

Athletics Participation, “Good Academic Standing”, Teacher Consent and Disciplinary Action

An interested student must have the signed consent of their Class Teacher, who will determine if the student is in “good academic standing.” This standard is left to this teacher to define, but should include all classes (including specialty Mathematics, Handwork / Woodwork, Movement, Spanish and others) in this determination.

The player must have their Class Teacher sign the “Athletic Participation and Teacher Consent” form. At any time the Class Teacher determines the player is no longer in “good academic standing”, that player may be prevented from play in a game and/or attending practices until such time as the player achieves “good academic standing.”

The Class Teacher, Coach, Athletics Director, and/or school Director **may also reduce or suspend play time based on disciplinary action due to a student-athlete’s behavioral issues.** For a full explanation of player eligibility and playing time discretion, see the current version of the **SunRidge Athletic Participation Policy.**

Statement of “Good Academic Standing”: (to be filled out by teacher)

Example: “Jim is passing all classes, but is having difficulty with math. He is currently in ‘good academic standing’ but there is the possibility he may fall out of this in math.”

_____ is maintaining Good Academic Standing and is therefore able to participate in the SunRidge Athletics Program at this time.

Teacher: _____ **Signature:** _____ **Date:** _____

Uniform Usage Policy

All students of minimum grade level who complete the required forms (see section **2.0 Participation** in the SunRidge Athletic Program Policy) qualify to be on the team as a player.

Each player will receive a uniform to use during the duration of that sport’s season. At the end of this period, the uniform **must** be returned to the SunRidge Athletic Director (A.D.) or to the school office.

There is *no* option to “buy” the uniforms in order to keep them.

Damaged or lost uniforms will be the responsibility of the player to repair or replace.

- The replacement costs for a Volleyball team T-shirt is **\$25.**
- The replacement cost for Basketball uniforms are as follows: Shorts - **\$25** Jerseys – **\$50.**
- **The Yearbook and End of Year Report will be withheld until uniform return or replacement.**

I have read and agreed to abide by the Uniform Usage Policy.

Name of Student: _____ Signature: _____ Date: _____
Name of Parent: _____ Signature: _____ Date: _____

For Office Use Only

Uniform Type (t-shirt, jersey, shorts, etc.): _____ # on Jersey: _____

Size of Uniform: _____

TWIN HILLS UNION SCHOOL DISTRICT

INTERSCHOLASTIC ATHLETICS PERMISSION FORM

Student's Name _____ Grade _____ has my permission to participate in the following sports (please circle all that may apply for the year):

Coed Volleyball Boys' basketball Girls' basketball Cross-Country/Track and Field

He/she also has my permission to ride a school bus to all away games (if utilized), or with a parent who has been cleared by the school as a Volunteer Driver *

 Initial I understand that I must be at school at the appropriate time to pick up my child after games.

My child is/is not (circle one) on special medication and/or allergic to bee stings or insect bites. (If yes, you are encouraged to attend all games. If you cannot attend, please include written instructions on the back of this form.)

Signature of Parent/Guardian

Date

* Volunteer Drivers need to be cleared through the school office with proof of insurance, copy of license, etc.

ATHLETIC INSURANCE INFORMATION STATEMENT

The California Education Code Section 32221 requires public schools to make available for each member of an athletic team insurance protection for medical and hospital expenses resulting from accidental bodily INJURIES IN ONE OF THE FOLLOWING AMOUNTS:

- A group or individual medical plan with accidental benefits of at least two hundred dollars (\$200.00) for each occurrence and a major medical coverage of at least ten thousand (\$10,000.00), with no more than one hundred dollars (\$100.00) deductible and no less than eighty percent (80%) payable for each occurrence.
- Group or individual medical plans which are certified by the California Insurance Commissioner to be equivalent to the required coverage of at least one thousand five hundred dollars (\$1,500.00).
- At least one thousand five hundred dollars (\$1,500.00) for all such medical and hospital expenses.
- The insurance otherwise required by this section shall not be required for any individual team member or student who has such insurance or a reasonable equivalent of health benefits coverage provided for him in any other way or manner, including but not limited to, purchase by himself, or by his parent or guardian.

My insurance for this sports year is as follows (MUST BE COMPLETED):

_____ School Time Insurance (covers sports (available through school for school time only))

_____ Full Time Insurance (available through school for school and off-school hours)

_____ I have health or accident insurance for my daughter or son which meets the requirements of California law and elect not to purchase student insurance (list company name, policy or group number).

Company Name

Policy # or Group #

Certificate #

_____ I will promptly notify the school in the event insurance coverage no longer applies to my son or daughter.
Initial

Date

Signature of Parent or Guardian

Signature of Student

Grade

EMERGENCY INFORMATION

Consent for Medical Treatment

Child's Name: _____ Date of Birth: _____

I hereby give my consent for all medical care prescribed by a duly licensed doctor of medicine for the above child as his/her parent or guardian. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

Date: _____ Signed: _____

Phone: _____ Address: _____

Doctor to Notify, if possible: _____

Doctor's Address: _____ Doctor's Phone: _____

Dentist: _____ Dentist's Phone: _____

Other: _____

Medical issues or allergies: _____

Please list any special problems, and instructions on how to address these conditions or issues:

I/we can be reached at _____ Phone # OR _____ Phone #

NOTICE TO STUDENTS AND PARENTS/GUARDIANS

SERIOUS, CATASTROPHIC AND PERHAPS FATAL INJURY 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 of injury.

Students and parents must assess 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 risk of injury. Just as driving an automobile involves choice of risk, athletic participation by students also may be inherently dangerous. The obligation of parents and students in making their choice to participate cannot be overstated. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairment as a result of athletic competition.

By granting permission for your student to participate in athletic competition, you, the parent or guardian, acknowledge that such risk exists.

By choosing to participate, you, the student, 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 uses and techniques.

As previously stated, no amount of instruction, precaution and supervision will totally eliminate all risk of serious, catastrophic, or even fatal injury.

If any of the foregoing is not completely understood, please contact your school principal for further information.

Instruction: Sign both copies, retain one for your records, and return the other to school with the rest of the packet.

Student's Name (printed) _____

Circle all sports you may be participating in this school year:

Coed Volleyball Boys' basketball Girls' basketball Cross-Country/Track and Field

The signatures below acknowledge that we have read and understood the material contained in the NOTICE TO ATHLETES AND PARENT/GUARDIAN **AND** the CONCUSSION INFORMATION SHEET (pages 5-6)

Signed _____
Parent/Guardian

Date _____

Signed _____
Student

Date _____

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

1.0 Headaches	12.0 Amnesia
2.0 “Pressure in head”	13.0 “Don’t feel right”
3.0 Nausea or vomiting	14.0 Fatigue or low energy
4.0 Neck pain	15.0 Sadness
5.0 Balance problems or dizziness	16.0 Nervousness or anxiety
6.0 Blurred, double, or fuzzy vision	17.0 Irritability
7.0 Sensitivity to light or noise	18.0 More emotional
8.0 Feeling sluggish or slowed down	19.0 Confusion
9.0 Feeling foggy or groggy	20.0 Concentration or memory problems (forgetting game plays)
10.0 Drowsiness	21.0 Repeating the same question/comment
11.0 Change in sleep patterns	

Signs observed by teammates, parents and coaches include:

22.0 Appears dazed
23.0 Vacant facial expression
24.0 Confused about assignment
25.0 Forgets plays
26.0 Is unsure of game, score, or opponent
27.0 Moves clumsily or displays incoordination
28.0 Answers questions slowly
29.0 Slurred speech
30.0 Shows behavior or personality changes
31.0 Can’t recall events prior to hit
32.0 Can’t recall events after hit
33.0 Seizures or convulsions
34.0 Any change in typical behavior or personality
35.0 Loses consciousness

What can happen if my child keeps on playing with a concussion or returns to soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:-

“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.”

and

“A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child's coach if you think that your child may have a concussion Remember its better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date