Torrance Unified School District
Middle School Athletic Packet
2026-2027

Name: _____
Please Print Clearly - Include Nicknames

Date: _____ Grade: 6 7 8

Sport Participation: Please circle the sport(s) you plan to participate in:

Soccer Volleyball Basketball Football Cross Country

Office Use Only
Physical Date _____
Clearance Date _____

Cleared Yes No

Completion of this packet will ensure your students' ability to try out for Middle School athletic teams. It DOES NOT guarantee being selected for a team.

Athletic Packet Checklist

Please make sure the following are completed and submitted to your school:

- ☐ Carefully read and sign the **TUSD Permission for Transportation of Student Parental Permission Assumption of Risk and Medical Treatment Authorization Form**
- ☐ Carefully read and sign the **TUSD Parent's or Guardian's Permission for Student Participation In ExtraCurricular/Athletic Activity, Assumption of Risk, and Hold Harmless, Indemnity and Release of Liability**.
- ☐ Carefully read and sign the **TUSD Voluntary Activity Assumption of Risk, and Hold Harmless, Indemnity and Release of Liability Agreement Medical Assumption of Risk and Treatment Authorization.**
- ☐ Carefully read the **TUSD Athletic Participation & Code of Ethics Form.** Our signatures below indicate we have read and understand the policies, rules and regulations of the Athletic program and will agree to abide by them.
- ☐ Have an MD or DO complete and sign the **TUSD Physical Screening Form**
- ☐ Carefully read the information provided with regard to Concussions, Heat Illness, Sudden Cardiac Arrest, and Opioids.

We have read and verified that we understand and have signed all the above documents. We agree to and will support the school in observance of these items.

_____ _____
Parent or Guardian Signature Date

_____ _____
Student Signature Date

TUSD ATHLETIC PARTICIPATION AND CODE OF ETHICS

Philosophy Statement

It is our belief that participation in athletic activities is a privilege at Torrance Unified School District: one that benefits the individual student-athlete, our student body, and the entire TUSD community. Athletics encourages the development of established moral and ethical values in sportsmanship, integrity, and teamwork. Athletic involvement promotes individual, physical, mental, cultural, social, and emotional growth in our students. It opens the door for every student to express themselves in whatever worthy activity they may choose while strengthening accepted lifetime values. Our goal is to develop commitment, discipline, skill development and sportsmanship as well as provide a safe and healthy environment to ensure all those participating are provided with the opportunity to have a positive educational, athletic experience.

Conduct of Persons Involved in Athletics - General Rules and Regulations:

The conduct of a person involved in athletics is observed by many, and often reflects not only on the individual student, but the team and the school as a whole. It is important that behavior be exemplary in the following situations:

Scholastic Eligibility:

- Student-athletes should strive to maintain high academic standards. They should manage time so that sufficient energy is given to studies in order to insure acceptable grades.
- Student-athletes must maintain an overall grade point average (GPA) of 2.0. Inability to maintain these grading standards at the end of a quarter will make the student ineligible to participate in contests.
- It is the student-athlete and parent's responsibility to know their grades and to keep the coach informed.
- Eligibility shall be determined at the try-outs of each sport based on the Academic marks of the previous quarter. A student-athlete must have earned a minimum of a 2.0 GPA with no more than 1 U to be eligible to participate in athletic contests.

Attendance:

Students must attend a minimum of half a school day on the day of a contest to participate.

School Equipment and Uniforms

- Student-athletes are financially responsible for all equipment and uniforms checked out to him/her. The student-athlete will not be cleared for the next season of sport until all equipment and uniforms have been returned.
- Student-athletes should inspect all items received for rips, tears, cracks, or excessive wear. Problems should be reported to the coach immediately.
- Student-athletes who lose or return damaged equipment are responsible for their replacement.

Student-Athlete Conduct:

1. Student athletes shall conduct themselves on/off campus, in the classroom, on school trips, or while participating in any school activity in a manner consistent with the mission and philosophy of Torrance Unified School District. Any violation of school code during the season of sport or off season will be handled in accordance with the school discipline matrix.
2. Student-athletes should demonstrate good citizenship at all times. Standards include respectful attention during classroom activities, respect for faculty, staff and fellow students, as well as respect for school property and equipment.
3. On trips, student-athletes directly represent our school and community; therefore, it is expected that all student-athletes behave in an acceptable manner when traveling and conduct themselves in a manner that reflects positively on themselves, their team, school, and community. Athletic trips are considered school activities and all school codes in addition to team rules apply. Violations of school standards or team rules can result in suspension from an athletic contest in addition to school discipline.

Parent Code of Ethics (Just be positive)

Parents play a key role in helping their children learn the valuable lessons learned by participation in interscholastic athletics. It is imperative parents display proper behavior at all times and support their team in a positive manner. The importance of parents behaving as positive role models cannot be understated. Of particular concern are parents who harass officials or make comments in the stands regarding judgments made by the coaches. This type of behavior is counterproductive and tends to destroy the values of good sportsmanship and the game. Please realize that your admittance to athletic events is a privilege to observe a contest and support school activities, not a license to verbally assault players, coaches, or officials. Any parent displaying poor sportsmanship or improper behavior will be asked to leave the event and can have their privilege of activity attendance denied at any time. Parents are asked to respect the decisions of the coach and direct any concerns to the coach first. Coaches are professionals and make judgments based on decisions they believe are in the best interests of the team. The coaches must take into account all members of the team in an ever changing environment. If you wish to discuss a concern please make an appointment to meet with the coach either prior to or after a game day, do not attempt to discuss a concern right before or right after a contest. If a resolution cannot be reached, please contact the Athletic Director.

CIF Philosophy of Pursuing Victory with Honor

The essential elements of character building and ethics in CIF sports are embodied in the concept of sportsmanship and the six core principles: Trustworthiness, respect, responsibility, fairness, caring and good citizenship. The highest potential of sports is achieved when competition reflects these "six pillars of character." The Torrance Unified School District and school administration supports this philosophy and will attempt to always promote good sportsmanship and foster good character by teaching, enforcing, advocating, and modeling these "six pillars of character." We are asking each athlete, parent/guardian, and spectator to help us by supporting these principles.

TORRANCE UNIFIED SCHOOL DISTRICT

PERMISSION FOR TRANSPORTATION OF STUDENT
PARENTAL PERMISSION ASSUMPTION OF RISK AND MEDICAL TREATMENT
AUTHORIZATION

SCHOOL: _____

STUDENT: _____

TEACHER/SPONSOR: _____

DRIVER: _____

EVENT/DESTINATION: _____

DATES OF EVENT (S): _____

TIMES OF EVENT (S): _____

PLACE (S) OF DEPARTURE/RETURN: _____

By signing below, I acknowledge and agree as follows:

INSURANCE: I understand that Torrance Unified School District (hereinafter referred to as "District) and the Board of Education does not or' may not carry any insurance relative to the trip or for injuries to the students. I represent that the student has insurance either through the District's student insurance program or through my own insurance carrier.

ACCOMMODATIONS: If the student is disabled or requires special accommodations, those accommodations are attached.

I understand and acknowledge that the District is not providing transportation to this event and that it is the responsibility of the undersigned to arrange transportation for my student. I hereby authorize and give permission for my student _____ to ride as a passenger in a vehicle driven by a coach, sponsor, parent, or other adult, who is at least 21 years of age, to and from the above event on the date (s) indicated.

I understand and acknowledge that the driver is not driving on behalf of, or as an agent of, the District. Further, the undersigned acknowledges that the District has not verified the driving record or Department of Motor Vehicles record of the driver or the mechanical condition of the vehicle. Each driver has provided proof of insurance coverage and a California driver's license.

I understand and acknowledge that I will be responsible for delivering my student to the designated location at the proper time for departure to the event and will promptly pick up my student from the designated location at the conclusion of the activity.

Revised: 5/2023

MEDICAL TREATMENT: I understand and acknowledge that emergency medical information regarding the student is on file with the District and is current. If an injury or medical emergency occurs during the trip described above, a supervising teacher, sponsor or chaperone has my express permission to administrator 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. I agree to release and discharge the District/released parties, from any act or omission of negligence in rendering or failing to render any type of emergency or medical services. In order that my student may receive all necessary medical treatment in the event of an injury or illness, I hereby hold the District/released parties harmless in the exercise of this authority.

I am the parent or guardian of the student named above, or am the student named above and am 18 years of age or older. I acknowledge that I have read this authorization and release and understand that participation in the trip described above requires giving up substantial actual or potential rights. I have voluntarily signed this authorization and release without inducement or assurance beyond what is stated herein, and with full appreciation of the risks inherent in the activity described above.

WITHOUT AFFECTING THE GENERALITY OF THE RELEASES, WAIVERS AND DISCHARGES SET FORTH ABOVE, THE UNDERSIGNED SPECIFICALLY RELEASES, WAIVES, AND DISCHARGES released parties, on behalf of Parent, Student, Parent's and Student's personal representatives, assigns, heirs, and next of kin, from any loss or damage, and any cost, claim, cause of action, or demand arising out of, during, or in connection with the student's participation in the trip, including transportation to and from the event, and related activities or the rendering of emergency medical procedures or treatment, if any.

By signing below, I confirm that I have read and fully understand its contents. **I am aware that this is a release of liability.**

DATE: _____

_____
Signature (Parent/Guardian)

_____
Print Name (Parent/Guardian)

Please return this form to the Principal's office.

Revised: 5/2023

TORRANCE UNIFIED SCHOOL DISTRICT
PARENT'S OR GUARDIAN'S PERMISSION FOR STUDENT PARTICIPATION IN EXTRACURRICULAR/ATHLETIC ACTIVITY, ASSUMPTION OF RISK, AND HOLD HARMLESS, INDEMNITY AND RELEASE OF LIABLITY

To the Principal of:_____ (School)

_____ has my permission to participate in
(Student Name: please print)

_____ during the _____.
(Extracurricular/Athletic Activity) (School Year/Semester/Quarter)

Supervising Teacher / Coach (please print):_____

(1) Assumption of Risk:

On behalf of student and myself:

We understand that the above-listed extracurricular/athletic activity, by its very nature, includes certain risks. The specific risks vary, but may involve minor injury, major injury, and serious injury, including permanent disability and death, and severe social and economic losses which might result not only from student's own actions, inactions, or negligence, but the actions, inactions, or negligence of others, the rules of play, or the condition of the premises or of any equipment used. **We understand and appreciate the risks that are inherent in the extracurricular/athletic activity. We hereby assert and agree, on behalf of ourselves, our family, heirs, personal representative(s), and/or assigns, that student's participation in the extracurricular/athletic activity is voluntary and that we knowingly assume all such risks of that participation. We recognize the importance of following instructions regarding proper technique, training and other established safety rules, guidelines and regulations. We agree that student will abide by all rules and regulations governing the extracurricular/athletic activity.**

(2) Hold Harmless, Indemnity and Release:

On behalf of student and myself, and in consideration of permission for student to participate in the above listed extracurricular/athletic activity:

We agree, here and forever, to the maximum extent permitted by law, for ourselves, our family, our heirs, personal representative(s), and/or assigns, to defend, hold harmless, indemnify and release, the Torrance Unified School District ("District"), its Trustees, board members, officers, schools, employees, assigns, volunteers, administrators, directors, and agents, from and against any and all claims, demands, actions, or causes of action of any sort, present or future, on account of damage to personal property, or personal injury, or illness, or death which may result from student's participation in the extracurricular/athletic activity. This release specifically includes claims based on the negligence of the District and its Trustees, board members, officers, schools, employees, assigns, volunteers, administrators, directors, and agents. **We understand that we are releasing claims and giving up substantial rights, including our right to sue, and are doing**

so voluntarily. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made.

PLEASE NOTE: California Education Code Section 35330 states in part: "All persons making the field trip or excursion shall be deemed to have waived all claims against the district, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving all claims." **On behalf of student and myself, we understand that this extracurricular/athletic activity may involve excursions or field trips as defined by Section 35330 of the California Education Code, and we agree to waive all such claims.**

WE HAVE READ, UNDERSTAND, AND AGREE TO ALL TERMS AND CONDITIONS OF THIS DOCUMENT

Signature of Parent/Guardian	**Please Print Name**	**Date**
Signature of Student/Participant	**Please Print Name**	**Date**

TORRANCE UNIFIED SCHOOL DISTRICT
VOLUNTARY ACTIVITY ASSUMPTION OF RISK, AND
HOLD HARMLESS, INDEMNITY AND RELEASE OF LIABILITY AGREEMENT
MEDICAL ASSUMPTION OF RISK AND TREATMENT AUTHORIZATION

Activity: _____ Date: _____

Participant Name: _____ School Year: _____

I understand that the extracurricular/athletic activity, by its very nature, includes certain risks and could cause minor injury, major injury, and serious injury to student, including permanent disability and death. In the event of illness or injury to student, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, emergency transportation, and hospital care of student considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. **We hereby assert and agree, on behalf of ourselves, our family, heirs, personal representative(s), and/or assigns, that student's participation in the above listed activity is voluntary and that we knowingly assume all such risks of that participation. All costs and expenses associated with such care are solely my responsibility.** I Voluntarily agree to release, waive, discharge, and hold harmless the District, its trustees, board members, officers, schools, employees, assigns, volunteers, administrators, directors, and agents, from any act or omission of negligence in rendering or failing to render any type of emergency or medical services.

☐ Student has no special health needs, and no medication is required during this activity.

☐ Student has a special need, and instructions are attached. Number of pages attached: _____.

☐ Other: _____

Medical Insurance Carrier: _____
(e.g., Blue Cross)

Policy Number: _____

In the event you need to purchase athletic coverage for your student information can be found at Myers-Stevens & Toohey & Co., Inc. https://www.myers-stevens.com/

In the event of an **emergency**, please contact:

_____ _____
(Name) (Relationship)

Home: _____ Cell: _____

WE HAVE READ, UNDERSTAND, AND AGREE TO ALL TERMS AND CONDITIONS OF THIS DOCUMENT

_____ _____ _____
Signature of Parent/Guardian **Please Print Name** **Date**

_____ _____ _____
Signature of Student/Participant **Please Print Name** **Date**

TUSD MIDDLE SCHOOL ATHLETICS
ATHLETE EMERGENCY CONTACT INFORMATION

Student Name

Home Address

Birthday (this is required for emergency purposes)

Emergency Contact Name #1

Emergency Contact Phone Number

Emergency Contact Email

Emergency Contact Name #2

Emergency Contact Phone Number

Emergency Contact Email

Preferred Hospital

Insurance - Name of Insurance Company (for emergency purposes)

Information will only be shared in Emergency Situations - Not for Public Disclosure

ANNUAL MIDDLE SCHOOL PHYSICAL SCREENING

Physical exam must be renewed every 12 month period to be valid for participation

PRE-PHYSICAL HISTORY *(Must be completed and signed by parent prior to examination):*

SPORT(S):_____ SCHOOL:_____ DATE:_____

_____

PRINT Last Name First Name M.I. Grade Age Date of Birth

_____

Address City Zip Code

HEALTH HISTORY *(To be completed by student or parent):*

Check and give as much information as possible **Y = yes, N = no**

_____Heart Trouble _____High Blood Pressure _____Asthma _____Diabetes

_____Kidney Problems _____Head Trauma _____Seizures _____Other (List below)

_____

History of any previous injuries, fractures, serious illnesses or operations (Give year of problem)

_____

Current medications Allergies Last Tetanus Immunization

Signature of Parent or Guardian:_____

❋ ❋ ❋ ❋ ❋ ❋ ❋ ❋ ❋ ❋ ❋ ❋ ❋ ❋ ❋ ❋

PHYSICAL EXAMINATION **(To be completed by physician):**

Height:_____Weight:_____Temp:_____Blood Pressure:_____Pulse:_____Respirations:_____

Visual Acuity: O.D.____/_____ O.S.____/_____ ( ) Corrected ( ) Uncorrected L.M.P._____

( )Chest Pain ( )Extreme S.O.B. ( )Dizziness ( )Fatigue ( )Palpitations ( )Sudden Death of Family Member

	NORMAL		
		10. MUSCULOSKELETAL, ROM, STRENGTH	
1. EYES		NECK	
2. EARS, NOSE, THROAT		SPINE	
3. MOUTH AND TEETH		SHOULDERS	
4. NECK		ARMS/HANDS	
5. CARDIOVASCULAR		HIPS	
6. CHEST AND LUNGS		THIGHS	
7. ABDOMEN		KNEES	
8. SKIN		ANKLES	
9. GENITALIA-HERNIA(MALE)		FEET	
		11. NEUROMUSCULAR	

ABNORMAL FINDINGs:_____

_____

RECOMMEND: ( ) Full Activity, No Restrictions Recommend: ( )Vision Evaluation ( ) Tetanus Booster

( ) Accept, Restrictions: ( ) No contact sports ( )Other:_____

( ) Not Participate

EXAMINING PHYSICIAN:_____ License#:_____ Date:_____

Address:_____ **Doctor's Stamp here:**

Phone #:_____