

NAPA VALLEY UNIFIED SCHOOL DISTRICT

STUDENT/PARENT CONTRACT FOR ATHLETIC PARTICIPATION

The following regulations apply to all students participating in the middle/high school athletics program of the Napa Valley Unified School District.

Athletes are representatives of their schools and of the school district; therefore, they are responsible for their actions and for conducting themselves as good citizens. These regulations have been determined with the best interests of the individual student and the school in mind and will therefore be strictly enforced.

MIDDLE SCHOOL ATHLETIC PROGRAM: In keeping with this district's belief that programs for the middle grades should be centered on the needs and characteristics of middle grade students, the middle school athletic program is distinctively different from either the elementary or secondary programs. The program operates after school (not on evenings or weekends) and offers opportunity for carefully supervised coaching and competition as a member of a school team. Awards and trophies (except for ribbons which are awarded in track and field), pep squads, cheerleaders, or organized roter groups are not included in this athletic program.

ELIGIBILITY: Students must be successfully progressing toward the graduation requirements and have a C average (2.00 GPA) in all work attempted during the previous grading period to be eligible for participation in extra-curricular activities. Additionally, all athletes must comply with California Interscholastic Federation (C.I.F.) regulations.

USE OF ALCOHOLIC BEVERAGES OR DRUG MISUSE: Any student that is suspended from school for the use of alcohol or drugs will automatically be suspended from the sport in which s/he is currently participating. Further, the student will not be able to participate in any other sport during the duration of the season for which s/he was suspended.

ANDROGENIC/ANABOLIC STEROIDS: The use of anabolic steroids or dietary supplements including synephrine to expedite the physical development and to enhance the performance level of athletes presents a serious health hazard to student athletes. (BP5131.63)

By signing this form, we agree that the student shall not use androgenic/anabolic steroids without the written permission of a fully-licensed physician, as recognized by the American Medical Association, to treat a medical condition.

We understand that the student's violation of the District's policy regarding steroids or dietary supplements may result in discipline against the student, including, but not limited to, restriction from athletics, suspension, or expulsion.

OTHER MISCONDUCT: Other misconduct by a team member, such as smoking or chewing tobacco, shall be grounds for disciplinary action. The coach will analyze the specific nature of the infraction and initiate appropriate disciplinary action.

TARDINESS or ABSENCE: Any tardiness or absence from a practice or contest must be cleared with the coach. The coach will determine the athlete's status as a team member.

MISAPPROPRIATING EQUIPMENT: Any player misappropriating team equipment or property belonging to others shall be suspended for the season and appropriate disciplinary action will be determined.

INSURANCE: The California State Education Code requires that all participants in interscholastic athletic events be insured for a minimum of \$1,500.00 for medical and hospital expenses. This coverage may be purchased through the school insurance program or covered by the parent's insurance. (BP5143; EC 3221)

TRAVEL: All players are required to travel with the team to and from all events, unless prior arrangements are made by the parent/guardian with the coach. Written requests for exceptions are required. If approval is granted, the parent/guardian, or person specified by the parent/guardian, must personally call for the player at the event. Students may not transport other students.

PHYSICAL EXAMINATION: An annual physical examination, or a statement by a medical practitioner on the approved forms, certifying that the student is physically fit to participate in athletics is required before a student may try out, practice, or participate in interscholastic athletic competition. A student will be excused from this physical examination provided there is compliance with the Education Code provisions concerning Parents' Refusal to Consent.

By its very nature, competitive athletics may put students in situations in which serious, catastrophic, and perhaps fatal accidents may occur. Many forms of athletic competition result 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 their parents must assess the risks 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 middle/high school students also may be inherently dangerous. The obligation of parents and students in making this choice to participate cannot be over-stated. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairment as a result of athletic competition. By granting permission for your student to participate in athletic competition, you, the parent or guardian acknowledge that such risk exists. **By choosing to participate, you, the student, acknowledge that such risk exists.**

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 competition. Students must adhere to that instruction and utilization 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.

A complete physical examination by a physician is required to ensure that students do not participate in athletics with a pre-existing condition which might result in serious, catastrophic or even fatal injury. Parents are urged to have students examined for such conditions prior to participation in competitive athletics. (Education Code Section 49451 allows a parent or guardian to file annually with the school principal a signed statement that he or she does not consent to a physical examination.) By signing below you are authorizing the release of information contained in the physical examination form to be released to school personnel. We understand that the information is confidential and will be treated as such by all school personnel.

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

Student's Name _____

Sport(s) _____

We recognize that under CIF Bylaw 200.D, the student may be subject to penalties, including ineligibility for any CIF competition, if the student or his/her parent/guardian provides false or fraudulent information to the CIF.

This will acknowledge that we have read and understand the material contained in the student/parent contract for athletic participation.

Signed _____
Parent or Guardian

Date _____

Signed _____
Student

Date _____



Napa Valley Unified School District
 2425 Jefferson St.
 Napa, CA 94558

ATHLETIC MEDICAL PARTICIPATION RELEASE

NAME _____ AGE _____ (YRS) GRADE _____ DATE _____

ADDRESS _____ PHONE _____

SPORTS _____

PHYSICIAN/NP _____ HEALTH PLAN _____ NO: _____

_____ has been seen in our medical office for regular and routine health care visits.
 All age appropriate examinations and laboratory tests have been done.

Immunizations _____ Current _____ Not Current

Comments: _____

Participation Recommendations

<input type="checkbox"/> No Participation in: <input type="checkbox"/> FULL PARTICIPATION <input type="checkbox"/> Other requirements for participation <input type="checkbox"/> Other things required for participation (referral, special equipment) Comments:	Physician Signature _____ Date _____
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Athlete Signature _____ Date _____

Parent Signature _____ Date _____

I hereby state that, to the best of my knowledge, the above information is correct.
 Por lo siguiente declaro, con el mejor de mi conocimiento, que la información de la parte superior es correcta.

**NAPA VALLEY UNIFIED SCHOOL DISTRICT
Consent to Treat**

Student Name _____ Date _____

Address _____ Phone (____) _____
_____ Birth Date _____

Is covered under
Medical & Hospital _____ Medical Number: _____
Name of insurance company

Will policy be in force during the current full school year? ____ Yes ____ No

Maintaining said policy or policies in force shall be a parent/guardian responsibility

Medical/Hospital coverage may be purchased through the school insurance program.

**AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR
PLEASE CHECK YOUR INSURANCE PLAN**

QUEEN OF THE VALLEY

KAISER FOUNDATION HEALTH PLAN MEMBERS (see note below)*

(We), the undersigned, parents of _____, a minor, do hereby authorize _____ School as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

(We) hereby authorize any hospital which has provided treatment to the above named pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to (my) (our) above-named agent(s) upon the completion of treatment. This authorization given pursuant to Section 1283 of the Health and Safety Code of California.

These authorizations shall remain effective until _____, 200__, unless sooner revoked in writing or delivered to said agent(s).

***NOTE:** The Kaiser Clinic in Napa does not provide medical services after 5:00 p.m. In case of emergency illness or injury in Napa after 5:00 p.m., the student will be referred to the Emergency Department of the Kaiser Foundation Hospital in Vallejo. However, if in the judgment of the coach-in-charge or team physician the student should be referred to a closer Emergency Department, the student will be referred to the Emergency Department at the Queen of the Valley Hospital. In the latter case, Kaiser Foundation Health Plan will determine whether expenses incurred will be borne by the Health Plan or the member.

However, if Kaiser Foundation Health Plan services are not readily available because of time or location, as stated in the Note above, I request that available medical facilities and emergency services be utilized instead.

AT OUT OF TOWN GAMES

Emergency cases as determined by the coach-in-charge or team physician will be referred to the nearest available emergency medical facility.

Date _____ Parent/Legal Guardian _____

Napa Valley Unified School District High School Athletic Transportation Fee Agreement

Beginning with the 2009-10 school year, all high school student-athletes participating in district funded sports are required to pay a nonrefundable Athletic Transportation Fee as approved by the NVUSD Board of Education on June 29, 2009, to offset the district cost to transport athletes to games. All funds generated will be used for this purpose.

The following are the terms for the **Athletic Transportation Fee Agreement**:

1. All student-athletes will be required to pay the following:

\$125.00	First Sport
\$100.00	Second Sport
\$ 75.00	for each additional sport

The maximum fee per family is \$600.00 per year. An athlete who has not paid the transportation fee is ineligible to participate in all contests, home and away.

2. Payment of the fee does not guarantee a given amount of playing time per game or season.
3. Fee must be paid prior to the first day of practice. The fee will be returned only when the student-athlete does not make the team. No refunds will be made until full rosters have been turned into the Athletic Director.
4. There are *no* refunds provided for students who quit, become academically ineligible, or dropped from the team as a result of discipline measures. Refunds would be issued in cases of injuries that negate travel with the team *prior* to the first contest. After first contest there are no refunds.
5. Students who qualify for the "Free and Reduced Lunch Program" may receive a waiver for the transportation fee. It will be the student's responsibility to prove his/her eligibility to the athletic director. The student can do this by providing the athletic director a copy of the eligibility letter received from Food Services.
6. Checks for transportation fees are to be made out to the school and returned to the Activities Office (not the coach or Athletic Director) prior to the start of the student's sport season. Upon payment the Activities Office will provide a receipt to the student-athlete as proof of payment.
7. Student-athletes who have not paid the athletic transportation fee or provided proof of waiver will not participate until they have paid or waived.
8. In the case of insufficient funds when a parent pays by check and the check does not clear, the student will not be permitted to participate until the check is cleared and fee paid in full.

We have read the above policy and agree to pay the **Athletic Transportation Fee** that supports my child's level of participation (First Sport (\$125), Second Sport (\$100) and Additional Sport (\$75).

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Student-Athlete Name (Please Print)

Student-Athlete Signature

Date

Thank you for your cooperation and support in helping maintain a quality athletic program.