



San Juan Unified School District Sports School 2024

3738 Walnut Ave—Carmichael 95608

4-Week Summer Sports Program

Ages 8-13

\$245.00 per student

June 17-July 11 2024

Monday through Thursday

9:00 a.m.—12:30 p.m.

(No Sports School June 19, and
July 4)

At: San Juan High School

7551 Greenback Lane

Citrus Heights, CA 95610

SPORTS SCHOOL OFFICE

3738 Walnut Avenue

Carmichael, CA 95608

Virginia Jones—(916) 971-7140

Monica Flores—(916) 971-7160

virginia.jones@sanjuan.edu

Come join us for a fun-filled 4-week summer program of a daily variety of different sports, games and skills challenges for youth ages 8 to 13

Program 1

Boys & Girls ages 8 to 10

SKILLS & DEVELOPMENTAL PHYSICAL FITNESS

Track & Field
Soccer
Gymnastics
Floor Hockey
Kickball
Skill Level Challenges
Chase 'n Flee Games
Relays
Sports Fundamentals
Recreational Games
Recreational Swimming
Lacrosse

Program 2

Boys & Girls ages 11 to 13

SKILLS & DEVELOPMENTAL GAME STRATEGIES

Floor Hockey
Flag Football
Soccer
Tennis Racket Baseball
Track & Field
Recreational Games
Pickelball
Juggling
Recreational Swimming
Skill Level Challenges
Lacrosse
Basketball



For a packet and application go to:

1. www.sanjuan.edu/summerprograms
2. Sports School Office, 3738 Walnut Ave., Carmichael, CA 95608

2024 SUMMER SPORTS SCHOOL

The San Juan Unified School District sponsors a carefully planned program of a daily variety of sports skills and games for boys and girls. This program will be scheduled this year at **San Juan High School**. This program is best suited to students in the **8 to 13** years old age group. Each day we have equipment skill challenges, conditioning, fitness, sports skills, and recreational games. There is an emphasis on individual improvement along with fun competition and sportsmanship. The instructional phase of the program will offer special guidance and training in the following:

Program I

Program for Boys & Girls **ages 8 to 10**
SKILLS AND DEVELOPMENTAL PHYSICAL FITNESS

- | | | |
|-------------------------|------------------------|-----------|
| *Track and Field | *Chase 'n Flee Games | *Lacrosse |
| *Soccer | *Relays | |
| *Gymnastics | *Sports Fundamentals | |
| *Floor Hockey | *Recreational Games | |
| *Kickball | *Recreational Swimming | |
| *Skill level challenges | | |

Program II

Program for Boys & Girls **ages 11 to 13**
SKILLS AND DEVELOPMENTAL GAME STRATEGIES

- | | | |
|---------------------------|------------------------|-----------|
| *Basketball | *Recreational Games | *Lacrosse |
| *Floor Hockey | *Gymnastics | |
| *Football (<i>flag</i>) | *Pickelball | |
| *Soccer | *Juggling | |
| *Tennis Racket Baseball | *Recreational Swimming | |

RECOMMENDED CLASS UNIFORM (not required)

All articles should be indelibly labeled with student's name. ●Athletic shorts ●Water bottle ●Athletic sweat socks ●Gym shoes

Clothing articles advertising alcohol or tobacco products are not allowed.

COST

\$245.00 Per Student

Since we hire staff based on our total enrollment, we are unable to pro-rate fees for partial participation.

Make check payable to:
San Juan Unified School District
A fee of \$20.00 will be charged on all returned checks.

DAILY HOURS

9:00 a.m. to 12:30 p.m., Monday-Thursday

PROGRAM DATES

Four Weeks
June 17-July 11, 2024
(No Sports School June 19 and July 4)

LOCATION

San Juan High School

TWO WAYS TO REGISTER

- 1) **MAIL** the registration form and fee to:
Sports School/SJUSD
3738 Walnut Ave.
Carmichael, CA 95608
- 2) **During office hours of 7:30 a.m.-3:00 p.m.**
BRING the registration form and fee to:
San Juan Unified School District
3738 Walnut Ave., Carmichael, CA 95608
916-971-7140

REFUNDS

In order to obtain a refund, a **written request** must be received at the Sports School office, 3738 Walnut Ave., Carmichael, CA 95608 before **Wednesday, June 19, 2024. NO REFUNDS WILL BE INITIATED AFTER WEDNESDAY, June 19, 2024.** A \$25.00 processing fee will be assessed in order to process the refund. Please **allow 4 weeks** to receive your refund check. Due to the fact that we hire staff based on our total enrollment, **we are unable to pro-rate fees for partial participation.**

We are an equal opportunity/affirmative action employer. This program is paid for by the participant fees.

----- Please cut here and return the bottom with your check -----

SAN JUAN UNIFIED SCHOOL DISTRICT 3738 Walnut Ave., Carmichael, CA 95608

Registration Form and Agreement for Participation in the 2024 Summer Sports School

[Including Waivers and Releases of Potential Claims and Statement of Other Obligations]

THIS FORM TO BE COMPLETED BY PARENT/GUARDIAN

Student's Name: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address: _____	City: _____ Zip: _____
Birthdate: _____	Age: _____ Grade entering 2023: _____
Current School: _____	Home Phone: _____
Father's Name: _____	Mother's Name: _____
Father's Business Phone: _____	Mother's Business Phone: _____
E-Mail: _____	
Student's Physician: _____	Physician's Phone Number: _____
Child's Medical Insurance Company: _____	Member #: _____



AGREEMENT FOR TEAM PARTICIPATION

[Including Waivers and Releases of Potential Claims]

This Agreement must be signed and returned to the School Office before a Student can participate in Team Activities
Each Team must be listed below. If not listed, a separate Participation Agreement will be required.

Additional Required Forms – Concussion and Head Injury Information Sheet & Sports Physical Examination Form

Student:	Address:
Grade:	DOB:
School:	Telephone:
Team(s):	

In consideration of the Student’s ability to participate on a Team [including any Sport, Cheerleading, Dance, or Marching Band], including try-outs, practices, pre-season or seasonal strength or training sessions or training camps, or actual participation in Team events, shows, performances, or competitions, or the traveling to or from any of these activities (“Team Activities”), the Student and Parent/Legal Guardian (“Adult”) signing this Agreement agree as follows:

1. It is a privilege, not a right, to participate in extra-curricular activities, including Team Activities. The privilege may be revoked at any time, for any reason that does not violate Federal or State law or District policies or procedures. There is no guarantee that the Student will make a Team, remain on a Team, or actively participate in Team events, shows, performances, or competitions. Such matters shall remain exclusively within the judgment and discretion of the supervising District employee or volunteer coach.

2. The Student and the Adult understand the nature of the Team, including the inherent or potential risks of Team Activities. The Student is in sufficiently good health and physical condition to participate in Team Activities, and voluntarily wishes to participate in Team Activities. Before participating in any Team Activity, a properly executed Sports Physical Examination Form and Concussion Head Injury Sheet shall be submitted to the school office (valid for one academic year, Fall/Winter/Spring Activities).

3. The Student shall comply with the instruction and directions of Team Activity teachers, coaches, supervisors, chaperones, and instructors. During the Student’s participation in Team Activities, as well as academic and/or other school activities, the Student shall comply with all applicable Codes of Conduct. The Student shall also generally conduct himself/herself at all times in keeping with the highest moral and ethical standards so as to reflect positively on himself/herself, the Team and the District. Failure to meet these obligations may, in the discretion of the District, result in removal from the Team and/or Team Activities. Should the Student’s violation of these obligations result in bodily injury or property damage, the Adult agrees to (a) pay to restore or replace the damaged property, (b) pay for bodily injury damages to an individual, and (c) defend, protect and hold the District harmless from such claims.

4. Team Activities contain potential risks of harm or injury, including harm or injury that may lead to permanent or serious physical injury to the Student, including paralysis, brain injury, or death (“Injuries”). Injuries might arise from the Student’s actions or inactions, the actions or inactions of another Student or participant in a Team Activity, or the actual or alleged failure by District employees, agents or volunteers to adequately coach, train, instruct, or supervise Team Activities. Injuries might also arise from an actual or alleged failure to properly maintain, use, repair, or replace physical facilities or equipment available for Team Activities. Injuries might also arise from undiagnosed, improperly diagnosed, untreated, improperly treated, or untimely treated actual or potential physical conditions or Injuries, whether or not caused by or related to the Student’s participation in Team Activities. All such risks are deemed to be inherent to the Student’s participation in Team Activities. To the fullest extent allowed by law, the Student and Adult therefore also fully assume all such risks and waive and release any potential future claim they might otherwise have been able to assert against the District and any Board Member, employee, agent, or volunteer of the District (“Released Parties”), including any claim that could otherwise have been made on behalf of the Student or any parent, administrator, executor, trustee, guardian, assignee or family member. The Student and Adult further understand that Team Activities and transportation to and/or from Team Activities are “field trips” for which there is immunity from liability pursuant to Education Code Section 35330.

5. If the Student believes that an unsafe condition or circumstance exists, or otherwise feels or believes that continued participation in a Team Activity might present a risk of Injury, the Student will immediately discontinue further participation in the Team Activity, notify School personnel of the Student’s belief, and notify a parent or guardian of the Student’s belief. The parent or guardian shall thereafter prevent the Student from participating in the Team Activity until the unsafe condition or circumstance is addressed or remedied to their satisfaction.

6. Emergency medical information regarding the Student is on file with the District and is current. The Adult agrees to provide updated medical information during the course of the Student’s participation in Team Activities. If an injury or medical emergency occurs during Team Activities, District employees, agents or volunteers have my express permission to administer or to authorize the

administration of urgent or emergency care, including the transportation of the Student to an urgent care or emergency care provider. In such circumstances, notice to me and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility. An Adult can only withhold this authorization by filing an Objection to Medical Care (Education 49407) that is based on their personally held religious beliefs.

7. Education Code Section 32221.5 requires us to notify you that: **Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses. Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling the District.** Education Code Section 32221 requires that such insurance cover medical and hospital expenses resulting from bodily injuries in one of the following amounts: (a) a group or individual medical plan with accident benefits of at least \$200 for each occurrence and major medical coverage of at least \$10,000, with no more than \$100 deductible and no less than 80% payable for each occurrence; (b) group or individual medical plans which are certified by the Insurance Commissioner to be equivalent to the required coverage of at least \$1,500; or (c) at least \$1,500 for all such medical and hospital expenses. You may meet this obligation in one of two ways:

Option 1: Private medical insurance/Medical. If this option is selected, please provide _____ (Name of Insurer/Provider) and _____ (Policy number/Identifying number), _____ (list coverage dates or "continuous"). The Adult agrees that the Student is covered, and will remain covered during the length of the Team season and that coverage exists in the amounts required by Section 32221.

Option 2: Purchase insurance meeting the requirements of Section 32221, for the period during which the Student is participating on the Team, through a coverage provider made available through the District (please contact Risk Management at 971-7756 for additional information). If you are financially unable to pay for such insurance, contact Risk Management at 971-7756 to see if a payment waiver is available. If no other alternate funding is available through private or charitable organizations, the District will obtain financing for, or provide, the required coverage.

8. Employees, agents or volunteers of the District, members of the press or media, or other persons who may attend or participate in Team Activities, may photograph, videotape, or take statements from the Student. Such photographs, videotapes, recordings, or written statements may be published or reproduced in a manner showing the Student's name, face, likeness, voice, thoughts, beliefs, or appearance to third parties, including, without limitation, webcasts, television, motion pictures, films, newspapers, yearbooks, and magazines. Such published or reproduced items, whether or not for a profit, may be used for security, training, advertising, news, publicity, promotional, informational, or any other lawful purpose. We authorize and consent to any such publications or reproductions, without compensation, and without reservation or limitation.

9. This Agreement is to be broadly construed to enforce the purposes and agreements set forth above, and shall not be construed against the Released Parties solely on the basis that this Agreement was drafted by the District. If any part of this Agreement is deemed invalid or ineffective, all other provisions shall remain in force. No oral modification of this Agreement, or alleged change or modification of its terms by subsequent conduct or oral statement, is allowed. This Agreement contains the sole and exclusive understanding of the parties, with no other representation relied upon by the Adult or Student in determining whether to execute this Agreement or in agreeing to participate in Team Activities.

AS THE ADULT SIGNING BELOW: (1) I AM GIVING UP SUBSTANTIAL ACTUAL OR POTENTIAL RIGHTS IN ORDER TO ALLOW THE STUDENT TO PARTICIPATE IN TEAM ACTIVITIES; (2) I HAVE SIGNED THIS AGREEMENT WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND WITH FULL APPRECIATION OF THE RISKS INHERENT IN TEAM ACTIVITIES; (3) I HAVE NO QUESTION REGARDING THE SCOPE OR INTENT OF THIS AGREEMENT; (4) I, AS A PARENT OR LEGAL GUARDIAN, HAVE THE RIGHT AND AUTHORITY TO ENTER INTO THIS AGREEMENT, AND TO BIND MYSELF, THE STUDENT, AND ANY AND ANY OTHER FAMILY MEMBER, PERSONAL REPRESENTATIVE, ASSIGN, HEIR, TRUSTEE, OR GUARDIAN TO THE TERMS OF THIS AGREEMENT AND I HAVE EXPLAINED THIS AGREEMENT TO THE STUDENT, WHO UNDERSTANDS HIS/HER OBLIGATIONS.

Printed Name of Parent/Guardian Signature Date

As the Student, I understand and agree to all of obligations placed on me by this Agreement.

Printed Name of Student Signature Date