



## ATHLETICS POLICIES AND PROCEDURES PACKET

The following student-athlete has applied to participate in an Aspire sports program:

Student Name:	Grade Level:
Home Address:	Home Phone:
Emergency Contact:	Emergency Phone:

All athletes must return the following forms to the school via their coach before they begin any practice, scrimmage, or game activities.

- Student Athletics Application
- Student Medical History
- Physical Form (within the last 6 months)
- Parent/Guardian Athletics Consent Form
- Insurance Coverage Form
- Rules and Regulations for Participation in APS Athletics Program Form
- Transportation Form
- Sports Emergency Information Card
- Code of Ethics for Athletics Agreement
- Driver's Liability Insurance Form (optional)

Please complete and return all these forms to the coach or to the school principal. Remember: you cannot start to practice or participate in athletics in any way until all the required forms are completed.



## PARENT/GUARDIAN ATHLETICS CONSENT FORM

I, the parent/guardian of \_\_\_\_\_, hereby request that my son/daughter/ward be allowed to participate in Aspire's athletic programs. I understand participation in athletics is optional and that participation by my son/daughter/ward is not required.

I agree to direct my child to cooperate and conform to the directions and instructions of the school personnel, coaches, or adult volunteers responsible for the athletics program. I understand that all students participating in sports are responsible in conduct to the coaches, teachers, or adult volunteers at all times. I will direct my student to follow the school rules at all times when involved with an Aspire athletic event, including while at games or practices, while going to or coming from an athletic event (including games, scrimmages, or practices), while under the supervision of an athletic coach, adult volunteer, or school staff member.

**AUTHORIZATION TO TREAT A MINOR.** I am not aware of any medical condition of my child that would render it inappropriate for him/her to participate in athletics. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the coach or school staff to secure proper treatment for my child. Permission is hereby granted to the attending physician to proceed with any major or minor surgical treatment, x-ray examination and immunizations for the above student. In the event of an emergency arising out of a serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If the physician is not able to communicate with me, the treatment necessary for the best interest of the above-named student may be given.

As a condition of my son/daughter participating in this activity, I hereby waive any and all claims against Aspire Public Schools for injury, accident, illness, or death occurring during or by reason of the participating in this activity.

I shall immediately defend, protect, and hold harmless Aspire Public Schools, its officers, agents, and employees from and against all damages including legal expense and attorney fees of whatever nature arising out of participation in this activity. I shall assume the settlement and defense of any suit or suits or any other legal proceedings instituted against Aspire Public Schools for injury, accident, illness, or death occurring during or by reason of my child's participation in this activity, including legal expenses and attorney fees of whatever nature arising out of his/her participation in this activity. I also agree that in the event that my child is injured as a result of his/her participation in this activity, whether or not caused by the negligence (active or passive) of the school personnel, recourse for the payment of any resulting hospital, medical, or related costs and expenses will first be had against any accident, hospital, or medical insurance or any benefit plan of mine or my spouse.

X \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

X \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_



## **RULES AND REGULATIONS FOR PARTICIPATION IN ASPIRE PUBLIC SCHOOLS' ATHLETICS PROGRAMS**

### **Eligibility**

In order to be eligible to participate in sports the student must:

- Earn a passing grade in all classes during the previous grading period.
- Earn a passing grade in all classes in which s/he is currently enrolled
- Be enrolled as a full time student.
- Be a student in good standing (citizenship and effort).
- Come to school everyday and on time.

### **Equipment and Supplies**

Each student is responsible for returning all equipment and uniforms issued to him/her. The student will be charged for any damage, misuse or loss of equipment or uniforms.

### **Team Participation Rules**

- Abide by the Code of Ethics.
- Abide by the Aspire Policies and Regulations with regard to Athletics.
- Follow school rules at all times when engaged with an Aspire athletics event.
- Avoid disciplinary infractions, including suspension.
- Do not use tobacco, alcohol, or illegal substances.
- Do not engage in vandalism or theft.

Any violation of these rules will result in the athlete's eligibility suspended for two weeks. The athlete may still practice with the team, but he/she is unable to travel with the team or to participate in any games or scrimmages. If the athlete violates any of the rules a second time, s/he will be ineligible from any athletic event (including practice, travel, scrimmages, and games) for 9 weeks. If the athlete violates any of the rules a third time, s/he will be deemed ineligible for Aspire athletics for the next 365 days.

Any violation of the above offenses may result in separate consequences from the school administration. In addition, the school administration will have the prerogative to declare ineligible any member of a team who exhibits poor citizenship.

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_ and my child have read and understand the above rules and regulations. In addition, we have received a copy of Aspire Public School's policies and regulations with regard to athletic participation. We agree to abide by all of the above rules and regulations. I give my full permission for my child to participate in the school teams this year.

**X** \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**X** \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**X** \_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE



## INSURANCE COVERAGE

The California Education Code requires by law that any student in any “educational institution,” who practices or participates in any extra-mural athletic event **MUST** be insured for a minimum of \$5,000 to cover medical expenses due to accidental injuries. Additional coverage is recommended.

It is the responsibility of the parent/guardian to provide the Accident/Injury Insurance. Aspire Public Schools cannot be held liable for medical treatment of accidental injuries incurred. **Parents/Guardians MUST do A or B below to provide insurance for their child (check one).**

Any student who needs financial assistance in purchasing medical/accident insurance for athletics should notify his/her coach or the school principal.

### **A: CERTIFICATION OF PERSONAL MEDICAL INSURANCE COVERAGE**

This is to certify that my son/daughter/ward is covered by:

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Expiration Date: \_\_\_\_\_

Copy of Insurance Policy or Card: Please attach a copy of your insurance policy or insurance card.

YES <input type="checkbox"/> NO <input type="checkbox"/>	The benefits of this policy are equal to or greater than the \$5,000 minimum required by the State of California for medical and hospital expenses.
YES <input type="checkbox"/> NO <input type="checkbox"/>	The above policy covers all interscholastic sports in which my student is participating.

### **B: PURCHASE STUDENT ACCIDENT INSURANCE**

Any parent/guardian whose son/daughter/ward is not already covered by an insurance policy with benefits equal to or greater than \$5,000 and that covers the child’s participation in all sports s/he is playing, must purchase insurance that meets these criteria. Students are not eligible to participate in any part of the athletics program until they have provided the school with proof of insurance. Application forms and information brochures will be available at the school.

YES <input type="checkbox"/> NO <input type="checkbox"/>	I am purchasing student accident insurance for my student. I understand that s/he is unable to participate in any form of athletics until proof of insurance is provided to the school.
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If yes, enclose insurance application and policy payment with this form. **DO NOT SEND PAYMENT DIRECTLY TO THE INSURANCE COMPANY AS THEY CANNOT GIVE VERIFICATION OF INSURANCE COVERAGE TO THE SCHOOL.** Include the payment (check or money order) with the insurance forms to the school office.

Complete the Reverse, Please →



## PARENT/GUARDIAN INSURANCE UNDERSTANDING AND AGREEMENT

Per Education Code 32221, Aspire Public Schools provides each member of an athletic team insurance protection for medical and hospital expenses resulting from accidental bodily injuries in an amount of at least five thousand dollars (\$5,000) through our group carrier. The coverage is offered for the injury to members of athletic teams arising while the members are engaged in or are preparing for an athletic event promoted under the sponsorship or arrangements of the Aspire Public Schools or while the athletes are being transported by or under the sponsorship or arrangements of Aspire Public Schools to or from school or other place of instruction and the place of the athletic event.

I am fully aware of the risks and hazards inherent in my son/daughter/ward engaging in this activity and I voluntarily elect, both on my behalf and on behalf of my son/daughter/ward, to have him/her engage in that activity, that the activity is such that my son/daughter/ward may be injured even if Aspire Public Schools and their agents utilize due care. I also know that Aspire Public Schools and their agents cannot guarantee my son/daughter/ward's safety and financially could not conduct this activity if it bore the risk of injury or death arising out of the activity. I therefore voluntarily assume all risks of loss, damage, injury, or death to my son/daughter/ward arising out of his/her participation in this activity.

It is my intent by this clause to exempt and relieve Aspire Public Schools and their officers, agents, and employees from any and all liability for personal injury, wrongful death, or property damage arising out of my son/daughter/ward's involvement in this activity.

Further, on behalf of myself, my son/daughter/ward, and our personal representatives, assigns, heirs, and next of kin, I hereby release, waive, discharge, and covenant not to sue Aspire Public Schools, and their officers, agents, or employees for loss or damage and any claims or demands therefore on account of injury or death to my son/daughter/ward, whether caused by negligence by Aspire Public Schools, or their employees or volunteers, where such injury or death occurs during, by reason of, or arising out of this activity.

**X**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date





**SPORTS EMERGENCY INFORMATION CARD**

**Student and Parent Information:**

Student's Name:	Parent's Name:
Student's Grade:	
Student's Date of Birth: (Month/Date/Year)	
Home Address:	
Parent's Home phone(s): Parent's Work phone(s): Parent's Cell phone/pager(s):	
Known Allergies/Current Medications/Health Problems:	

**Emergency Contact Information:**

<b>In an emergency, if the parent cannot be reached, please notify:</b>	<b>Family Physician:</b>
Name:	Name:
Relationship:	
Home phone: Work phone: Cell phone/pager:	Address:
Name:	Work Phone:
Relationship:	
Home phone: Work phone: Cell phone/pager:	Medical #:

**IMPORTANT:** I am not aware of any medical condition of my son/daughter/ward that would render it inappropriate for him/her to participate in athletics. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the coach or school staff to secure proper treatment for my son/daughter/ward.

Permission is hereby granted to the attending physician to proceed with any major or minor surgical treatment, x-ray examination and immunizations for the above student. In the event of an emergency arising out of a serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If the physician is not able to communicate with me, the treatment necessary for the best interest of the above-named student may be given. I also agree that in the event that my child is injured as a result of his/her participation in this activity, whether or not caused by the negligence (active or passive) of the school personnel, recourse for the payment of any resulting hospital, medical, or related costs and expenses will first be had against any accident, hospital, or medical insurance or any benefit plan of mine or my spouse.

**X** \_\_\_\_\_ DATE \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

**X** \_\_\_\_\_ DATE \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE



**CODE OF ETHICS FOR ATHLETICS**

It is the duty of all concerned with high school athletics to emphasize the proper ideals of sportsmanship, ethical conduct and fair play. Athletes and parents are expected to respect the integrity and judgment of officials, to show courtesy to the visiting team, and to recognize that an athletic contest is only a game, the purpose of which is to promote the physical, mental, moral, social and emotional well-being of the individual athletes. Please read the specific behavior guidelines established below for parents and athletes. Your signatures below signify your willingness to respect and abide by these Code of Ethics.

**ATHLETE’S CODE**

- 1. I will follow all school rules and procedures while involved in APS athletics; I understand that I represent my school at all times.
- 2. I will emphasize the proper ideals of sportsmanship, ethical conduct, and fair play.
- 3. I will show courtesy to visiting teams and officials; I will accept the decisions of all officials and/or referees.
- 4. I will understand thoroughly and follow the rules of the game.
- 5. I will remember that an athletic contest is only a game.
- 6. I will refrain from the use of profanity or talking “trash.”
- 7. I will refrain from the use of drugs and alcohol.
- 8. I will give allegiance to my coach, who is the sole instructional authority for my team. I will discourage fans, fellow students, and parents from undercutting my coach's authority.
- 9. I will not criticize my teammates.
- 10. I will refrain from any activity that may incite spectators.

I understand that violation of any of the above will jeopardize my athletic eligibility.

X  
STUDENT/ATHLETE’S SIGNATURE

\_\_\_\_\_  
DATE

**PARENT’S CODE**

- 1. I will emphasize the proper ideals of sportsmanship, ethical conduct and fair play.
- 2. I will remember that an athletic contest is only a game.
- 3. I will show courtesy to visiting teams and officials.
- 4. I will not criticize officials, direct abuse or profane language toward them or otherwise undermine their authority.
- 5. I will not indulge in criticism that would undermine the authority of the coach. I will direct all of my criticism to the proper school administrative authority.
- 6. I will keep a positive outlook on the school's athletic program. Constructive criticism for the program will be directed to the coaches or to the school administration.
- 7. I will not enter onto the field or court, stand on the sidelines, or yell from the bleachers to the coach or provide instructions for my son/daughter or other members of the team.

I/we understand that infractions of the above will jeopardize our son/daughter/ward’s eligibility and may result in our being barred attendance at future school athletic contests.

X  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

X  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE





**DRIVER'S LIABILITY INSURANCE FORM**

Thank you for your interest in transporting APS students on a school sponsored trip. For the children's personal liability and safety, this statement is required to be current and on file in the school office. This statement is required when a person, who is not a direct employee, drives a vehicle carrying students on a school-sponsored trip.

Name of Driver: \_\_\_\_\_

California Driver's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Year & Make of Car: \_\_\_\_\_ Model/Color: \_\_\_\_\_

Vehicle License Plate #: \_\_\_\_\_

Number of students who can be transported \_\_\_\_\_ (there must be an operable seat belt for the driver and each passenger.)

Insurance Carrier: \_\_\_\_\_ Policy#: \_\_\_\_\_

Policy Expiration Date: \_\_\_\_\_ Liability Coverage Limits: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 \$100,000 / \$300,000 / \$50,000

**CERTIFICATION OF ELIGIBILITY TO TRANSPORT STUDENTS**

YES <input type="checkbox"/> NO <input type="checkbox"/>	I have been convicted of a misdemeanor or felony drunk driving charge.
YES <input type="checkbox"/> NO <input type="checkbox"/>	I have a drunk driving charge pending.
YES <input type="checkbox"/> NO <input type="checkbox"/>	I have had a moving violation within the past year.
YES <input type="checkbox"/> NO <input type="checkbox"/>	I have more than one DMV point charged against my driving record.
YES <input type="checkbox"/> NO <input type="checkbox"/>	I understand that my own driver's liability coverage is the prime coverage in case of an accident. It is my responsibility to inform the school immediately of any material change in the above information.
YES <input type="checkbox"/> NO <input type="checkbox"/>	I currently have Liability Insurance on the vehicle I will use to transport students in the following amounts: \$100,000/\$300,000/\$50,000.
YES <input type="checkbox"/> NO <input type="checkbox"/>	I understand I shall assume responsibility for the students I transport from the time we leave school until we return, whether they are in or out of my car.

The above statements are true to the best of my knowledge.

**X** \_\_\_\_\_  
 Driver's Signature Date

**X** \_\_\_\_\_  
 School Administrator Approval Date

NOTE: Driver must attach a copy of his/her driver's license and a copy of their insurance policy or verification card that display's coverage limits. These records will be kept at the school until the end of the school year, at which time they will be securely destroyed.