

Name: \_\_\_\_\_



## Athletic Packet

### Maple Creek Elementary

The following forms need to be filled out **neatly** and **completely**. Students will not be allowed to participate until **ALL** forms have been completed and **turned in to Mr. Zante**.

Check List:

- \_\_\_\_\_ Participation in and Travel to Events Form
- \_\_\_\_\_ CUSD Student Code of Ethical Conduct
- \_\_\_\_\_ Parent / Guardian Code of Ethical Conduct
- \_\_\_\_\_ Concussion Information Form

➔ Please double-check to make sure all forms are filled out and signed. Return completed packet to Mr. Zante. **Do not turn in to Coaches/Advisors.**





# Maple Creek Elementary

## ATHLETIC & CO-CURRICULAR CODE OF PARTICIPATION AND INFORMATION

As a participant in a Co-curricular program at Maple Creek Elementary School, I recognize that I have assumed certain responsibilities and obligations to the coach or advisor, to the other members of the activity, and, certainly, to myself. As such I agree to follow the requirements of this Code of Participation for Athletic and Co-curricular Activities:

1. I will maintain a satisfactory level of scholarship ("C" 2.00 GPA average) and demonstrate satisfactory behavior and citizenship.
2. If I am suspended I must serve a **10 day non privilege restriction**. ( no practices or games )
3. I will adhere to the practice schedule and participate in the activity in a positive manner. I will show proper conduct, strive to learn and grow in my abilities and contribute to the group effort to the best of my ability.
4. I will respect and properly care for all property and/or equipment issued in conjunction with the activity. ( Especially athletic uniforms )
5. I must be in attendance ( physically at school ) the majority of the day's performance / game. ( Student must arrive before lunch )
6. All students **must sign out** from any away game. Failure to do so could result in game/ event suspension.
7. **Tryouts** - I recognize that tryouts for a team occur during the first week of the athletic season. During this first week of tryouts I will determine which sport I will be trying out for and understand that I cannot change sports after teams have been formed.
8. **Quitting** - I will commit to being a part of a team for the duration of the season. I understand that my team depends on me for success and that quitting is not an individual decision because it effects my teammates, my coaches, and my school community. If it is necessary to quit a team for any reason I must meet together with my coaches and parents to discuss this possible decision.

Student's Name : \_\_\_\_\_

Sport : \_\_\_\_\_

Grade: \_\_\_\_\_ Room \_\_\_\_\_

Phone Number(s) : \_\_\_\_\_

Health Concerns/ Allergies: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_

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

Parent'/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Maple Creek Elementary School  
Parent/Guardian Code of Ethical Conduct and Expectations**

The purpose of this Parent Code is to develop parental support and positive role models in all Maple Creek co-curricular activities. In the tradition of excellence, the purpose of all co-curricular activities at Maple Creek Elementary School is to promote the physical, mental, moral, social, and emotional well-being of each student. Parents/guardians are an integral part of this process.

**Expectations**

As a Maple Creek Elementary School parent/guardian, I agree to:

- Be a positive role model for my student, the school, and community.
- Display positive attitude and behavior. Adult behavior affects student behavior.
- Show respect for all participants, officials, judges, advisors, and coaches.
- Assist in providing for student safety and welfare at all times.
- Encourage my student to attend school regularly and excel academically.
- Help my student carefully consider the time and commitment that will be required of them when joining an athletic team. This commitment should not be compromised once a Maple Creek student joins a team.

**Grievance Procedure**

It is Maple Creek’s school policy that grievances should not be addressed during or immediately following any practice, game, or activity. If a parent/guardian wishes to meet with an advisor/coach, or address a specific issue or complaint, the following steps should be followed.

- First, request a meeting at school with the advisor/coach.
- Then, if your concern is unresolved, arrange an appointment with the school administrator and the advisor/coach.
- If your concerns are still unresolved, the appeal process outlined in the CUSD Policy will apply.

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We have read and agree to the policies stated in the Code of Ethics regarding the conduct of parents/guardians of Maple Creek students participating in co-curricular activities. We agree that these rules are important in helping our students become good citizens with a sense of moral integrity, a competitive spirit, and the ability to be honest and forthright in all endeavors. We agree to abide by these rules for co-curricular participation at Maple Creek Elementary School.

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Student (Print name)

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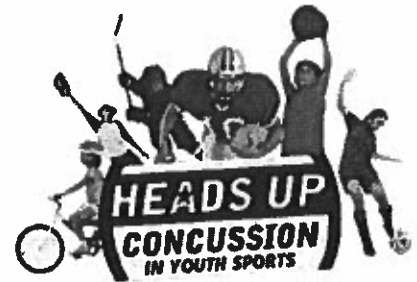
Date

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Parent/Guardian

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Parent/Guardian



# Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

## WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports *one or more* symptoms of concussion listed below after a bump, blow, or jolt to

### Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or “pressure” in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness ( <i>even briefly</i> )	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can't recall events <i>prior</i> to hit or fall	Confusion
Can't recall events <i>after</i> hit or fall	Just not “feeling right” or “feeling down”

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal.*

It's better to miss one game than the whole season. For more information on concussions, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

### *Remember*

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

\_\_\_\_\_  
Student-Athlete Name Printed

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

## INSURANCE VERIFICATION FORM

Dear Parents:

The California Education Code, Sections 32220 and 32221, requires that any student of *any* "Educational Institution" who practices for or participates in any inter-school athletic event *MUST* be insured for \$1,500 of insurance covering the medical expenses of accidental injuries. This applies to all sports and to all participants of any age.

This *mandatory* insurance requirement is also extended to students who accompany an athletic team to an extra-mural athletic event and while performing their function as a member of the band, song leaders, yell leaders, etc.

Consequently, students must be excluded from the team and from activities relative to an athletic event unless they have either purchased the school's regularly offered plan, or their parents can assure the District that adequate insurance is in force which meets the requirements of this law.

If you have not purchased the accident plan offered through the school for your child, please fill in the following form and return same to the school principal. Your child will not be allowed to practice or participate until this form has been completed and returned, or you have purchased the insurance plan offered by the school. Enrollment forms will be available on or after August 1st at your child's school.

Eimear O'Farrell, Ed.D.  
Superintendent

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### INSURANCE VERIFICATION AND PARENT PERMISSION

1. This is to verify that my son/daughter \_\_\_\_\_  
*STUDENT'S NAME*  
is covered under \_\_\_\_\_  
*NAME OF INSURANCE COMPANY*  
\_\_\_\_\_ \_\_\_\_\_  
*EXPIRATION DATE* *POLICY NUMBER*

Benefits indicated in my policy are equal to or broader than those required in the above notice.

2. I give my son/daughter permission to participate in \_\_\_\_\_  
*NAME OF ACTIVITY/IES*

(Multi-sport athletes must list every sport or fill out a new form prior to each seasonal sport.)

3. I certify that my son/daughter has no medical conditions or disabilities that would cause participation in the above mentioned sport(s) to be dangerous or harmful.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*PARENT/GUARDIAN SIGNATURE*

**CLOVIS UNIFIED SCHOOL DISTRICT  
ATHLETIC PROGRAM PARTICIPATION WAIVER  
RELEASE OF LIABILITY and MEDICAL TREATMENT AUTHORIZATION AGREEMENT**

Student Name:	
District School:	
Athletic Program:	

I understand and acknowledge that participation in the above Athletic Program and any related activities (collectively known herein as "Activity"), by their very nature, pose the potential risk of serious injury/illness to individuals who participate. I also realize that the Activity may be strenuous, and that I have the option to seek the advice of a physician before I participate in this Activity. I understand and acknowledge that some of the injuries/illnesses which may result from participating in this Activity include, but are not limited to, the following:

- |                   |                                   |                         |
|-------------------|-----------------------------------|-------------------------|
| ♦ Sprains         | ♦ Head and/or back injuries       | ♦ Loss of eyesight      |
| ♦ Fractured bones | ♦ Paralysis                       | ♦ Communicable diseases |
| ♦ Unconsciousness | ♦ Activity related injury/illness | ♦ Death                 |

The above list is not intended to be inclusive of all injuries that may occur, but rather to inform me of the types of risks inherent in my participation in the above Activity so that I can make a voluntary choice to participate or not participate.

In the event of accident or illness, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care 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. Further, I agree that Clovis Unified School District ("District") and its personnel are not legally or financially responsible or liable for any claim arising from any consent given in good faith in connection with diagnosis or advised treatment.

In the event of accident or illness please notify: \_\_\_\_\_  
Name Telephone

In consideration of being permitted to participate in the above Athletic Program and any related activities, I agree to assume any and all liability and responsibility for the potential risks which may be associated with participation in such Activity or any activities incidental thereto. I further agree by my signature below to exempt and relieve, on behalf of myself and my heirs, executors, administrators and assigns, the Clovis Unified School District, its Board, officers, agents, employees or volunteers from any and all liability or responsibility for property damage, personal injury, and bodily injury (including wrongful death) that I might sustain which is incident to, associated with preparing for, and/or while participating in any activity connected with said Athletic Program, including travel provided by the District to and from Activity locations. I understand that this provision is intended to be as broad and inclusive as permitted by law, and that if any portion is held invalid, it is agreed that the balance shall continue in full legal force and effect.

I acknowledge that I have carefully read and understand this Athletic Activity Program Waiver, Release of Liability and Medical Treatment Authorization Agreement, and that I voluntarily agree to its terms and conditions.

\_\_\_\_\_  
 Signature of Participant or, if Participant is a minor, Parent/Guardian Date

\_\_\_\_\_  
 Print Name of Participant or, if Participant is a minor, Parent/Guardian  Check Box if Participant is a Minor

Participant's Age (if minor): \_\_\_\_\_