



Douglass Sport Physical Information Packet



You Will Need To Fill Out These Forms

- Medical Statement and Parents Consent Card (sports physical)
- Athletic Release Emergency Card (Please fill out both forms)
- Release of Liability and Assumption of Risk Agreement
- Student/Parent Acknowledgement of the Provisions of Activities
- Code of Conduct Form (parent and student signature)
- Transportation Form (must be filled out)
- Concussion Information Sheet
- Include a Copy of Medical/Insurance Card

Lion Code: Be Safe, Be Respectful, Be Responsible



Health Statement And Parent's Consent

M _____ F _____ Grade _____

Student's Name _____
(Last) (First) (Initials)

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

(DOCTOR'S SIGNATURE) (DATE)

(TITLE) (STATE LICENSE)

Has the student had any injury or physical condition that should be watched? _____
If yes, please list: _____

Parent To Complete

Please list student's health or accident insurance, list company, policy number, and local claims address

(COMPANY NAME) (POLICY NUMBER)

(CLAIMS OFFICE ADDRESS)

I hereby give my consent for the above-mentioned student to compete in sports. I authorize the student to go with and be supervised by a representative of the school on any trips. In case this student becomes ill or is injured, you are authorized to have the student treated and I authorize the medical agency to render the treatment.

(DATE) (SIGNATURE OF PARENT OR GUARDIAN)

THIS CARD IS TO BE FILED IN THE SCHOOL OFFICE

Douglass Middle School –Athletic Release Card

M ____ F ____ Grade _____ Date _____

Name _____
Last First Home Phone

Address _____

Insurance Coverage _____

Physical _____
Date Doctor Phone number

Father's Name _____

Employer _____ Phone Number _____

Mother's Name _____

Employer _____ Phone Number _____

Alternate _____
Name Relationship Phone Number

Parent's Signature _____

Douglass Middle School –Athletic Release Card

M ____ F ____ Grade _____ Date _____

Name _____
Last First Home Phone

Address _____

Insurance Coverage _____

Physical _____
Date Doctor Phone number

Father's Name _____

Employer _____ Phone Number _____

Mother's Name _____

Employer _____ Phone Number _____

Alternate _____
Name Relationship Phone Number

Parent's Signature _____

***Please fill out both parts**

INTERSCHOLASTIC ATHLETIC ACTIVITIES PARTICIPATION

Douglass Middle School _____ School Year

This is a release of liability and assumption of risk agreement. Read it carefully and sign below. Completion of this release is a prerequisite to participation in any interscholastic activity. This release essentially says that my son/daughter _____ (name of student) is going to participate in _____ (name of sport), an athletic activity. If he/she is hurt, injured or even dies, we (i.e., the student, parents and heirs) will not make a claim against or sue the Woodland Joint Unified School District (hereinafter WJUSD), its trustees, officers, employees and agents, or expect them to be responsible or pay for any damages.

We, the undersigned, understand and acknowledge that _____ (name of student) has voluntarily chosen to participate in this athletic activity. We know and fully understand that any athletic activity, including _____ (name of sport/s) involves numerous risks, dangers and hazards, both known and unknown, where serious accidents can occur, participants can sustain physical injuries, damage to their property, and even die. Regardless of whether the athletic activity involves physical contact or not, all athletic activities and sports have inherent risks of injury which are inseparable from the activity. We acknowledge and willingly assume all risks and hazards of potential injury and death in this athletic activity, whether in practice, any conditioning activities including weight training, games, meets, or any other type of competition, including any transportation to or from any such event.

_____ 's (name of student) participation in this activity is purely voluntary and it is being done at his/her own risk.

In consideration for WJUSD allowing the student to participate in this athletic activity, we voluntarily agree to release, waive, discharge, and hold harmless WJUSD and their trustees, officers, employees and agents from any and all claims of liability arising out of their negligence, or any other act or omission which causes the student illness, injury death and damages of any nature in any way connected with the student's participation in this activity/s. We also expressly agree to release and discharge WJUSD, its trustee's officer, employees and agents from any act or omission of negligence in rendering or failing to render any type of emergency or medical services.

As parent or legal guardian of the student/participant under 18 years of age, I have read and voluntarily agree that my son/daughter may participate in this athletic activity, and I sign this release on their behalf. *In signing this document, I fully recognize and understand that if my son/daughter is hurt, dies or his/her property is damaged, I am giving up their right and the right of their parents and heirs to make a claim or file a lawsuit against WJUSD, it's trustees, officers, employees and agents.*

California Law provides as follows: "All persons making the field trip or excursion shall be deemed to have waived all claims against the district 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 such claims". (Education Code Section 35330)

WE THE UNDERSIGNED, HAVE READ THIS DOCUMENT. WE UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS. WE FURTHER UNDERSTAND THAT WE ARE ASSUMING ALL RISKS INHERENT IN THIS ATHLETIC ACTIVITY. WE VOLUNTARILY SIGN OUR NAME AS EVIDENCE OF OUR ACCEPTANCE OF THE ABOVE PROVISIONS, PARTICIPATION IN THE ACTIVITY AND ANY FIELD TRIP OR EXCURSION ASSOCIATED WITH IT.

Date: _____

(Signature of Student/Participant)

Date: _____

(Signature of Parent or Legal Guardian if Participant is under 16 years of age)

WOODLAND JOINT UNIFIED SCHOOL DISTRICT
Athletics Handbook

•ATTENTION•
PARENT/GUARDIANS AND STUDENTS

ACKNOWLEDGEMENT OF PROVISIONS TO ATHLETICS

In order for students to participate in any athletic program of the WJUSD, both the student and the parent or guardian must sign the form below.

NOTE: It is the parent/guardian's and student's responsibility to ensure that this form and the Code of Conduct for Interscholastic Student-Athletes, is signed, dated, and returned to the athletic secretary prior to the student commencing participation on an athletic team.

Before agreeing to participate in athletics program at any school within the Woodland Joint Unified School District, the student and his/her parent/guardian must review and agree to abide by the provisions in the District's **Athletics Handbook** and complete the signature portions of this page. Please sign and return this document and the Code of Conduct for Inter-Scholastic Student Athletics to the Athletics Director with all other clearance card items.



We have read, and we understand and agree to the responsibilities outlined in the Athletics Handbook. We also understand and agree that failure of the student to comply with any provision in the Handbook may result in suspension or revocation of the privilege to participate in athletics.

Student Signature

Date

Parent/Guardian Signature

Date

Please sign and return to the athletic secretary in the student store.

WOODLAND JOINT UNIFIED SCHOOL DISTRICT Athletics Handbook

WOODLAND JOINT UNIFIED SCHOOL DISTRICT Code of Conduct for Interscholastic Student-Student athletes

Interscholastic athletic competition should demonstrate high standards of ethics, sportsmanship and promote the development of good character and other important life skills. The highest potential of sports is achieved when participants are committed to pursuing victory with honor according to six core principles: trustworthiness, respect, responsibility, fairness, caring and good citizenship (the "Six Pillars of Character"). This Code applies to all student-student athletes involved in interscholastic sports in California. I understand that, in order to participate in high school athletics, I must act in accordance with the following:

TRUSTWORTHINESS

1. Trustworthiness—be worthy of trust in all I do.
 - Integrity*—live up to high ideals of ethics and sportsmanship and always pursue victory with honor, do what's right even when it's unpopular or personally costly.
 - Honesty*—live and compete honorably; don't lie, cheat, steal or engage in any other dishonest or unsportsmanlike conduct.
 - Reliability*—fulfill commitments; do what I say I will do; be on time to practices and games.
 - Loyalty*—be loyal to my school and team; put the team above personal glory.

RESPECT

2. *Respect*—treat all people with respect all the time and require the same of other student-student athletes.
3. *Class*—live and play with class; be a good sport; be gracious in victory and accept defeat with dignity; give fallen opponents help, compliment extraordinary performance, show sincere respect in pre- and post-game rituals.
4. *Disrespectful Conduct*—don't engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual or racial nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.
5. *Respect Officials*—treat contest officials with respect; don't complain about or argue with official calls or decisions during or after an athletic event.

RESPONSIBILITY

6. *Importance of Education*—be a student first and commit to getting the best education you can. Be honest with yourself about the likelihood of getting an athletic scholarship or playing on a professional level and remember that many universities will not recruit student-student athletes who do not have a serious commitment to their education, the ability to succeed academically or the character to represent their institution honorably.
7. *Role-Modeling*—Remember, participation in sports is a privilege, not a right and that I am expected to represent my school, coach and teammates with honor, on and off

the field. Consistently exhibit good character and conduct as a possible role model. Suspension or termination of the participation privilege is within the sole discretion of the school administration.

8. *Self-Control*—exercise self-control; don't fight or show excessive displays or anger or frustration; have the strength to overcome the temptation to retaliate.
9. *Healthy Lifestyle*—safeguard your health; don't use any illegal or unhealthy substances including alcohol, tobacco and drugs or engage in any unhealthy techniques to gain, lose or maintain weight.
10. *Integrity of the Game*—protect the integrity of the game; don't gamble. Play the game according to the rules.

FAIRNESS

11. *Be Fair*—live up to high standards of fair play; be open-minded; always be willing to listen and learn.
12. *Concern for Others*—demonstrates concern for others; never intentionally injure any player or engage in reckless behavior that might cause injury to yourself or others.
13. *Teammates*—help promote the well-being of teammates by positive counseling and encouragement or by reporting any unhealthy or dangerous conduct to coaches.

CITIZENSHIP

14. *Play by the Rules*—maintain a thorough knowledge of and abide by all applicable game and competition rules.
15. *Spirit of Rules*—honor the spirit and the letter of rules; avoid temptations to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship.

I have read and understand the requirements of this Code of Conduct. I understand that I am expected to perform according to this code and I understand that there may be sanctions or penalties if I do not.

Student-Athlete Signature

Date

DOUGLASS MIDDLE SCHOOL PARENT'S CODE OF CONDUCT

DMS athletics believes parents play a vital role in the development of student-athletes. Therefore, we ask that this code of conduct be followed during all athletic events.

- I will encourage good sportsmanship by being a positive role model for my child.
- I will remember that children participate to have fun and that the game is for the youth, not adults.
- I will try my best to make athletics a positive experience for everyone involved, i.e., participants, coaches, officials, and spectators.
- I will insist my child treat other players, coaches, officials, and fans with respect.
- I will do my best to understand and appreciate the rules of the contest.
- I will show appreciation for an outstanding play by either team.
- I will be a “team” fan, not a “my child” fan.
- I will help my child learn that success is measured by the development of skills, not winning or losing.
- I will refrain from coaching my child or other players during an athletic event.
- If I have a concern, I will talk to the coach at the appropriate time and place, i.e., never before, during, or immediately after a contest.
- I will remember that my ticket to a school athletic event provides me with the privilege of observing the contest, not berating officials, coaches, or players.
- I will respect the officials and their authority during games and will never confront/harass an official during or after an athletic event.
- I will refrain from using drugs, tobacco, and alcohol prior to, or during an athletic event.

I have read and will abide by the DMS Parent Code of Conduct.

Parent/Guardian Signature _____ Date _____

Woodland Joint Unified School District
STUDENT ALTERNATE TRANSPORTATION FORM

Students participating in off-campus District-sponsored activities, including, but not limited to, practices, games, meetings, competitions, and conferences (“Events”), are required to travel on school buses or by other District-designated methods of transportation. Under special circumstances, with the District’s prior written approval, Students may be transported to and from Events by: (1) the student’s parent/guardian; (2) other designated adult; (3) student himself/herself.

Before the District grants a request for alternate transportation, the Student Alternate Transportation Form must be submitted to the School Office after it has been signed by the Student, the Student’s parent/ legal guardian, and the District employee supervising the Event. Parent/Guardians transporting only their child to and from activities will only need to fill out the Student Alternate Transportation Form. Before the Student Alternate Transportation Form will be accepted and approved by the School Office for other designated adults or for student drivers, these individuals must also complete and file with the School Office an acceptable (a) Personal Automobile Use Form (for parents/ guardians/designated adults) or (b) Student Personal Automobile Use Form (if the Student intends to drive himself/herself to Events).

If the required Forms are not submitted to and accepted by the School Office 48-hours before an Event, the Student must be transported to and from the Event through normal District-sponsored methods. A Student not complying with these provisions will not be allowed to attend or participate in the Event.

Name of Student:	
Event(s): Each approved Event or series of Events must be listed:	
Date(s):	
Reason for Request:	
Name of Designated Driver(s): Student and/or Designated Adult(s)	

In the event of an emergency, another district-approved designated driver, other than the driver(s) listed above, may transport your student to and from the district sponsored activity.

I/we agree that the designated drivers and vehicles to be used are not covered under the District’s automobile liability coverage. The Student, his/her parent(s)/guardian(s), and/or the driver of the vehicle are solely responsible for damage or injury to others. I/we also agree that the Student and anyone else in the vehicle assume their own risk of harm, injury or death arising from this choice for alternate transportation. The Student, his/her parent(s)/legal guardian(s), and/or the vehicle driver further agree to hold the District and its officers, employees and volunteers free from any liability arising from this alternate transportation, agreeing also to defend and indemnify them against any resulting claim.

Printed Name of Student	Signature	Date
Printed Name of Parent/Guardian	Signature	Date
Printed Name of Supervising Employee	Signature	Date

Date Received by District:	Received/Approved by:
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Woodland Joint Unified School District Concussion and Head Injury Information Sheet

Student:	Address:	
Grade:	Telephone:	
School:	School Year:	DOB:

Pursuant to Education Code Section 49475, before a student may try-out, practice, or compete in an District sponsored extracurricular athletic program, including interscholastic, intramural, or other sport or recreation programs (including cheer/dance teams and marching band), but excluding physical education courses for credit, the student and parent/legal guardian must review and execute this Concussion and Head Injury Information Sheet. Once signed, the sheet is good for one academic year (Fall through Spring) and is applicable to all athletic programs in which the student may participate.

Important Information Regarding Concussions

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:

CIF Bylaw 313, CONCUSSION PROTOCOL

A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at the time for the remainder of the day. A student-athlete who has been removed from play may not return to play until the athlete is evaluated by a licensed health care provider trained in education and management of concussion and receives written clearance to return to play from that health care provider. (Approved May 2010 Federated Council)

Q: What is meant by "licensed health care provider?"

A: The "scope of practice" for licensed health care providers and medical professionals is defined by California state statutes. This scope of practice will limit the evaluation to a medical doctor (MD) or doctor of osteopathy (DO).

You should inform your child's coach if you think that your child may have a concussion. Remember it is better to miss one game than to 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.edc.gov/ConcussionInYouthSports/>

Depending on the circumstances of a particular practice or game, a supervising administrator, referee/umpire, coach/assistant coach, athletic trainer, or attending health care provider may determine that a student must be removed from an activity based on a suspected or potential concussion or head injury. The following guidelines will be used: (1) in the case of an actual or perceived loss of consciousness, the student must be immediately removed from the activity; (2) in all other cases, standardized concussion assessment tools (e.g., Sideline Concussion Assessment Tool (SCAT-II), Standardized Assessment of Concussion (SAC), or Balance Error Scoring System (BESS) protocol) will be used as the basis to determine whether the student should be removed from the activity. For the safety and protection of the student, once a supervising individual makes a determination that a student must be withdrawn from activity due to the potential existence of a concussion or head injury; no other coach, player, parent or other involved individual may overrule this determination.

Once a student is removed from an activity, the parent/guardian should promptly seek a medical evaluation by a licensed health care provider, even if the student does not immediately describe or show physical symptoms of a concussion.

Signs Observed by Parents or Guardians	Symptoms Reported by Athlete
<ul style="list-style-type: none"> • Appears dazed or stunned • Is confused about assignment or position • Forgets an instruction • Is unsure of game, score, or opponent • Moves clumsily • Answers questions slowly • Loses consciousness (<i>even briefly</i>) • Shows mood, behavior, or personality changes • Can't recall events <i>prior</i> to hit or fall • Can't recall events <i>after</i> hit or fall 	<ul style="list-style-type: none"> • Headache or "pressure" in head • Nausea or vomiting • Balance problems or dizziness • Double or blurry vision • Sensitivity to light or noise • Feeling sluggish, hazy, foggy, or groggy • Concentration or memory problems • Confusion • Just not "feeling right" or is "feeling down"

If the student reports or shows any of these symptoms, immediate medical health care should be obtained. If a parent or legal guardian is not immediately available to make health care decisions, the District reserves the right to have the student taken for emergency or urgent evaluation or medical care in keeping with the authorization contained in the Agreement for Team Participation.

Dated: _____

Dated: _____

Student: _____

Adult: _____

Signature: _____

Signature: _____