



**JOHNSTONVILLE ELEMENTARY SCHOOL DISTRICT**  
*Achieving Academic and Social Success for ALL Students*

Dear Parents/Guardians:

Thank you for your interest in our Sports Program. Please carefully read the attached documents. Prior to participating in any school sport, **ALL** students must have a sports physical on file in the office (*Pursuant to Education Code 49458*).

I have received the following:

- Athletic Agreement Form

I have completed, signed, and returned the following:

- Acknowledgment and Assumption of Potential Risk Form
- Authorization and Consent for Medical Treatment and Health Insurance Verification.
- Johnstonville School Athletic Department Code of Ethics
- Athletic Health Statement and Parent Consent Form
- Completed Athletic Grade Check

Student's Name: \_\_\_\_\_

Coach: \_\_\_\_\_ Activity: \_\_\_\_\_

Parent/Guardian Name (Please Print): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

# JOHNSTONVILLE ELEMENTARY SCHOOL DISTRICT ATHLETIC AGREEMENT

## ATTENDANCE

1. Attendance at practice and contests is compulsory. An athlete who misses practice or a game without a valid excuse may not be allowed to participate in the next event. Schoolwork and serving detention are not valid excuses for missing practice and athletes should go to extremes to avoid such conflicts.
2. Athletes are expected to stay with their coach and team in the gym or facility during events including tournaments and dual meets. They are under the direct supervision of their coaches and parents/guardians during all events and are required to uphold the school's code of conduct during these times. They should avoid all conflicts with others and immediately report all problems to the coach.

## EQUIPMENT

1. An athlete who loses school uniforms and or equipment will be required to pay for that article. The school is not responsible for personal items brought on campus or to the contests.
2. Students not having his/her required uniform/equipment at the time of the event may not be allowed to participate.
3. Only the student to whom the items are issued may use equipment/uniforms.
4. Students are responsible for cleaning and proper care of uniforms during the sport or season.
5. Students failing to turn in equipment as directed by the coach will not be allowed to participate in future activities (sports, dances, etc.) until equipment/uniforms are turned in or paid for.

## ELIGIBILITY

1. An athlete must maintain a 2.0 academic grade point average with no "F"s. Students are placed on academic probation based on their quarter grades. Eligibility will be determined every 3 weeks for all students.
2. If an athlete has a doctor's excuse for PE, he/she may not participate in sports until cleared by a physician. The PE program may be modified for an individual with an injury as necessary.
3. Students must have been present at school the *entire day* of the event or practice (excluding medical/dental appointments) to participate or on the proceeding day if the event is on a holiday or weekend. A note from the doctor or dentist is required.
4. An athlete must attend school the day after a game/tournament (Monday if the tournament ends on a weekend) to participate in the next scheduled game.
5. An athlete must maintain satisfactory behavior in class and at school (3 or fewer discipline checks in one day). An athlete will be suspended from the team for a game that day or a game to be determined later during the season by the coach or administrator if he/she fails to demonstrate appropriate behavior in class and on the playground. Athletes represent Johnstonville School and serve as models for younger students. Their behavior on the campus and in the community should reflect this responsibility.
6. Persistent flagrant technical fouls or poor sportsmanship (deemed by the coach) during games and during practice may result in permanent suspension from the team.
7. Athletes must agree to not use or be in possession of tobacco, alcohol, or any controlled substance and are honor bound to live up to this condition in order to be a team member. Violations will result in mandatory dismissal from the team.
8. Bench behavior must be exemplary. Players are not allowed to question calls made by the referee, taunt the other team, or intentionally distract the other team. Johnstonville is justly

proud of its reputation for good sportsmanship. Players who do not support this reputation may be dismissed from the team.

9. An important aspect of sportsmanship is team play and team membership. Team members will be taught how to treat each other during games and during practice. Any student who participates in the hazing or practical jokes during play or at any other time may be immediately dismissed from the team. Team players are to immediately report all cases to the coach.

## **EARLY RELEASE**

1. Students who participate in athletic events which require early release from school may receive early release if all of the following conditions are met:
  - A. All assignments are complete to the satisfaction of the classroom teacher. Any past-due assignments must be turned in by the date agreed upon by all teachers. Daily work (work due the day of the event) must be turned in on time that day.
  - B. Teachers' signatures are required to show all work is turned in and completed to teachers' satisfaction, and are due to the coach or designee before leaving campus. Students must sign out through the attendance office.
2. If an athlete has to leave early for a game, he/she is responsible for the work that is due the next school day.
3. If an athlete with work out leaves school early to participate in an activity, he/she will be excluded from the next game. If the season is over, he/she will be excluded from another extra curricular activity: games, tournaments, honor trips, etc.

## **PHYSICALS AND INSURANCE**

1. All students who participate in league sports must have a physical at least once every calendar year certifying that they are in good health and are fit to play. A completed health statement must be provided to the coach before the first game. No students will be allowed to participate without this certification.
2. The school provides basic insurance.

## **TRANSPORTATION**

1. Athletes are expected to arrange transportation with their parents/guardians for all games, events, practices and tournaments. After athletic contests, students must leave the area with their parents/guardians. Students are not allowed to loiter on school grounds following the event. Students may stay only if they are with their parent/guardian. Students may remain with other parents if they present a note or other reasonable evidence to the coach verifying who is responsible for the student.
2. Students may ride only with parents other than their own who have completed insurance forms on file with the district office and with the consent of their parent/guardian. Students who do not provide this information to their coach on the morning of the event may not be allowed to participate.
3. Before leaving for the event, coaches will provide to the office a list of students who are riding with other parents/guardians.



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**ATHLETICS / SPORTS VOLUNTARY ACTIVITIES PARTICIPATION FORM  
 ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK**

**CONSENT TO PARTICIPATE**

Athlete's Name: \_\_\_\_\_ Sport: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_  
 Address (if not living with student): \_\_\_\_\_  
 In case of emergency, contact: \_\_\_\_\_ Phone: \_\_\_\_\_

By its very nature, this **Sport**, including tryouts, may put students in situations in which serious catastrophic and perhaps fatal accidents may occur. Students and 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 the risk of injury. Just as driving an automobile involves the risk of injury; participation in this **Sport** by students involves some inherent risk. The importance of your awareness of these risks in determining whether or not to allow your child to participate cannot be overstated. There have been accidents in this **Sport**, resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairments as a result of athletic participation.

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

No amount of instruction, precaution, and supervision can eliminate all risk of injury, including serious, injury. Some of the injuries/illnesses which may result from participating in these activities include, but are not limited to, the following:

- |                             |                            |
|-----------------------------|----------------------------|
| 1. Sprains/strains          | 7. Loss of eyesight        |
| 2. Fractured bones          | 8. Communicable diseases   |
| 3. Unconsciousness          | 9. Internal organ injuries |
| 4. Head and neck injuries   | 10. Brain damage           |
| 5. Neck and spinal injuries | 11. Death                  |
| 6. Paralysis                |                            |

By signing this waiver, you acknowledge that you understand and accept such risk and authorize the student named above to participate in this **Sport**. By choosing to participate, you acknowledge that such risks exist.

## ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

I authorize my son/daughter, \_\_\_\_\_, to participate in the District sponsored Sport activities of \_\_\_\_\_.

I have read this form in its entirety and understand its contents. I understand that it is my obligation to ask questions about anything I do not understand.

I understand and acknowledge that participation in the sports listed above is completely voluntary and as such is not required by the District for course credit or for completion of graduation requirements.

I agree to assume financial responsibility for any medical costs and expenses incurred as a result of any injury that may be sustained by my child while participating in the sports listed above.

**I understand, acknowledge and agree that the Johnstonville Elementary School District, its elected or appointed officials, employees, agents or volunteers shall not be liable for any injury/illness suffered by my son/daughter which is incident to and/or associated with preparing for and/or participating in this activity and I voluntarily assume all risk, known or unknown, of injuries, howsoever caused, even if caused in whole or in part by the action, inaction, or negligence, of the released parties to the fullest extent allowed by law.**

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand and agree to the terms.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature (if age 18 or older)

\_\_\_\_\_  
Date

A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM and AUTHORIZATION & CONSENT FOR MEDICAL TREATMENT AND HEALTH INSURANCE VERIFICATION FORM must be on file with the Johnstonville Elementary School District before a student will be allowed to participate in the above extra-curricular activities.

**AUTHORIZATION & CONSENT FOR MEDICAL TREATMENT  
AND HEALTH INSURANCE VERIFICATION**

**HEALTH INSURANCE:**

**Pursuant to Education Code 32221, the insurance shall provide the following coverage:**

At least one thousand five hundred dollars (\$1,500) for all medical and hospital expenses.

**I have health insurance that meets the requirements under the California Education Code Section 32221.**

Athletic Team/Sport: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Insured (Subscribers) Name: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy/I.D. Number: \_\_\_\_\_

**California Education Code 32221.5: Some students may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling Medi-Cal at 800-541-5555 or Healthy Families Program at 888-599-7056.**

**AUTHORIZATION & CONSENT FOR MEDICAL TREATMENT**

In the event of an injury or illness to \_\_\_\_\_ while participating on the athletic team, I do hereby authorize the Johnstonville Elementary School District, as agent 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/or surgeon, whether such diagnosis or treatment is rendered at the office of said physician or at any medical facility.

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 the aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization shall remain effective through the conclusion of the sport season, including any playoff or championship competition, unless revoked in writing and delivered to said agent.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature (if over 18):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**JOHNSTONVILLE SCHOOL ATHLETIC DEPARTMENT  
CODE OF ETHICS**

**All representatives of Johnstonville School, Coaches, Players and Parents/Guardians agree to the following:**

**Coaches' Code of Ethics**

- ❖ I will place the emotional and physical well being of my players ahead of a personal desire to win.
- ❖ I will treat each player as an individual, remembering the large range of emotional and physical development for the same age group.
- ❖ I will provide a safe playing situation for my players.
- ❖ I will review and practice basic first aid principles needed to treat injuries of my players.
- ❖ I will organize practices that are fun and challenging for all my players.
- ❖ I will lead by example in demonstrating fair play and sportsmanship to all my players.
- ❖ I will be knowledgeable in the rules of the game and I will teach these rules to my players.
- ❖ I will remember that I am a coach and that the game is for children, not adults.

**Players' Code of Ethics**

- ❖ I will encourage good sportsmanship from fellow players, coaches, officials and parents at every game and practice by demonstrating good sportsmanship myself.
- ❖ I will attend every practice and game that I can, and I will notify my coach if I cannot.
- ❖ I will do my very best to listen and learn from my coaches.
- ❖ I will treat my coaches, other players, officials, and fans with respect regardless of race, sex, creed, or abilities, and I will expect to be treated accordingly.
- ❖ I will encourage my parents to be involved with my team in some capacity because it is important to me.
- ❖ I will remember that sports participation is an opportunity to learn and have fun.

**Parent/Guardians' Code of Ethics**

- ❖ I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game and practice.
- ❖ I will place the emotional well being of all team members ahead of my personal desire to win.
- ❖ I will support coaches and officials working with my child in order to encourage a positive and enjoyable experience for all.
- ❖ I will remember that the game is for youth, not adults.
- ❖ I will treat players, coaches, fans and officials with respect regardless of race, sex, creed or ability and expect my child to do the same.

\_\_\_\_\_  
Coach's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Player's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**JOHNSTONVILLE ELEMENTARY SCHOOL DISTRICT**

**ATHLETIC HEALTH STATEMENT & PARENT CONSENT FORM**

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_

I hereby certify that the above named student is physically fit to engage in interscholastic sports.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Title

\_\_\_\_\_  
State License #

.....  
**PARENT CONSENT**

I hereby give consent for my child, named above, to compete in interscholastic sports. I authorize my child to go with and be supervised by a representative of the school on any trips. In case my child becomes ill or is injured, you are authorized to have him/her treated and I authorize the medical agency to render service.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Print Parent/ Guardian Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Telephone Number (work and home)

\_\_\_\_\_  
Parent Insurance

\_\_\_\_\_  
Policy Number (SS# of Subscriber & Group #)

\_\_\_\_\_  
Insurance Phone #

Does your child have any special health problems that should be known if medical treatment is required?

Medications? \_\_\_\_\_

Allergies? \_\_\_\_\_

Other? \_\_\_\_\_

Other person(s) to contact if parent(s)/guardian(s) cannot be reached:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_



# JOHNSTONVILLE ELEMENTARY SCHOOL DISTRICT ATHLETIC GRADE CHECK

*PRINT NEATLY IN INK!*

<b>NAME:</b>		<b>GRADE:</b>	
<b>SPORT:</b>		<b>DUE DATE:</b>	

**GRADE CHECK INSTRUCTIONS:**

1. Give this form to your teacher at the beginning of the day, and pick it up at the end of the day.
2. Take completed grade check home and have your **parent/guardian** sign it.
3. Return your completed form, with **parent/guardian** signature, to your coach at practice on the due date.
4. Failure to return the grade check form on time will result in a one week suspension from sport.
5. You cannot participate in a sport without a completed grade check form, including **parent/guradian** signature.

**GRADES IN PROGRESS**

Subject	Behavior Grade*	Academic Letter Grade	Grade %	Teacher Signature
Math	S / U	A / B / C / D / F		
Language Arts	S / U	A / B / C / D / F		
Social Studies	S / U	A / B / C / D / F		
Science	S / U	A / B / C / D / F		
Phyiscal Education	S / U	A / B / C / D / F		
Elective	S / U	A / B / C / D / F		
Comments:				
Comments:				

**\*Behavior Grade: = Satisfactory (S) or Unsatisfactory**

**ELIGIBILITY RULES:**

1. Athlete must maintain at least a cumulative GPA of 2.0 with no "F"s. Eligibility will be determined initially on quarter grades and every 3 weeks thereafter.
2. Athlete must have no more than one unsatisfactory behavior grade.
3. During the season, if any deficiencies are not removed within 2 weeks, athelete will be removed from the team. (Athletes may participate in practice while making up deficiencies, but may not participate in games/contests).

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**Parent/Guardian Signature**

**Coaches are to turn in the completed grade check forms to the  
Superintendent/Principal on the day they are collected.**



**JOHNSTONVILLE ELEMENTARY SCHOOL DISTRICT**  
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Dear Parents/Guardians:

Your child has received an athletic uniform. The uniform number is \_\_\_\_\_. Upon completion of the season, please have your child return their uniform as soon as possible. Lost or damaged uniforms will need to be paid in full.

\_\_\_\_\_  
Print Students Name

\_\_\_\_\_  
Students Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian Name

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

\_\_\_\_\_  
Date