmanship and respect-for teammates, coaches, opponents, referees, and spectators-above all else.

**As a parent/guardian of a High Desert Athletic League athlete, I pledge to be responsible for my words and actions while attending, coaching, officiating, or participating in a youth sports event and shall conform my behavior to the following Code of Conduct:**

- I will respect referees and their judgment, whether or not I agree with it, and I will encourage my child to respect officials.
  
- I will not engage in conversations, arguments, or questions with the referees. I will not yell things to them or about them.
  
- My comments and cheering will only be positive in nature (ie: "Go Big Blue" or "You can do it!", as opposed to "Choke!", "That's a lousy call!", etc.)
  
- I will not engage in profanity.
  
- I will respect my child's coach, and I will encourage my child to do the same.
  
- I will encourage and recognize effort by all young athletes.
  
- I understand that my behavior, good or bad, sets the example by which my child will follow. I will aspire to be an excellent role model for all children.
  
- I understand that my failure to control my behavior or my language may result in the loss of the privilege to participate or attend future HDAL events.

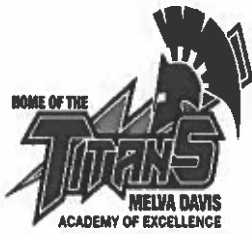
I agree to conduct myself to the standard set forth in this Code of Conduct.

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Parent's Signature Date

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Parent's Signature Date



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### Melva Davis Academy of Excellence Informed Consent Sheet For All Sports

#### Warning to students and guardians: Serious, Catastrophic and perhaps Fatal Accidents May Result From Athletic Participation.

By its very nature, competitive athletics may put students in situations in which SERIOUS, CATASTROPHIC and perhaps, FATAL Accidents may occur. Many forms of athletic competition result in violent physical contact among players, the use of equipment, which may result in accidents, strenuous physical exertion, and numerous other exposures to risk and injury. Students and parents must address the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. Just as driving an automobile involves choice of risk, athletic participation by middle school students also may be inherently dangerous. The obligation of the guardian and student in making this choice to participate cannot be overstated. There have been accidents resulting in death, paraplegia, quadriplegia, and other serious permanent physical impairment as a result of athletic competition.

By granting permission for your son/daughter to participate in athletic competition, you, the guardian, acknowledge that such risk exists. Students will be instructed in proper techniques to be used in athletic competition and in the proper utilization of all equipment worn or used in practice and competition. Students must adhere to that instruction and utilization and must refrain from improper use and techniques. If any of the foregoing is not completely understood, please contact your principal for further information.

THIS WILL ACKNOWLEDGE THAT WE HAVE READ AND THAT WE UNDERSTAND THE MATERIAL CONTAINED IN THE NOTICE TO ATHLETES AND GUARDIANS.

\_\_\_\_\_  
Student Name Print Grade

\_\_\_\_\_  
Student's Signature Date

\_\_\_\_\_  
Guardian Signature Date

#### AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

The undersigned, legal guardian of \_\_\_\_\_, a minor, hereby authorizes the principal or designee, into whose care the aforementioned minor pupil has been entrusted, to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist. This authorization is given by provisions of Section 25.8 of the California Civil Code, and shall remain effective for the full school year unless revoked in writing and delivered to said agent(s). I understand that the Adelanto School District, its officers, and its employees assume no liability of any nature in relation to the transportation of the said minor. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-Ray, or treatment provided in relation to this authorization shall be done by the undersigned.

Doctor/Hospital \_\_\_\_\_ Best Phone Number To Be Reached \_\_\_\_\_

Insurance Company Name \_\_\_\_\_ Policy and Group Number \_\_\_\_\_

Medication/Allergies \_\_\_\_\_

Other Medications Taken Regularly \_\_\_\_\_