



Student-Athlete Clearance Packet (2022-2023)

*Students may not participate in after school sports without these forms filed with the athletic department. (Can be dropped off in the main office, ask to put in Ms. Simmons' box)

- ___ Pg. 2 **General Information & Athlete Code of Conduct**

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- ___ Pg. 4 **COVID-19 Assumption of Risk and Waiver of Liability**

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GENERAL INFORMATION & ATHLETE CODE OF CONDUCT

Students involved in extracurricular programs, for competition is more than contests between individuals representing different schools. It is, as well, a means to learning a way of life which exemplifies the concept of honesty, fair play, hard work, leadership, friendship, and dedication to standards of the highest caliber relative to personal and team conduct. Moreover, it must be remembered that representing one's school in an extracurricular activity is a *privilege*, and not a right.

Students representing Forestville School and Academy are expected to represent the school in a manner that reflects positively about the wonderful community we are. It is for this reason that the following will need to be implemented with the cooperation of coaches, players, parents, and staff.

In the classroom:

1. Meets the academic and citizenship standards of the school.
2. Show respect for teachers and fellow students.
3. Maintains a good attendance record.
4. Must attend school the day of a scheduled game to be eligible to play.
5. Diligently pursue their studies at school and at home.

On the Campus:

1. Helps promote school spirit.
2. Sets a good example for others to follow.
3. Works for the improvement of the school.
4. Is respectful of personal and school property.

At a Game/Competition:

1. Respects the rules and decisions of the officials.
2. Is modest in victory and gracious in defeat.
3. Controls one's temper at **all** times,
4. Knows that profanity and illegal tactics are signs of poor sportsmanship.
5. Shows respect for visiting teams and their equipment.
6. Respects the regulations as well as the property of the host school.

Any student who violates any of the following rules will be subject to a minimum of one game suspension, which shall include not attending the game as a spectator to suspension from after-school activities for the rest of the year.

- Damaged or unlawfully acquired school property.
- Damaged or unlawfully acquired personal property.
- Caused physical injury to another student.
- Possessed dangerous objects
- Possessed, used, sold, furnished tobacco, drugs, alcohol or any illegal substance.
- Obscene act, profanity, vulgarity.
- Disrupted school activities, defied authority.

Procedure for implementation:

Student Conduct shall be monitored at all times by coaches, parents, and staff.

A person may ask the student's behavior be brought to question before a committee which shall consist, at a minimum, of the school principal or designee, the coach and when appropriate, and the athletic director.

The student will be told of the reason for the referral and asked to present their side of the story.

The committee will look at all matters pertaining to the case and deliberate in private without the student being present.

The student will be told of the committee's decision and the date on which the disciplinary procedure will be in effect.

I have read and understood and agree to abide by all of the above.

Student's Name: _____ Signature: _____

Parent/Guardian Name:

_____ Signature: _____



Agreement for Team Participation and Notice and Warning to Students and Parents/ Guardians

SERIOUS, CATASTROPHIC AND PERHAPS FATAL INJURY MAY RESULT FROM COMPETITIVE ATHLETIC COMPETITION

By its very nature, competitive athletics may put students in situations in which SERIOUS, CATASTROPHIC and, perhaps, FATAL accidents occur.

Many forms of athletic competition results in violent physical contact among players, the use of equipment which may result in accidents, strenuous physical exertion, and numerous other exposures to risk of injury.

Students and parents/guardians must assess the risk involved in such participation and make their choice to participate in spite of those risks.

No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. Just as driving an automobile involves choice of risk, athletic participation by students also may be inherently dangerous. The obligation of parents/guardians and students in making this choice to participate can't be overstated. There have been accidents resulting in death, paraplegia, quadriplegia, and other serious permanent physical impairment as a result of athletic competition.

By granting permission for your student to participate in athletic competition you, the parent/guardian, acknowledge that such risks exist.

Students will be instructed in proper techniques to be used in athletic competition and in the proper utilization of all equipment worn or used in practice and in competition. Students must adhere to that instruction and must refrain from improper uses and techniques.

As previously stated, no amount of instruction, precaution and supervision will totally eliminate all risk of serious, catastrophic, or even fatal injury.

If any of the foregoing is not completely understood, please contact the school principal for further information.

INSTRUCTIONS: This form must be signed and returned to the athletic department: Megan Simmons (can be turned in at main office) **before** your child will be permitted to participate in the sport/activity.

STUDENTS NAME: _____ GRADE: _____

I acknowledge that I have read and understand the information in the *Notice to athletes and parents/guardians*.

SPORT: (Circle all that apply) Flag Football Basketball Volleyball Cross Country

Parent/Guardian Signature: _____ Date: _____



Forestville Academy Athletic Department

Assumption of Risk and Waiver of Liability Relating to COVID-19

I understand that those participating in interscholastic athletics, physical education activity classes, and/or conditioning classes are at a higher risk of exposure to the COVID-19 virus due to the lack of social distancing, shared equipment, and ventilation. In order for student-athletes to participate in interscholastic athletics, physical education activity classes, and conditioning classes, they are required to read and sign the following Assumption of Risk and Liability Waiver.

1. **I understand that COVID-19 is extremely contagious and has been declared a worldwide pandemic by the World Health Organization.**
2. **I understand that by participating in sports/conditioning classes and utilizing the facilities associated with them, I may knowingly or unknowingly transmit the virus to my family, friends, teammates, and/or others I may come in contact with. This may include young children, elderly persons, and/or those with pre-existing conditions that place them at higher risk for the virus.**
3. **I understand that there is an increased risk of exposure to the virus by participating in competitive events with other schools in the West County Athletic League. The risk of exposure also exists during travel to and from any and all away games.**
4. **I understand that while every attempt is made to minimize chances of exposure, there are no guarantees that can be made.**
5. ***Student athletes as of 9/1/2021 in Sonoma County are “highly recommended” to be subject to COVID testing 1x a week on site regardless of vaccination status.**
6. *** Student athletes will abide by *current* CDC guidelines for youth sports in Sonoma County. This means wearing masks indoors is “strongly encouraged.”**

To do my part to limit the exposure to and/or transmission of COVID-19, to myself and those around me, I agree to adhere to the recommendations of the CDC including:

- **Proper general hygiene**
(<https://www.cdc.gov/healthywater/hygiene/body/index.html>)
- **Proper hand washing techniques**
(<https://www.cdc.gov/handwashing/when-how-handwashing.html>)
- **Use of hand sanitizer when hand washing is unavailable**
- **Proper use of personal protective equipment (gloves, masks, and or eye protection)**
- **Not sharing any personal items (towels, soap, brushes, clothes, water bottles, make up, lip balm, etc.)**

I will report any possible COVID-19 exposure to the district.

I voluntarily agree to assume all risks and accept sole responsibility for any injury or illness to myself. I hereby release, covenant to sue, discharge, and hold harmless, the **Institution**, their officers, officials, agents, volunteers, employees, other participants, sponsoring agencies, sponsors, advertisers (“Releasees”), with respect to any and all injury, illness, disability, loss or damage to person or property, expenses, and/or death arising out of or relating to COVID-19. I understand this release includes any claims based on the actions, omissions, or negligence of the Releasees, and whether a COVID-19 infection occurs before, during or after my participation.

The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and all members of my family.

FORESTVILLE ACADEMY

Home of the Vikings

6321 Highway 116 • Forestville, CA 95436 • (707) 887-2279

Matt Dunkle, Superintendent/Principal

Megan Simmons, Athletic Director



Student-Athlete Name: _____ Sport: _____

Student-Athlete Signature: _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____



CONCUSSION AND HEAD INJURY INFORMATION SHEET

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

Pursuant to Education Code Sec,on 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 healthcare 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

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evaluation by a licensed healthcare 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.

Student-Athlete Signature: _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____



Extracurricular Sports Student Athlete I.C.E. Contact Information

Student Athlete: _____

School Year:

SPORT: (Circle all that apply) Flag Football Basketball Volleyball Cross
Country

I would like my child to participate in above-circled extracurricular sport(s). I am aware that these sports will be after school and that transportation to and from practices and games will **NOT** be provided by the school and that the transportation of my child is my responsibility. I am so also aware that the school DOES NOT PROVIDE ACCIDENT INSURANCE and I agree that accident insurance for my child is my responsibility.

In case of an emergency, illness, or accident to the child named above, the school is authorized to proceed as indicated. Number each item 1, 2, 3, etc. in order of desired action. Please also include the full name of the individual.

_____ Contact Legal Guardian at : _____

_____ Contact Mother at: _____

_____ Contact Father at: _____

_____ Contact Neighbor or Friend at: _____

_____ Contact Family Physician at: _____

_____ Take child to hospital: _____

_____ **Other:** _____

Insurance is required for sport participation:	
<i>Insurance Health Plan</i>	<i>Policy #</i>

JERSEY DISTRIBUTION

Sport (s): _____ Jersey # & Size: _____ (Coach will fill in)

Parent/Guardian to Contact in case not turned in during last game: _____

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PHYSICIAN STATEMENT/MEDICAL CLEARANCE FOR SPORTS

Name _____

Date of birth _____

1. Consider additional questions on more sensitive issues

- Do you feel stressed out or under a lot of pressure?
- Do you ever feel sad, hopeless, depressed, or anxious?
- Do you feel safe at your home or residence?
- Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
- During the past 30 days, did you use chewing tobacco, snuff, or dip?
- Do you drink alcohol or use any other drugs?
- Have you ever taken anabolic steroids or used any other performance supplement?
- Have you ever taken any supplements to help you gain or lose weight or improve your performance?
- Do you wear a seat belt, use a helmet, and use condoms?

2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height Weight Ⓢ Male Ⓢ Female		
BP / (/) Pulse Vision R 20/ L 20/ Corrected Ⓢ Y Ⓢ N		
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		



Genitourinary (males only) ^b		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in a private setting. Having a third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

Circle the appropriate option below and fill out additional information as necessary.

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for

Not cleared

Pending further evaluation

For any sports

For certain sports

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Reason

Recommendations

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of Physician (Print/type)

Date _____

Address

Phone _____

Signature of physician

_____, MD or DO

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