

ATHLETIC EMERGENCY CARD - CENTURY ELEMENTARY SCHOOL

Please Print

Student Name _____ Sport / _____

Address _____ City _____ Zip _____ Phone _____ Cell _____

Insurance Co. _____ Policy No. _____ Group No. _____

Insurance Co. Address _____ Phone _____

DOB _____ Grade _____ Room# _____ Date of Last Tetanus booster _____

Are you allergic to any medications? Please list _____

Any other allergies? Please list _____

Presently taking any medication? _____

Contact Lens? Yes No Inhaler? Type _____

Person to contact in case of emergency:

1. _____ Phone Hm. _____ Wk. _____ Cell _____

2. _____ Phone Hm. _____ Wk. _____ Cell _____

3. _____ Phone Hm. _____ Wk. _____ Cell _____

My son/daughter has permission to participate in athletics at Century Elementary School and to travel with his/her team(s) for athletic contests. Should it be necessary for my child to have medical treatment while participating in sports, or on a trip, and if the District is unable to contact me, I hereby authorize Clovis Unified School District personnel to use their judgment in obtaining medical services for my child.

Parent/Guardian: _____ *(signature required)*

**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): _____

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

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



**RELEASE OF STUDENT TO PARENT/GUARDIAN
AFTER FIELD TRIP OR ACTIVITY
FORM 3204-2**

I request that _____ at Century Elementary School
Student Name School
 be released to my custody after ALL CENTURY SPORTS ACTIVITIES on 2017-2018
Trip/Activity Date
 at Various off-campus school sites
Location of Event/Pick up Point

rather than returning to school in the transportation provided by Clovis Unified School District (District).

The following are additionally authorized individuals (also listed on *Form 11-S Student Release Authorization* on file at school site) to whom the above-referenced child may be released:

_____	_____
Name	Relationship
_____	_____
Name	Relationship
_____	_____
Name	Relationship

Waiver of Claims:

I agree that once my son/daughter is released to my custody, I assume full responsibility for his/her health, safety and welfare and as provided for in California Education Code Section 35330. I agree to waive all claims against the District and hold the 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. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the District, its employees or agents.

_____ *Printed Name (Parent/Guardian)* _____ *Approval Signature (Parent/Guardian)*

_____ *Home Phone Number* _____ *Other Phone Number* _____ *Date*

It is the responsibility of the designated school official to ensure all students are properly accounted for before transportation to or from a school activity occurs.

*Adopted: 3/24/10
Revised: 9/20/10*

Fall 2016 Sports

Loan Agreement for Uniform and/or Other Items

Student Name: _____ Date: ____/____/____

Address/City/Zip: _____

Home Phone: _____ Cell Phone: _____

Elementary Fall 2016 Sports: _____

Items Received Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Football Game Uniform (\$40.00 pants, \$100.00 jersey) | <input type="checkbox"/> Football Helmet (\$100.00) |
| <input type="checkbox"/> Football Practice Pants (\$35.00) | <input type="checkbox"/> Cross Country Uniform (\$75.00) |
| <input type="checkbox"/> Football Pads (shoulder \$100.00, \$25.00 knee/thigh) | <input type="checkbox"/> Girls Volleyball Uniform (\$75.00) |

Estimated Replacement Cost \$: _____

By signing below, I agree to the loan of this/these item(s) to the student listed. I agree to see that it/they is/are properly cared for and maintained. I further agree that this/these item(s) is/are received in good condition except as noted at the bottom of this form. Pursuant to Education Code section 48904, in the event that this/these item(s) is/are damaged beyond normal wear and tear, altered, lost, or stolen, I agree that I am financially responsible and will be required to pay Century Elementary School of the Clovis Unified School District for the full cost of the repairs or replacement. The assessed value and/or damage shall be determined by Century Elementary School and/or by the maker of the item(s). I further agree to return this/these item(s) at any time upon request of the school.

Check out Date: ____/____/____ Return Date: ____/____/____

Parent/Guardian Name: _____
(Please print)

PARENT/GUARDIAN SIGNATURE: _____

STUDENT SIGNATURE: _____

SCHOOL EMPLOYEE SIGNATURE: _____

Buchanan Area Elementary Athletic Code of Conduct

Buchanan Area elementary schools provide opportunities for 4th, 5th, and 6th grade students to be involved in an athletic program. Our athletic program goals are to teach and develop proficiency in the skills associated with each sport, to develop the personal qualities of self-discipline, team commitment, sportsmanship, and to exhibit school pride.

All students must have parent permission, insurance verification, and abide by the Athletic Code of Conduct to participate. All teams are coached by staff members and/or walk-on coaches. The maximum number of hours of practice per week for all sports during the season shall not exceed three (3) hours per week, but not to exceed more than 1 ½ hours per day. All students must practice at least three (3) hours prior to a competition. Football and wrestling require six (6) hours of practice prior to a competition.

“Code of Conduct”

As a participant in a Buchanan Area co-curricular program, I recognize that I have assumed certain responsibilities and obligations to the coach/advisor, to the other members of the activity, and to myself. As such, I understand and agree with the requirements of this code of participation.

- I. I must maintain a certain level of scholarship (2.0 GPA minimum) with no failing grades.
- II. Athletic eligibility is determined on 9/29, 10/20, 11/9, 12/22, 1/19, 2/23, 4/6, and 5/4.
- III. Students who do not meet the eligibility criteria at one grading period are placed on probation. They may practice and compete with site intervention to address the academic concerns until the following grading period.
- IV. Students who do not meet the eligibility criteria at two consecutive grading periods will result in the student being ineligible. Ineligible students may tryout and practice, but may not compete or join team activities.
- V. I will be a student of good character. I understand that getting in trouble during the school day impacts my co-curricular activity and consequences may be added by my coach. A suspension from school will result in 5 days of non-privilege where I will not be allowed to participate in practice, games, and all co-curricular events.
- VI. I will abide by all practice, meeting, rehearsal, and game schedules for the activities I participate in during the school year. When possible, I will inform my coach in advance if I must miss a practice, meeting, and/or game.
- VII. I will participate in the activity with a positive attitude and strive to learn the skills necessary to contribute to the effort of my team and/or group.
- VIII. I will respect and care for all property and/or equipment issued. A fee will be charged for lost or damaged items.
- IX. If a student quits before the 1st league competition, he/she may pursue a spot on another team but may not play on that sport's varsity squad. If a student quits after the 1st league competition, he/she is not to join another team until the sport's season has ended.

Student Signature _____ **Date:** _____

Parent Signature _____ **Date:** _____

**CENTURY ELEMENTARY SCHOOL
PARENT/GUARDIAN CODE
OF ETHICAL CONDUCT AND EXPECTATIONS**

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

EXPECTATIONS:

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

- be a positive role model for my student, the school, and community
- display a positive attitude and behavior
- show respect for all participants, officials/judges and advisors/coaches
- assist in providing for student safety and welfare at all times
- encourage my student to attend school regularly and excel academically
- inform my student of the dangers of using and discourage the use of any illegal drugs, alcohol, or tobacco
- abide by the CUSD regulations regarding tobacco, drugs and alcohol
- encourage involvement and partnerships from the community

GRIEVANCE PROCEDURE

It is Century Elementary School's policy that grievances should not be addressed during or immediately following any practice or activity. If a situation arises where a parent/guardian wishes to meet with an advisor/coach, or address a specific issue or complaint, the following steps should be followed:

1. Request a meeting at school with the advisor/coach.
2. If your problem is unresolved, arrange an appointment with the school administrator that is in charge of the specific program.
3. If your problem is still unresolved, the appeal process outlined in District Policy will apply.

Please read, sign the acknowledgement sheet and keep this sheet for your reference.

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THE UNDERSIGNED HAS READ THE CENTURY ELEMENTARY SCHOOL PARENT/GUARDIAN CODE OF ETHICAL CONDUCT AND EXPECTATIONS AND FULLY UNDERSTANDS IT.

Signed , sealed and delivered this _____ day of _____, 20 __.

CAUTION: READ BEFORE SIGNING BELOW

X _____
Parent/Guardian

X _____
Witness

X _____
Parent/Guardian

X _____
Witness

Student Name _____

Sport _____



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.

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

Keep Their Heart in the Game

A Sudden Cardiac Arrest Information Sheet for Athletes and Parents/Guardians

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the victim to collapse. The malfunction is caused by a congenital or genetic defect in the heart's structure.

How common is sudden cardiac arrest in the United States?

As the leading cause of death in the U.S., there are more than 300,000 cardiac arrests outside hospitals each year, with nine out of 10 resulting in death. Thousands of sudden cardiac arrests occur among youth, as it is the #2 cause of death under 25 and the #1 killer of student athletes during exercise.

Who is at risk for sudden cardiac arrest?

SCA is more likely to occur during exercise or physical activity, so student-athletes are at greater risk. While a heart condition may have no warning signs, studies show that many young people do have symptoms but neglect to tell an adult. This may be because they are embarrassed, they do not want to jeopardize their playing time, they mistakenly think they're out of shape and need to train harder, or they simply ignore the symptoms, assuming they will "just go away." Additionally, some health history factors increase the risk of SCA.

**FAINTING
is the
#1 SYMPTOM
OF A HEART CONDITION**

What should you do if your student-athlete is experiencing any of these symptoms?

We need to let student-athletes know that if they experience any SCA-related symptoms it is crucial to alert an adult and get follow-up care as soon as possible with a primary care physician. If the athlete has any of the SCA risk factors, these should also be discussed with a doctor to determine if further testing is needed. Wait for your doctor's feedback before returning to play, and alert your coach, trainer and school nurse about any diagnosed conditions.

What is an AED?

An automated external defibrillator (AED) is the only way to save a sudden cardiac arrest victim. An AED is a portable, user-friendly device that automatically diagnoses potentially life-threatening heart rhythms and delivers an electric shock to restore normal rhythm. Anyone can operate an AED, regardless of training. Simple audio direction instructs the rescuer when to press a button to deliver the shock, while other AEDs provide an automatic shock if a fatal heart rhythm is detected. A rescuer cannot accidentally hurt a victim with an AED—quick action can only help. AEDs are designed to only shock victims whose hearts need to be restored to a healthy rhythm. Check with your school for locations of on-campus AEDs.



The Cardiac Chain of Survival

On average it takes EMS teams up to 12 minutes to arrive to a cardiac emergency. Every minute delay in attending to a sudden cardiac arrest victim decreases the chance of survival by 10%. Everyone should be prepared to take action in the first minutes of collapse.

Early Recognition of Sudden Cardiac Arrest



Collapsed and unresponsive.
Gasping, gurgling, snorting, moaning or labored breathing noises.
Seizure-like activity.

Early Access to 9-1-1



Confirm unresponsiveness.
Call 9-1-1 and follow emergency dispatcher's instructions.
Call any on-site Emergency Responders.

Early CPR



Begin cardiopulmonary resuscitation (CPR) immediately. Hands-only CPR involves fast and continual two-inch chest compressions—about 100 per minute.

Early Defibrillation



Immediately retrieve and use an automated external defibrillator (AED) as soon as possible to restore the heart to its normal rhythm. Mobile AED units have step-by-step instructions for a bystander to use in an emergency situation.

Early Advanced Care



Emergency Medical Services (EMS) Responders begin advanced life support including additional resuscitative measures and transfer to a hospital.

Keep Their Heart in the Game

Recognize the Warning Signs & Risk Factors of Sudden Cardiac Arrest (SCA)

Tell Your Coach and Consult Your Doctor if These Conditions are Present in Your Student-Athlete

Potential Indicators That SCA May Occur

- Fainting or seizure, especially during or right after exercise
- Fainting repeatedly or with excitement or startle
- Excessive shortness of breath during exercise
- Racing or fluttering heart palpitations or irregular heartbeat
- Repeated dizziness or lightheadedness
- Chest pain or discomfort with exercise
- Excessive, unexpected fatigue during or after exercise

Factors That Increase the Risk of SCA

- Family history of known heart abnormalities or sudden death before age 50
- Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- Family members with unexplained fainting, seizures, drowning or near drowning or car accidents
- Known structural heart abnormality, repaired or unrepaired
- Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks or performance-enhancing supplements

What is CIF doing to help protect student-athletes?

CIF amended its bylaws to include language that adds SCA training to coach certification and practice and game protocol that empowers coaches to remove from play a student-athlete who exhibits fainting—the number one warning sign of a potential heart condition. A student-athlete who has been removed from play after displaying signs or symptoms associated with SCA may not return to play until he or she is evaluated and cleared by a licensed health care provider. Parents, guardians and caregivers are urged to dialogue with student-athletes about their heart health and everyone associated with high school sports should be familiar with the cardiac chain of survival so they are prepared in the event of a cardiac emergency.

I have reviewed and understand the symptoms and warning signs of SCA and the new CIF protocol to incorporate SCA prevention strategies into my student's sports program.

STUDENT-ATHLETE SIGNATURE

PRINT STUDENT-ATHLETE'S NAME

DATE

PARENT/GUARDIAN SIGNATURE

PRINT PARENT/GUARDIAN'S NAME

DATE

For more information about Sudden Cardiac Arrest visit

California Interscholastic Federation
<http://www.cifstate.org>

Eric Paredes Save A Life Foundation
<http://www.epsavealife.org>

CardiacWise (20-minute training video)
<http://www.sportsafetyinternational.org>

