



Marina Village Middle School

ATHLETIC PACKET

Student Name _____ Grade _____

Sports (please mark ALL that apply):

- | | |
|--|--|
| <input type="checkbox"/> Boys Volleyball (fall sport) | <input type="checkbox"/> Boys Basketball (winter sport) |
| <input type="checkbox"/> Girls Volleyball (fall sport) | <input type="checkbox"/> Girls Basketball (winter sport) |
| <input type="checkbox"/> Cross Country (fall sport) | <input type="checkbox"/> Track and Field (spring sport) |

Marina Village offers a wide range of after school athletic opportunities. Students of all grade levels have the opportunity to participate. Tryouts are required for volleyball and basketball, all other sports are non-cut where anyone can participate. Athletes should attend all tryouts, but if there is an extreme circumstance, they will not be denied a chance to make the team. In this case the coach and AD need to be informed prior to missing. Teams participate against other schools in the Foothill Athletic League.

In order to participate in athletics (including tryouts and practices) you must meet the eligibility terms and return ALL papers included in this packet PRIOR to the start of tryouts.

- A minimum grade point average of 2.0 without any F's on current/preceding grading period. Students whose grades fall below a 2.0 grade point average at the end of the grading period (progress or trimester) will be ineligible for the remainder of the season and be **removed from the team**.
- 80 merits for the trimester
- A current physical exam on file (valid for one calendar year)

Members of sports teams at school are expected to act as exemplary citizens of the school and community. They are expected to demonstrate 100% effort in all classes and show good sportsmanship, a cooperative attitude with teachers, and always giving 100% in Physical Education activities. Students must attend a minimum of four periods or four hours on a game day or they will be ineligible for that day's competition.

Please find the following forms, attach, and complete before submitting to the Athletic Director. This packet must be completed and submitted PRIOR to your student trying out or participating in athletics.

- ☐ MVMS Athletic Packet Cover Page and Check List (page 1)
- ☐ Sports Physical Examination Form (completed and signed by a doctor) (page 2)
- ☐ Agreement for Team Participation (pages 3-4)
- ☐ Concussion and Head Injury Information Sheet (page 5)
- ☐ Marina Village Middle School Athletics Donation Form (page 6)

Rescue Union School District - SPORTS PHYSICAL EXAMINATION FORM

PART I (TO BE COMPLETED BY STUDENT AND PARENT(S OR GUARDIAN))

| | | | | |
|-----------|------------|--------------|--------------|-------------------|
| LAST NAME | | FIRST NAME | | GRADE |
| BIRTHDATE | FALL SPORT | WINTER SPORT | SPRING SPORT | STUDENT ID NUMBER |

HEALTH HISTORY (Must be completed prior to the examination)

| 1. | Yes | No | Has this student had any: | 16. | Yes | No | Does this student: |
|-----|--------------------------|--------------------------|--|-----|--------------------------|--------------------------|---|
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Chronic or recurrent illness? | 17. | <input type="checkbox"/> | <input type="checkbox"/> | Wear eyeglasses or contact lenses? |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Illness lasting over 1 week? | 18. | <input type="checkbox"/> | <input type="checkbox"/> | Wear dental bridges, braces or plates? |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Hospitalizations or Surgery? | | | | Take any medications? (List below): |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Nervous, psychiatric, or neurologic condition? | | <u>Yes</u> | <u>No</u> | <u>Is there any history of:</u> |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Loss or nonfunctioning of organs (eye, kidney, liver, testicle) or glands? | 19. | <input type="checkbox"/> | <input type="checkbox"/> | Injuries requiring medical care or treatment? |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Allergies (medicines, insect bites, food)? | 20. | <input type="checkbox"/> | <input type="checkbox"/> | Neck or back pain or injury? |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Problems with heart or blood pressure? | 21. | <input type="checkbox"/> | <input type="checkbox"/> | Knee pain or injury? |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Chest pain or severe shortness of breath with exercise? | 22. | <input type="checkbox"/> | <input type="checkbox"/> | Shoulder or elbow pain or injury? |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Dizziness or fainting with exercise? | 23. | <input type="checkbox"/> | <input type="checkbox"/> | Ankle pain or injury? |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Fainting, bad headaches or convulsions? | 24. | <input type="checkbox"/> | <input type="checkbox"/> | Other joint pain or injury? |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Concussion or loss of consciousness? | 25. | <input type="checkbox"/> | <input type="checkbox"/> | Broken bones (fractures)? |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Heat exhaustion, heatstroke, or other problems with heat? | | <u>Yes</u> | <u>No</u> | <u>Further history:</u> |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | Racing heart, skipped, irregular heartbeats, or heart murmur? | 26. | <input type="checkbox"/> | <input type="checkbox"/> | Birth defects (corrected or not)? |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | Seizures? | 27. | <input type="checkbox"/> | <input type="checkbox"/> | Death of parent or grandparent less than 40 years of age due to medical cause or condition? |
| | | | Severe or repeated instances of muscle cramps? | 28. | <input type="checkbox"/> | <input type="checkbox"/> | Parent or grandparent requiring treatment for heart condition less than 50 years of age |
| | | | Date of last known tetanus (lockjaw) shot: _____ | 29. | <input type="checkbox"/> | <input type="checkbox"/> | Been seen by a physician on an emergency or urgent basis in the last 12-months? |
| | | | Date of last complete physical examination: _____ | | | | |

Explain all "YES" answers here along with any other fact or circumstance that should be disclosed to the examining physician (use reverse of form if needed):

PARENT/GUARDIAN'S AUTHORIZATION: I authorize a physician to perform a Sports Physical Evaluation on the student. The information set forth above is complete and accurate and I know of no reason why the student cannot fully and safely participate in the listed sports. I understand that this is solely a screening examination and that the absence of any health conditions or concerns listed below does not mean that student is free from actual or potential harmful health conditions that may cause the student injury or death while participating in sports. Any question or concern I may have regarding the student's health or safety will be referred to our personal physician for review and evaluation.

| | | | |
|----------------------------------|--|---------------------------------|------------|
| PRINT NAME OF PARENT OR GUARDIAN | | SIGNATURE OF PARENT OR GUARDIAN | |
| ADDRESS | | WORK PHONE | HOME PHONE |
| REGULAR PHYSICIAN'S NAME | | OFFICE PHONE | DATE |

PART II (TO BE COMPLETED BY THE EXAMINING PHYSICIAN)

| | NORMAL | ABNORMAL (Describe) | |
|-------------------------------------|--------|-----------------------|--|
| Eyes/Ears/Nose/Throat | | | Height: |
| Skin | | | Weight: |
| Heart | | | Pulse: After Ex: |
| Abdomen | | | BP: |
| Genital/hernia (males) | | | <u>Recommendation:</u> |
| Musculoskeletal: | | | <input type="checkbox"/> Unlimited participation |
| a. Neck/Spine/Shoulders/Back | | | <input type="checkbox"/> Limited participation/specific sports, events or activities |
| b. Arms/Hands/Fingers | | | <input type="checkbox"/> Clearance withheld pending further testing/evaluation |
| c. Hips/Thighs/Knees/Legs | | | <input type="checkbox"/> No athletic participation |
| d. Feet/Ankles | | | <i>One of the above MUST be checked.</i> |
| Neurologic Screening Exam (NSE) | | | |
| Comments: | | | |
| PRINT NAME OF PHYSICIAN (M.D. Only) | | PHYSICIAN'S SIGNATURE | DATE |

RESCUE UNION SCHOOL DISTRICT
AGREEMENT FOR TEAM PARTICIPATION

(INCLUDING WAIVER AND RELEASES OF POTENTIAL CLAIMS, AND STATEMENT OF OTHER OBLIGATIONS)

All sections of this Agreement must be completed with the signed original delivered to the School Office BEFORE a student will be allowed to participate in any manner in the activity defined below.

| | |
|------------------|------------|
| Name of Student: | Address: |
| Grade: | DOB: |
| School: | Telephone: |
| Sport/Activity: | |

In Consideration for the Student's ability to participate in the Team [including any Sport, Cheerleading, Dance, or Marching Band], including tryouts for the Team, participation in Team practices or training sessions, receiving coaching, training, and direction, participating in Team event, shows, performances, and competitions, and traveling to and from any foregoing activities ("Team Activities"), the student and the Parent or Legal Guardian ("Adult") signing this Agreement as follows:

1. It is a privilege, not a right, to participate in extracurricular activities, including Team Activities. The privilege may be revoked at any time, for any reason, that does not violate Federal, State or District laws, policies or procedures. There is no guarantee that the Student will make the Team, remain on the Team, or actively participate in Team events, shows, performances, or competitions. Such matters shall remain exclusively within the judgment and discretion of the District and its employees.
2. The Student and Adult understand the nature of the Team, including the inherent or potential risks of Team Activities. The student is in sufficiently good health and physical condition to participate in Team Activities, and voluntarily wishes to participate in Team Activities. Before participating in a Team Activity, a medical clearance shall be submitted (valid for one calendar year), signed by a medical doctor (nurse practitioners, chiropractors, or other non-California licensed medical doctors are not acceptable), stating that the Student has been physically examined and is deemed to be in sufficiently good health and fitness so that the Student may fully participate in Team Activities.
3. The Student shall comply with the instruction and directions of Team Activity teachers, coaches, supervisors, chaperones, and instructors. During the Student's participation in Team Activities, as well as academic and/or other school activities, the Student shall comply with all applicable Codes of Conduct. The Student shall also generally conduct himself/herself at all times in keeping with the highest moral and ethical standards so as to reflect positively on himself/herself, the Team and the District. Failure to meet these obligations may, in the discretion of the District, result in immediate removal from Team Activities and a prohibition against any future involvement in Team Activities or other extra-curricular activities. Should the violation of these obligations also result in bodily injury or property damage during Team Activity, the Adult will (a) pay to restore or replace any property damaged as a result of the Student's violation, (b) pay any damages caused to bodily injury to an individual, and (c) defend, protect and hold the District harmless from such property damage or bodily injury claims.
4. Team Activities contain potential risks of harm or injury, including harm or injury that may lead to permanent and serious physical injury to the Student, including paralysis, brain injury, or death ("Injuries") Injuries might arise from the Student's actions or inactions, the actions or inactions of another Student or participant in Team Activity, or the actual alleged failure by District employees, agents or volunteers to adequately coach, train, instruct, or supervise Team Activities. Injuries might also arise from an actual or alleged failure to properly maintain, use, repair, or replace physical facilities or equipment available for Team Activities. Injuries might also arise from undiagnosed, improperly diagnosed, untreated, improperly treated, or ultimately treated actual or potential injuries, whether or not caused by the Student's participation in Team Activities. All such risks are deemed to be inherent to the Student's participation in Team Activities. By this agreement, the Student and Adult are deemed to fully assume all such risks and, in consideration for the right of the Student to participate in team Activities, understand and agree that to the fullest extent allowed by law they are waiving and releasing any potential future claim they might otherwise have been able to assert against the District, or any Board Member, employee, agent or volunteer of the district ("Released Parties") by or on behalf of the Student or any parent, administrator, executor, trustee, guardian, assignee or family member, and further understand that the transportation to or activities at another location are "field trips" or "excursions" for which there is complete immunity pursuant to Education Code 35330.
5. If the Student believes that an unsafe condition or circumstance exists, or otherwise feels or believes that continued participation in Team Activities might present a risk of Injury, the Student will immediately discontinue further participation in Team Activities, notify School personnel of the Student's belief, and notify a parent or guardian of the Student's belief. Any parent or guardian of the Student shall, thereafter, not allow the Student to participate in Team Activities until the unsafe condition or circumstance is remedied, with any question or concern regarding the alleged existence of the unsafe condition or circumstance addressed to their satisfaction.

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6. Emergency medical information regarding the Student is on file with the District and is current. The Adult agrees to provide updated medical information during the course of the Student's participation in Team Activities. If an injury or medical emergency occurs during Team Activities, District employees, agents or volunteers have 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.

7. California Education Code Section 32221 requires each member of a Team to have insurance protection for medical and hospital expenses resulting from bodily injuries in one of the following amounts: (a) a group or individual medical plan with accident benefits of at least \$200 for each occurrence and major medical coverage of at least \$10,000, with no more than \$100 deductible and no less than 80% payable for each occurrence; (b) group or individual medical plans which are certified by the Insurance Commissioner to be equivalent to the required coverage of at least \$1,500; or (c) at least \$1,500 for all such medical and hospital expenses. You may meet the obligation in one of two ways:

- a. Provide your own private medical and hospital expense coverage. If this option is selected, please provide _____ (name of insurance company), _____ (policy number), _____ (list of coverage dates or "continuous"). Under this option, by signing below, the Adult is certifying that the Student is presently covered under the listed Policy, the student will remain covered under the Policy during the length of the Team season, and the provided insurance coverage complies with Section 32221.
- b. Purchase insurance meeting the requirements of Section 32221, for the period during which the Student is participating on the Team, through a coverage provider made available through the District [please contact the District to gain additional information regarding this program]. If you are financially unable to pay for such insurance, a payment waiver can be submitted [forms seeking this waiver are also available from the District]. If the waiver is submitted, it remains the obligation of the Student and Adult to ensure such coverage is actually purchased; with the District assuming no liability or obligation arising from any actual alleged failure timely to assist or obtain such coverage for the student.

8. Employees, agents or volunteers of the District, members of the press or media, or other persons who may attend or participate in Team Activities, may photograph, videotape, or take statements from the Student. Such photographs, videotapes, recordings, or written statements may be published or reproduced in a manner showing the Student's name, face, likeness, voice, thoughts, beliefs, or appearance to third parties, including, without limitation, webcasts, television, motion pictures, films, newspapers, yearbooks, and magazines. Such published or reproduced items, whether or not for a profit, may be used for security, training, advertising, news, publicity, promotional, informational, or any other lawful purpose. I hereby authorize and consent to any such publications or reproductions, without compensation, and without reservation or limitation.

9. This Agreement shall be governed by the laws of the State of California. This Agreement is to be broadly construed to enforce the purposes and agreements set forth above, and shall not be construed against the Released Parties solely on the basis that this Agreement was drafted by the District. If any part of this Agreement is deemed invalid or ineffective, all other provisions shall remain in force. No oral modification of this Agreement, or alleged change or modification of its terms by subsequent conduct or oral statements, is allowed. This Agreement contains the sole and exclusive understanding of the parties, with no other representation relied upon by the Adult or Student in determining whether to execute this Agreement or in agreeing to participate in Team Activities.

BY SIGNING BELOW: (1) I AM GIVING UP SUBSTANTIAL ACTUAL OR POTENTIAL RIGHTS IN ORDER TO ALLOW THE STUDENT TO PARTICIPATE IN TEAM ACTIVITIES; (2) I HAVE SIGNED THIS AGREEMENT WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND WITH FULL APPRECIATION OF THE RISKS INHERENT IN TEAM ACTIVITIES; (3) I HAVE NO QUESTION REGARDING THE SCOPE OR INTENT OF THIS AGREEMENT; (5) I, AS A PARENT OR LEGAL GUARDIAN, HAVE THE RIGHT AND AUTHORITY TO ENTER INTO THIS AGREEMENT, AND TO BIND MYSELF, THE STUDENT, AND ANY AND ANY OTHER FAMILY MEMBER, PERSONAL REPRESENTATIVE, ASSIGN, HEIR, TRUSTEE, OR GUARDIAN TO THE TERMS OF THIS AGREEMENT; (6) I HAVE EXPLAINED THIS AGREEMENT TO THE STUDENT, WHO UNDERSTANDS HIS/HER OBLIGATIONS.

Printed Name of Parent /Guardian

Signature

Date

As the student, I understand and agree to all of the obligations placed on me by this Agreement

Printed Name of Student

Signature

Date

RESCUE UNION 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 any 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

If a Student is suspected of sustaining a concussion or head injury during an athletic activity, the Student shall be immediately removed from the activity. The Student will not be allowed to resume any participation in the activity until he/she has been evaluated by a licensed health care provider (MD or DO for CIF-governed interscholastic sports; MD, DO, nurse practitioner, or physician's assistant for all other sports/athletic activities), who must affirmatively state (1) that he/she has been trained in concussion management and is acting within the scope of his/her licensed medical practice, and (2) the student has been personally evaluated by the health care provider and has received a full medical clearance to resume participation in the activity. By law, there can be no exceptions to this medical clearance requirement.

Depending on the circumstances of a particular practice or game, a supervising referee/umpire, coach/assistant coach, athletic trainer, or attending health care provider may determine that a student should 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 (headache, pressure in the head, neck pain, nausea or vomiting, dizziness, blurred vision, balance problems, sensitivity to light or sound, feeling "slow," "foggy," or "not right," difficulty with concentration or memory, confusion, drowsiness, irritability or emotionality, anxiety or nervousness, or difficulty falling asleep). 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 _____



MARINA VILLAGE MIDDLE SCHOOL ATHLETICS DONATION FORM

We want to ensure that our athletes have appropriate equipment, up-to-date uniforms, knowledgeable coaching staff, knowledgeable officials to officiate competitions, and transportation to athletic events. A \$50.00, per athlete, per sport is requested to assist with these expenses.

Please complete this form and return with your donation.

Student Name _____

☐ Attached is my \$50.00 athletic donation

☐ Cash

☐ Check _____ (check #)

☐ I would like to make an additional donation of \$_____ to the Marina Village Athletic Department.

We appreciate your support in assisting us with maintaining the athletic program at Marina Village Middle School. Student trying out for a “cut” sport may wait until after tryouts are completed to donate. Should you have any questions, please contact our office at (916) 933-3993.