

Cali Calmécac Language Academy

2017-2018 ATHLETIC PARTICIPATION REQUIREMENTS

The following information must be completed and turned in to the Athletic Director no less than 24 hours before the first practice or tryout date. Students will not be allowed to participate without clearance from the Athletic Director. If you have any questions, please contact Kristine Behrens at kbehrens@wusd.org.

_____ PHYSICAL (REQUIRED) YEARLY BY CERTIFIED PHYSICIAN OR PHYSICIAN'S ASSISTANT ONLY. CHIROPRACTIC EXAM NOT ACCEPTABLE. (page 2)

_____ EMERGENCY INFORMATION (page 3)

_____ PARENT/STUDENT SIGNATURES (pages 4, 5 and 6)

_____ SPORTS PARTICIPATION DONATION/SCHOLARSHIP REQUEST FORM FOR EACH SPORT PLAYED (attachment)

_____ CONCUSSION PARENT/ATHLETE INFORMATION (Pages 7 & 8)

_____ ACADEMIC ELIGIBILITY REVIEWED BY ATHLETIC DIRECTOR OR VICE PRINCIPAL, IF NECESSARY, SEE PAGE 4 REQUIREMENTS

_____ DRIVER AUTHORIZATION FORMS (page 9 is required, other driver forms are optional)

Students are informed of practice/tryout dates in the weekly bulletin, the Cali website (www.calicalmecac.org), physical education class and auto-dialer.

ATHLETIC PARTICIPATION PHYSICAL FORM

WUSD Board Policy 5141.3 states that physical clearances must be obtained
by a Physician or Physician's Assistant
Chiropractic Exam is not acceptable

Student's Name: _____

I hereby certify that the above named student is physically fit to engage in sports.

Physician or Physician's Assistant Signature

Physician or Physician's Assistant Name

Date

State Certification Number

Medical Office Name and Phone Number

Sport (s): _____

2017-2018 CCLA ATHLETICS EMERGENCY CONTACT INFORMATION

Student Name: _____ Grade: _____

Address: _____

Home phone: _____

In case of illness or accident to the student named above the school is authorized to proceed as indicated below. Number each item 1, 2, 3, 4 in order of desired action.

_____ Contact Mother _____ Phone: _____
(Name) (mobile phone preferred)
Email: _____

_____ Contact Father _____ Phone: _____
(Name) (mobile phone preferred)
Email: _____

_____ Other Contact _____ Phone: _____
(name) (mobile phone preferred)

_____ Other Doctor _____ Phone: _____
(name)

I request that my child receive first aid services whenever such services are deemed necessary. I authorize that my child be attended by a licensed physician and/or taken to the nearest hospital in the event that his/her condition deems it necessary. I will accept judgment of the person in charge. This permit is effective until I give a written notice of cancellation.

Please list any significant health problems that might be significant to a physician evaluating your child in case of an emergency.

Signature of Parent/Caregiver

Date

Athletic Director

Date

STUDENT/PARENT AUTHORIZATIONS AND ACKNOWLEDGEMENTS

Code of Conduct:

Athletes and parents are expected to contribute to school pride and spirit by representing themselves, the team and Cali Calmécac Language Academy (CCLA) in a positive manner at all times by following these guidelines:

- Show respect for administration, faculty, coaches and other students/athletes (including opponents and visitors) at all times
- Show respect for the integrity and judgment of game officials at all times
- Show respect for all private, public and personal property at all times
- Live up to the sportsmanship standards established by school administration and the coaching staff
- Refrain from making any kind of derogatory remarks to opponents or visitors before, during, and after the game, especially comments that are ethnic, racial or sexual in nature
- Win with humility; lose with grace. Do both with dignity.

Participation on an interscholastic team is a privilege that can be revoked at any time for improper conduct by an athlete whether at a school or in the community. Athletic participation is considered a school-related activity; as such, all school rules, regulations and consequences including this Code of Conduct, are expected and enforced.

Uniform Policy:

Students who do not turn in uniforms by the requested date established by the coach and Athletic Director will be assessed a replacement fee of \$20 per short, and \$25 per top. Any damaged uniforms will need to be replaced.

Academic and Citizenship Eligibility:

- Athletes must maintain a 2.0 GPA or higher with **NO F's** based upon academic eligibility dates.
- Athletes must not receive more than one (1) suspension per trimester. All eligibility after any suspension must be reviewed by the Principal or Assistant Principal. Suspensions related to fighting, drugs or alcohol will result in immediate removal from CCLA sports for the school year.
- Athletes who have been suspended must not receive any further disciplinary notifications, referrals, or detentions. Additional disciplinary notices will result in removal from CCLA sports for that season.
- Athletes should not have any citizenship concerns from school authorities and must not be on the CCLA-Non Participation List.
- Students must be in attendance during the school day to participate in that day's athletic event. Exceptions are period absences for medical appointments and must be signed in/out in the office for verification.

STUDENT/PARENT AUTHORIZATIONS AND ACKNOWLEDGEMENTS

Medical insurance coverage is required. Supplementary Medical Insurance may be purchased at the school by students.

Company Name

Policy Number

My signature verifies that I have read all relevant athletic policies of Cali Calmécac Language Academy. I understand and accept the criteria on page 4 and the Code of Conduct, Academic/Citizenship Eligibility and Uniform Policy as prerequisites to being allowed to participate on an athletic team. If I am unclear about any policies, it is my responsibility to contact my coach or Athletic Director prior to participating on any team.

Parent/Guardian Signature

Date

Parent/Guardian Name (please print)

Student Athlete Signature

Date

Student Athlete Name (please print)

ATHLETIC PARTICIPATION WARNING TO STUDENTS AND PARENTS

By its very nature, competitive athletics may put students in situations where 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 risk 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 all risks of injury. Just as driving an automobile involves choice of risk, athletic participation by middle school and high school students also may be inherently dangerous. The obligation of parents and students in making this choice to participate cannot be over-stated. 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 RISKS EXIST.** By choosing to participate, **YOU, THE STUDENT, ACKNOWLEDGE THAT SUCH RISKS EXIST.**

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 or 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.**

This verifies that the undersigned have carefully read and understand the above warning to students and parents.

Parent/Guardian Signature Date

Parent/Guardian Name (please print)

Cali Calmécac Language Academy Concussion Information Sheet

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:

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|--|---|
| <ul style="list-style-type: none"> ● Headaches ● “Pressure in head” ● Nausea or vomiting ● Neck pain ● Balance problems or dizziness ● Blurred, double, or fuzzy vision ● Sensitivity to light or noise ● Feeling sluggish or slowed down ● Feeling foggy or groggy ● Drowsiness ● Change in sleep patterns | <ul style="list-style-type: none"> ● Amnesia ● “Don’t feel right” ● Fatigue or low energy ● Sadness ● Nervousness or anxiety ● Irritability ● More emotional ● Confusion ● Concentration or memory problems (forgetting game plays) ● Repeating the same question/comment |
|--|---|

Signs observed by teammates, parents and coaches include:

- | |
|--|
| <ul style="list-style-type: none"> ● Appears dazed ● Vacant facial expression ● Confused about assignment ● Forgets plays ● Is unsure of game, score, or opponent ● Moves clumsily or displays incoordination ● Answers questions slowly ● Slurred speech ● Shows behavior or personality changes ● Can’t recall events prior to hit ● Can’t recall events after hit ● Seizures or convulsions ● Any change in typical behavior or personality ● Loses consciousness |
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**Cali Calmécac Language Academy
Concussion Information Sheet**

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 it's 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

Windsor Unified School District

PARENT/GUARDIAN PERMISSION FOR STUDENT PASSENGER IN VEHICLE DRIVEN BY ANOTHER ADULT

_____ (student name) has my permission to ride as a passenger from Cali Calmécac Language Academy (CCLA) to other school sites for after-school athletic events for the school year August 17, 2017 through June 1, 2018, in a vehicle driven by a fingerprinted and verified volunteer at CCLA.

I fully understand that my student is to abide by all applicable District policies and regulations during the trip and designated event. (BP 6153) I have instructed my student that he/she is required wear a safety belt during the trip.

I grant permission for my son/daughter to be a passenger in any CCLA fingerprinted and verified driver's vehicle as outlined on this form. In granting permission, I understand that I waive all claims and hold the Windsor Unified School District, its officers, agents and employees, and the State of California harmless from any and all liability or claims which may arise out of or in connection with my son's/daughter's participation in this activity.

Parent/Guardian Signature

Date

Printed Name

Student Name

For Office Use Only: