

Silver Valley Unified School District

Yermo School

HOME OF THE EAGLES

Dear Student-Athlete & Parents:

Our Mission Statement

We believe the interscholastic athletic competition should demonstrate high standards of ethics and sportsmanship while promoting the development of good character and other important life skills. We also believe that the highest potential of sports is achieved when participants are committed to pursuing victory with honor according to the six core principles: trustworthiness, respect, responsibility, fairness, caring, and good sportsmanship. This code applies to all student-athletes, coaches, and managers involved in the Yermo School Athletic Program.

Welcome to Yermo School and to the Yermo School Athletic Program. Below is a list of forms that must be completed, signed, and submitted to the coach before the student-athlete can begin practice for any sport.

1. Athletic Clearance Form: Catastrophic Clause, Certificate of Student Insurance and Parent Co-Curricular Consent Agreement
2. Silver Valley Sports Website Consent: Allows student's name to appear on school website.
3. Permission slip for Adult Pickup form: Gives permission for other named adults to pick up student(s) from sporting events.
4. **Medical History and Certificate of Physical Examination: The medical history form is to be completed by a parent/guardian *before* the Certificate of Physical Examination. The Certificate of Physical Examination form must be signed by a physician indicating that the student is physically fit to engage in School Athletics.
5. Athletic Emergency Form: Must be kept with coach at all times.
6. Athletes' Code of Conduct: From the High Desert Athletic League.
7. Parent's Code of Conduct: From the High Desert Athletic League.

**** Please make sure the Silver Valley Athletic/Activity Card packet is filled out completely. It is very important the Physician who is completing the physical signs and completes their portion on this form. Please do not use any other physical form that the physician or physician's office staff may want to use. This is the approved form through Silver Valley Unified School District and for liability reasons this is the form that is required to participate in any sports at Yermo School.**

Please return all forms to the Athletic Director or School Office

Silver Valley Unified School District
Athletic Clearance Form

Active Sport(s) Fall: _____ Winter: _____ Spring: _____
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- Part 1: Catastrophic Clause
- Part 2: Certificate of Student Insurance
- Part 3: Parent Consent of Co-Curricular Agreement
- Part 4: Website Consent
- Part 5: Adult Pickup Permission Slip

You must complete all sections of this form **before** you, the student-athlete, can participate in practices and contests. **Please Use Ink**

Please print all information

Name: _____ Grade 6 7 8
Address: _____ City _____ Zip _____
Birth Date ____/____/____ Phone # _____ Cell # _____
School Attended Last Year _____ Sex M F
Name of Doctor _____ Phone # _____ Fax # _____
Address: _____ City _____ Zip _____

1. Warning to Student-Athletes & Parents (Catastrophic Clause)

By nature, competitive athletics may put students in a situation where SERIOUS, CATASTROPHIC, and perhaps FATAL accidents may occur. By granting permission for your student-athlete to participate in athletic competition, you, the parent/guardian, acknowledge that such risks exist.

Student-Athlete's Signature _____ Date _____
Parent/Guardian's Signature _____ Date _____

2. Certificate of Student Insurance

It is the responsibility of the parent/guardian to secure insurance coverage prior to participation in athletics. Sections 32220-32224 of the Education Code require that each member of an athletic team have insurance. I certify that my student is covered by insurance as required and further, said coverage will be in force for the entire school year.

Name of Insurance Company _____ Policy # _____

3. CONSENT FOR STUDENT PARTICIPATION IN OFF-CAMPUS ACTIVITY

Dear Parents & Guardians: Your student-athlete is enrolled in an athletic program that may conduct practices and/or conditioning sessions off the Yermo School campus. Due to our growing student population and increased number of athletic teams, we cannot provide practice space for all of our groups on campus. Some sports that practice on campus have their athletes run off campus to provide variety, different terrain and more space. While off campus, students remain under the supervision of their coach or his/her adult designee. In order to have our student-athlete participate in these off-campus workouts, please sign the agreement below.

I understand and consent to the fact that my child will participate in workouts off the Yermo School campus as part of his/her participation on an athletic team. My student-athlete understands that in case of off-campus conditioning, s/he is expected to follow traffic rules, run only on sidewalks, cross only at intersections, and represent Yermo School in an honest, positive manner.

Student-Athlete's signature _____ Date ____/____/____

Parent/Guardian signature _____ Date ____/____/____

4. WEBSITE CONSENT:

For the purpose of giving recognition to student-athletes, roster listing and overall administrative organization, I hereby consent to allow Yermo school to use my student-athlete's name and photograph on Yermo School's website. This is also to be used in connection with any athletic recognition, game and banquet photos, as well has other links that show a student's likeness as associated with his/her name in caption.

Student-Athlete's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

5. ADULT PICKUP PERMISSION SLIP

To whom it may concern,

I, _____, give the following adults permission to pick up and take my child, _____ with them from any Yermo Sports (Cross-Country, Volleyball, Basketball, Soccer) game/meet/practice/event during this school year. Please list anyone authorized to pick up your child on the lines provided:

Parent/Guardian's Signature _____ Date _____

Yermo School

Medical History
TO BE COMPLETED BY PARENT/GUARDIAN
BEFORE PHYSICIAN'S PHYSICAL EXAM

Name _____ Sex _____ Age _____ DOB _____

Grade _____ School _____ Sport(s) _____

Please circle "Y" for yes, and "N" for no. (If yes, please explain)

1. Has the student-athlete had a medical illness of injury since his/her last check-up or sports physical? Y N

2. Is the student-athlete currently taking any prescription or non-prescription (over-the-counter) medication, or using an inhaler? Y N

3. Does the student-athlete have any allergies? (pollen, food, stings, etc) Y N

4. Has the student-athlete ever had a seizure? Y N

5. Has the student-athlete ever become ill from exercising in the heat? Y N

6. Is there any pertinent information that coaches or physicians should know about this student-athlete? Y N

7. Does the student-athlete wear glasses, contacts, piercings, or dental braces? Y N

8. Does the student-athlete have a history of consuming energy drinks? Y N

Parent/Guardian's Signature _____ Date _____

Yermo School CERTIFICATE OF PHYSICAL EXAMINATION

Name _____ DOB _____ / _____ / _____

Height _____ Weight _____ Pulse _____ BP _____ / _____

Please put a "√" as either Normal or Abnormal for all findings below. Please describe, in detail, all abnormal findings.

	Normal	Abnormal	Comments
Heart			
Pulses			
Lungs			
Neck			
Back			
Shoulder/Arm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle/Foot			
Other pertinent medical findings			

Additional Comments: _____

List any restrictions and durations: _____

I hereby certify that the above-named student was examined by me on _____ (date) and found to be physically fit to engage in athletics.

Physicians Signature _____

Stamp name of offices here

(Can include Doctor phone, address in lieu of stamp box or use lines within box)

Yermo School ATHLETIC EMERGENCY FORM

Name _____ Grade _____
 LAST FIRST MIDDLE

Parent/Guardian Name _____ Home Phone _____

Address _____

Father's Cell # _____ Work Phone _____

Mother's Cell # _____ Work Phone _____

In an emergency, if parents cannot be reached, please notify:

1. _____ Phone # _____ Cell # _____

2. _____ Phone # _____ Cell # _____

1. _____ Phone # _____ Cell # _____

Family Doctor _____ Phone # _____

Insurance Company _____ Phone # _____

NOTE: Please state any pertinent medical information that coaches or physicians should know about the student-athlete. (Allergies, medication, or conditions that require immediate emergency treatment such as Epi-Pen, Glucagon, inhalers, etc.)

Permission is hereby granted to the attending physician to proceed with any major or minor surgical treatment, x-ray examination or immunizations for the above-named student. In the event of an emergency arising out of serious illness, significant accidental injury, or the need for major surgery, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest and health of the above-named student may be given.

Permission is also granted to the Athletic Trainer to provide the needed first aid treatment prior to the student's admission to any medical facility.

Parent/Guardian's signature _____ Date ____/____/____

Attention Athletes!! This form will remain in the Athletic Director's files for the school season. These forms must be completed every calendar year.

Athletes' Code of Conduct

The opportunity to participate in the High Desert Athletic League is a privilege that is available to students who demonstrate respect for others and themselves, appreciation of others' talents, adherence to rules and those who regulate them, and the desire to use athletics as an avenue to develop strong character and integrity. It is believed that winning is a byproduct of training, practice, skill and teamwork, but it is not the reason schools participate in the High Desert Athletic League. The goal of this league is to develop character, fairness, ambition, and esteem for self and the group.

Students who participate in the High Desert Athletic League agree to the following:

- I am one of a team of athletes, and I appreciate that everyone is giving their best effort, as am I, and win or lose, our effort is what matters most.
- I will encourage my teammates in their effort, and I will share responsibility in victory and defeat.
- I will respect my coach and his or her direction.
- I will respect my opponents, and I will approach each competition with fairness, sportsmanship, and healthy competition.
- I will respect the referees and their judgment, and I recognize that no game will ever be decided by a referee's call. I will focus on what my teammates and I could have done differently to affect the game's outcome, rather than what the referees could have done differently.
- I will not interact with spectators, as it reduces my effectiveness on the playing field, and it encourages negative interaction between spectators and those participating in the game.
- I will refrain from behavior that is profane, argumentative, defiant, boastful or otherwise unsportsmanlike.
- When I am visiting other schools, I will respect their property, both private and public, and I will conduct myself in a manner that is appropriate and polite.
- I am a student first, and I will place academics ahead of my athletic endeavors. I understand that by not making academics my top priority, I risk losing my athletic eligibility.

Student-athletes who participate in the High Desert Athletic League understand that their behavior must adhere to the highest standards. Ultimately, students represent their coach, their school, and its administrators, their peers, and their parents. The High Desert Athletic League brings out the very best in student-athletes.

I agree to conduct myself to the standards set forth in this Athletes' Code of Conduct.

Student Signature

Date

Parent's Code of Conduct

Interscholastic and youth sports programs play an important role in promoting the physical, social, and emotional development of children. It is therefore essential for parents, coaches, and officials to encourage young athletes to embrace the values of good sportsmanship. Moreover, adults involved in youth sports events should be models of good sportsmanship and should lead by example by demonstrating fairness, respect, and self-control. Adults have the opportunity and the responsibility to each young athletes to enjoy sports for the pleasure, the camaraderie, and the competition, at all times placing sportsmanship and respect-for teammates, coaches, opponents, referees, and spectators-above all else.

As a parent/guardian of a High Desert Athletic League athlete, I pledge to be responsible for my words and actions while attending, coaching, officiating, or participating in a youth sports event and shall conform my behavior to the following Code of Conduct:

- I will respect referees and their judgment, whether or not I agree with it, and I will encourage my child to respect officials.
- I will not engage in conversations, arguments, or questions with the referees. I will not yell things to them or about them.
- My comments and cheering will only be positive in nature (ie: "Go Big Blue" or "You can do it!" as opposed to "Choke!", "That's a lousy call! etc.)
- I will not engage in profanity.
- I will respect my child's coach, and I will encourage my child to do the same.
- I will encourage and recognize effort by all young athletes.
- I understand that my behavior, good or bad, sets the example by which my child will follow. I will aspire to be an excellent role model for all children.
- I understand that my failure to control my behavior or my language may result in the loss of the privilege to participate or attend future HDAL events.

I agree to conduct myself to the standard set forth in this Code of Conduct.

Parent's Signature

Date

Parent's Signature

Date