

STUDENT LAST NAME _____

FIRST NAME _____

MIDDLE INITIAL _____

MALE

FEMALE

GRADE IN August 2024 _____

<p>Office Approved</p> <p>By: _____</p> <p>Date: _____</p>



OUSD ATHLETIC
Middle School
PARTICIPATION PACKET
2024 – 2025



FALL
Sept - Oct

WINTER
Oct - Dec

SPRING
Jan - Mar

SOCCER (B)

VOLLEYBALL (B)

BASKETBALL (B)

SOCCER (G)

VOLLEYBALL (G)

BASKETBALL (G)

FLAG FOOTBALL (B)

FLAG FOOTBALL (G)

Due to the Office by:
Wednesday, August 28, 2024



**ORANGE UNIFIED SCHOOL DISTRICT SPORTS PROGRAM
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**



Student Name: _____

School: _____

In consideration of being permitted to participate in the *above* athletic program sponsored, planned and directed by the Orange Unified School District for any purpose including, but not limited to, training, use of various facilities or equipment, or participation in any way, the undersigned for himself or herself and any personal representative, heirs, and next of kin, hereby agrees to the following:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE ORANGE UNIFIED SCHOOL DISTRICT their officers, employees, board, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his/her personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, while the undersigned participates in the *above* athletic program sponsored, planned and directed by the ORANGE UNIFIED SCHOOL DISTRICT.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the participation of the undersigned in the *above* athletic program sponsored, planned and directed by the ORANGE UNIFIED SCHOOL DISTRICT.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE while participating in the *above* athletic program sponsored, planned and directed by the ORANGE UNIFIED SCHOOL DISTRICT, and
4. THE UNDERSIGNED IS AWARE THAT PARTICIPATION IN ATHLETIC ACTIVITIES PRESENTS A RISK OF PHYSICAL HARM. The undersigned is also aware that an injury may result while participating in said athletic program. The undersigned is aware of the risk that any part of his /her body or any of his/her body systems maybe hurt or injured by participation in the *above* athletic program.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT and further agrees that no oral representations, statement or inducements apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE.

→ _____
Student Signature

Date

→ _____
Parent/Guardian Signature

Date



HEALTH AND ACCIDENT INSURANCE

The California Education Code Section 32221 requires that each member or participant of an athletic team, whether a competitor or non-competitor (i.e. cheerleader, band member, etc.) carry medical or accident insurance prior to being allowed to participate.

The ORANGE UNIFIED SCHOOL DISTRICT does not provide medical insurance coverage for school accidents. If you do not currently have your own health insurance, the District makes available student accident/health insurance plans for you to purchase.

Many coverage options are available. This information may be obtained at your schools Athletic Department and will also be included in your back-to-school packet.

If you have any questions regarding the insurance, such as an explanation of coverages, exclusions, or claims procedures, please call the plan administrator, Myers-Stevens & Toohey & Co. at (800) 827-4695 or (949) 348-0656. Bilingual representative are available for parents who need assistance in Spanish.

*****PARENT/GUARDIAN CONSENT – PLEASE READ AND SIGN*****

“I CERTIFY THAT MY SON/DAUGHTER/WARD IS INSURED FOR ACCIDENTAL INJURY INSURANCE IN AN AMOUNT OF \$1500.00 AND FOR AT LEAST \$1500.00 INSURANCE PROTECTION FOR MEDICAL & HOSPITAL EXPENSES RESULTING FROM ACCIDENTAL BODILY INJURY WHILE PARTICIPATING IN INTERSCHOOL ATHLETIC EVENTS, OR WHILE BEING TRANSPORTED TO AND FROM SUCH ATHLETIC EVENTS.” I HEREBY GIVE MY CONSENT FOR THE ABOVE NAMED SON/DAUGHTER/WARD TO COMPETE IN SPORTS AND TO GO WITH A REPRESENTATIVE OF THE SCHOOL ON ANY TRIPS. IN CASE THIS STUDENT IS INJURED, YOU ARE AUTHORIZED TO HAVE HIM/HER TREATED.



Parent/Guardian Signature

Date

Student-Athlete Name: _____
Last First Middle

Name of Insurance Company _____

Policy Number or Medical Record Number _____



MCPHERSON ATHLETICS

Code of Conduct



Respect all participants and decisions

Encourage everyone!

Sportsmanship – Be supportive and have a positive attitude.

Play for enjoyment.

Educate and be knowledgeable.

Conduct yourself courteously.

Treat everyone fairly.

Please remember that these sports are planned for students who have **good attendance and positive behavior**. If a student does not have good attendance and behaves well, he or she will be excluded from any or all sports practices and games. Please be aware that the following reasons could make a student **ineligible** to participate:

1. ***Discipline referrals (minor or major)***
2. ***Failure to serve detention***
3. ***Poor behavior or citizenship on campus (No more than 2 'N's and no 'U's)***
4. ***Poor attendance including tardies to any class. (No unexcused absences and no more than 5 tardies per month.)***
5. ***Disrespecting classmates, teachers, staff, and administration.***

If you have any questions or concerns regarding the above-mentioned expectations, please feel free to contact me at 714-997-6384.

Thank you,
Linda Manion
Assistant Principal
McPherson Magnet School

I have read and understand the guidelines stated above.

Parent Signature

Student Name (PRINT)

Date



Student Name: _____ Date: _____

O.U.S.D. PARENT CODE OF CONDUCT

Parental support of our athletic team is vital, and greatly appreciated. In order to provide a positive climate for coaches and players to do their best, eliminate distraction that might negatively impact the program, model good sportsmanship, and comply with C.I.F. Rules, we are asking for your support of the following Parental Code of Conduct.

We strongly encourage your active, positive support of your child, and look forward to your attendance at the games and other sponsored activities. The concept of sportsmanship however, must be taught, modeled and reinforced by adults. The parents/guardians of athletes must maintain self-control and demonstrate proper perspective as it relates to winning and losing. It is important to remember that an athletic contest is **ONLY A GAME – NOT A MATTER OF LIFE AND DEATH**. Accordingly, we are asking all parents/guardians, and spectators who attend games to abide by the following:

- Please show respect for others by refraining from booing or shouting/yelling derogatory comments or remarks from the stands towards opponents, coaches or officials. Personal insults or abusive, foul language will not be tolerated. Violations may result in penalties against the team and ejection of the offender.
- Parents shall not confront or seek to conference with coaches or officials during or immediately after games, except in cases of injuries or emergency medical treatment for their child.
- Conference with the Coach to discuss or critique their game preparation, coaching strategy, or the status of other players **will not be held**. Any conference to discuss your child’s status must be scheduled with the Coach in advance.
- Other forms of behavior that are disruptive to the game, or others’ enjoyment of the game will not be allowed. This includes, but is not limited to, approaching the bench area while the game is in progress, or attempting to coach your child or direct other players during the games or practices.
- Be supportive of your child’s efforts and the efforts of his/her teammates – be encouraging rather than negative regardless of the outcome of a game.
- If there is a change of address for the student, the parent/guardian shall inform the counseling/athletic office immediately.

→ _____
Parent/Guardian Signature

Date

→ _____
Parent/Guardian Signature

Date

Orange Unified School District

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate in athletic programming, sanctioned activities and events (collectively "Sanctioned Activities") related to the Orange Unified School District ("**RELEASES**"), the undersigned acknowledges, appreciates, and agrees that:

1. Participation in such Sanctioned Activities inherently includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH INHERENT RISKS**, both known and unknown, **EVEN IF ARISING FROM THE ACTIVE OR PASSIVE NEGLIGENCE OF THE RELEASES** or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation in such Sanctioned Activities as regards to protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS** Releases their officers, directors, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the Sanctioned Activities, **WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH**, or loss or damage to person or property, **WHETHER ARISING FROM THE ACTIVE OR PASSIVE NEGLIGENCE OF RELEASES OR OTHERWISE**, to the fullest extent permitted by law. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby agree to defend and indemnify RELEASES for all such claims, causes of actions, allegations or matters arising out of, relating to, based upon or in any way connected to my participation in such Sanctioned Activities.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Print Name of Participant: _____

Participant Signature: _____

Date signed: _____

FOR OUSD PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF INVOLVEMENT) This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I, for myself, my spouse, and child/ward, do consent and agree to his/her release provided above for all the Releases and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releases for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, **EVEN IF ARISING FROM THEIR NEGLIGENCE**, to the fullest extent provided by law.

Print Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____

The signed waiver/release should be kept on file by the school for at least 7 years and possibly longer if the player has contracted a serious illness.

Orange Unified School District



VOLUNTARY EVENT/FIELD TRIP PERMISSION AND MEDICAL AUTHORIZATION – MINOR

To be completed by parent/guardian and collected/maintained by teacher / trip organizer

Dear Parent/Guardian: Kindly complete and return this form to _____
(Teacher / Person in charge of event/field trip)

I hereby authorize (*student's name*) _____ to participate in the following event/field trip:

Description of event/field trip: _____ Destination: _____

Date of event/field trip: _____ Departure time: _____ Return time: _____

Mode of transportation (i.e.: walk, district bus): _____ Cost of Event: _____

Suggested attire: _____

It is extremely important to be aware of any medical condition/problem and/or medications a student is required to take when going on an event/field trip. Please list any medical conditions and/or medications that we should know about.

Medical Condition/Severe Allergies

Treatment/Limitations

Any student who needs to take medication while on a field trip **MUST** have a written permission from both the parent and the physician, as well as provide the medication in the original, labeled container. A staff person must keep the medication with them at all times unless previous arrangements have been made (i.e.: student has written permission on file to carry medication, such as an asthma inhaler).

**** Have your physician fill out this section ONLY if student needs to take medication during event/field trip ****

Name of Medication

Dose

Time(s) of Administration

Physician Signature (if not on file)

Date

*If your student already has medication at school that they take on a daily basis, you may contact the Health Office and arrange, **prior to the event/field trip**, for their medication, along with the permission forms to be sent on the event/field trip. If you do not contact the Health Office, it will be assumed they will not be taking their medication unless you make other arrangements.

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

As stated in California Education Code Section 35330, I agree to hold Orange Unified School District, its officers, agents and employees harmless from any and all liability or claims which may arise out of or in connection with my child's participation in this activity/field trip/event.

I fully understand that participants are to abide by all rules and regulations governing conduct during the event/field trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.

Parent/Guardian Signature: _____

Date: _____

Address: _____

Phone: _____

Student's Birth date: _____

Medical Insurance Carrier: _____

Subscriber's ID #: _____

Emergency Contact: _____

Phone: _____



Orange Unified School District SCHOOL SPONSORED TRIP TRANSPORTATION AGREEMENT

The undersigned hereby acknowledges and understands that in some instances, the Orange Unified School District provides transportation to field trips/voluntary events. In other instances, the District does not provide transportation, or a parent/student wishes to provide their own transportation to the field trip/voluntary event. When the District does not provide transportation, or a parent/student wishes to provide their own transportation to the field trip/voluntary event, it is the responsibility of the undersigned to arrange for transportation.

As parent/legal guardian, I hereby authorize and give permission for: _____, who attends: _____ School to: (check one) drive him/herself to the activity, ride as a passenger in a vehicle driven by another driver, or I will personally transport my child to school sponsored activities for the following activity and date:

Activity	Date(s)
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Special Notes: _____

For students driving him/herself or for parents/legal guardians driving their own child, the undersigned acknowledges and understands that the driver is not driving on behalf of or as an agent of the District. Further, the undersigned understands that the District has not verified the background, driving record of the driver or the mechanical condition of the vehicle.

IT IS FULLY UNDERSTOOD THAT THE DISTRICT IS IN NO WAY RESPONSIBLE, NOR DOES THE DISTRICT ASSUME LIABILITY, FOR ANY INJURIES OR LOSSES RESULTING FROM THIS NON-DISTRICT SPONSORED TRANSPORTATION. ALTHOUGH DISTRICT EMPLOYEES MAY PROVIDE OR ASSIST IN COORDINATING THE TRANSPORTATION AND/OR RECOMMEND TRAVEL TIME, ROUTES, OR CARAVANNING TO OR FROM THIS FIELD TRIP/VOLUNTARY EVENT, I FULLY UNDERSTAND THAT SUCH PROVISIONS OR RECOMMENDATIONS ARE NOT MANDATORY.

Parent / Guardian Name and Signature Date

(Required for all students under 21 years of age)

Student Driver Signature Date

(Required for students driving him/herself of any age)

Principal Signature Date