

SUMMIT PUBLIC SCHOOL: TAMALPAIS
2016-2017 SPORTS PROGRAM

IMPORTANT INFORMATION

Dear Families:

Welcome to the 2016-2017 growing sports program at Summit Tamalpais! Each season Tam intends to offer a choice of sports available to students that will increase along with our school enrollment .

Please note— Practices for Fall sports begin at the beginning of September. You need to have completely filled out the following forms in order to participate. We will continue to welcome volunteers from our community to lead both sports and clubs throughout the year. Please contact Callia Wolff at cwolff@summitps.org if you have any questions or if you would like to volunteer at least one day a week Monday -Thursday from 3:30-5:00pm.

Our currently scheduled sports for the 2016-2017 school year will be as follows:

	Official Start Date	Packet/donation Due Date
FALL		
Soccer	September 6, 2016	September 6, 2016
Volleyball	September 6, 2016	September 6, 2016
WINTER		
Basketball	To Be Determined -TBD	To Be Determined-TBD
TBD		
SPRING		
TBD	TBD	TBD

Please note the following:

- ***All athletes must return the completed packet including physical to the school before participating. If your student had a recent physical, you may fax or mail the form to your doctor to complete it. You can send this to Summit Tamalpais Public Charter School 3020 Hilltop Mall Rd., San Pablo, CA 94806 or turn it in at the front desk.

Student Athlete Name: _____

SUMMIT TAMALPAIS PUBLIC CHARTER SCHOOL
2016-2017 SPORTS PROGRAM
Donation/Introduction sheet

Dear Tamalpais Sports Families,

Our Sports Program relies mostly on contributions to pay for coaches, uniforms, gym/field space and equipment. Therefore, your generous contributions are greatly needed to meet our budget and keep the program operating. In the spirit of supporting a vibrant sports program at Tamalpais, we are asking every family with a child playing sports at Tam to contribute a \$40.00 uniform and equipment fee per sport in which your child participates. If you would like to contribute more, we thank you. We truly appreciate any donations. If your child is not a part of Tamalpais sports, but you would like to support our program, feel free to donate as well. Please note that no child will be excluded for lack of funds.

Your check may be made payable to Summit Tamalpais and mail or turn it in with the attached packet. Thank you for helping us get our sports program off the ground!

Go Timberwolves!

PLEASE TURN IN YOUR CONTRIBUTION FOR SPORTS WITH YOUR SPORTS PACKET ATTACHED (SEPARATE FOR EACH CHILD) Additional copies of this packet can be requested by contacting cwolff@summitps.org

Print Your Name _____

Print Student's Name _____ Grade _____

Sports _____

Number of Sports This Year _____ x \$40 per sport = _____

Other Donation \$ _____

Student has been approved for scholarship _____ (determined by administration)

TOTAL AMOUNT ENCLOSED: \$ _____

Student Athlete Name: _____

TAMALPAIS SPORTS STUDENT ATHLETE CONTACT INFORMATION

Student Athlete Name: _____

Student Athlete Address: _____

Student Athlete City/State/Zip: _____

Student Athlete Cell #: _____

Receive texts: Y or N

Student Athlete Home #: _____

Student Athlete Email: _____

Parent Cell #: _____

Receive texts: Y or N

Parent Home #: _____

Parent Email: _____

Student Athlete Name: _____

SUMMIT PUBLIC SCHOOL: TAMALPAIS ATHLETIC PRE-PARTICIPATION SCREENING EXAM

PART 1: (To be completed by student and parent/guardian)

Name _____ Grade _____

Address _____

City _____ State CA Zip _____ Phone(_____) _____

Age _____ Birth Date _____ Sex _____ Sport(s) _____

Doctor's Name _____ Doctor's Phone (_____) _____

Health Insurance _____ Policy Number _____

Health History Please Circle		(Must be Completed PRIOR to the Exam) HAS THIS STUDENT HAD ANY:	Health History Please Circle		IS THERE A HISTORY OF:
Y	N	Hospitalizations?	Y	N	Neck or back injury?
Y	N	Surgery other than removal of tonsils?	Y	N	Knee injury?
Y	N	Missing organs (eye, kidney, testicle)?	Y	N	Shoulder or elbow injury?
Y	N	Allergies (medicines, insects, food)?	Y	N	Ankle injury?
Y	N	Chest pain or severe shortness of breath with exercise?	Y	N	Dislocation of a joint?
Y	N	Problems with blood pressure or heart (heart murmur)?	Y	N	Catching or locking of a joint?
Y	N	Dizziness or fainting with exercise?	Y	N	Broken bones/fractures?
Y	N	Severe or frequent headaches?	Y	N	Ulcers or hernias?
Y	N	Concussion or loss of consciousness?	Y	N	Stingers/burners?
Y	N	Heat exhaustion, heat stroke or other problems with heat?	Y	N	Skin problems?
Y	N	Mono, hepatitis, hemophilia?			FURTHER HISTORY:
Y	N	Diabetes?			Has any family member died suddenly at less than 40 years of age of causes other than an accident?
Y	N	Seizures/convulsions?	Y	N	Has any family member had a heart attack at less than 55 years of age?

DATE OF LAST KNOWN TETANUS SHOT: _____

USE THIS SPACE TO EXPLAIN ANY YES ANSWERS TO THE ABOVE QUESTIONS.

Parent's or Guardian's Acknowledgment: I have reviewed and agree with the information presented on this form. I also understand that this examination is primarily for sports participation screening and is not intended to replace the routine health care visits as recommended by the student's personal physician. I know of no reason why the above named student should not participate and represent his or her school in supervised athletic activities.

PRINT Name of Parent/Guardian _____ / _____ Signature of Parent/Guardian

(_____) _____ / (_____) _____ / _____
Home Phone Number Work Phone Number Date

Student Athlete Name: _____

SUMMIT PUBLIC SCHOOL: TAMALPAIS ATHLETIC PRE-PARTICIPATION SCREENING EXAM

PART 2: GENERAL EXAM (To be completed by examining physician)

	NORMAL	ABNORMAL (Describe)	FILL IN INFORMATION
Eyes, Ears, Nose, Throat			
Skin			
Lungs			
Heart			
Abdomen			
Genitalia/Hernia(males)			

SUGGESTED MUSCULOSKELETAL EXAM

ROM STRENGTH Normal/Abnormal (Circle One)		ROM STRENGTH Normal/Abnormal (Circle One)	
	CERVICAL/SPINE	N A	Quadriceps
N A	Flex/Ext	N A	Lumbar Spine
N A	Rotation right/left	N A	Achilles
N A	Lateral flexion right/left		
N A	Thoracic		LOWER EXTREMITY
N A	Lumbar	N A	Hip
N A	Flex/Ext	N A	Hip Flexors/Gluteals
N A	Rotation right/left	N A	Add/Abd-Groin/TT
N A	Lateral flexion right/left	N A	Int/Ext Rotation
N A	Abdominals/Obliques	N A	Knee
		N A	Patellar Tendon
	UPPER EXTREMITY	N A	Tibial Tuberosity
N A	Shoulder	N A	MCL/LCL
N A	Forward flexion/Ext	N A	ACL/PCL
N A	Abduction/adduction	N A	Cartilage Testing:
N A	Internal/Ext Rotation	N A	Quads/Hamstrings
N A	Horizontal Abd/Add	N A	Gast/Soleus Complex
N A	A C Joint/Clavicle	N A	Patella
N A	Stability Testing	N A	Crepitus
N A	Biceps flex/ext	N A	Tracking
N A	Elbow	N A	Ankle
N A	Supination/Pronation	N A	Plantar/Dorsiflexion
N A	Wrist/hand	N A	Inversion/Eversion
		N A	Subtalar Joint
	GENERAL FLEXIBILITY	N A	Ligament Testing
N A	Hamstrings	N A	Feet/Toes

USE THIS SPACE TO DESCRIBE ABNORMALS

DISPOSITION:

- Cleared for collision, contact and non-contact sports
- Conditional participation, limited to: _____
- No participation until: _____
- No participation in any sport or physical education because of: _____

Student Athlete Name: _____

Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

Headaches	“Pressure in head”	“Pressure in head”
Nausea or vomiting	Neck pain	Balance problems or dizziness
Blurred, double, or fuzzy vision	Sensitivity to light or noise	Feeling sluggish or slowed down
Feeling foggy or groggy	Drowsiness	Change in sleep patterns
Amnesia	“Don’t feel right”	Fatigue or low energy
Sadness	Nervousness or anxiety	Irritability
More emotional	Confusion	Concentration or memory
Repeating the same question or comments		problems (forgetting game plays)

Signs observed by teammates, parents and coaches include:

Appears dazed	Vacant facial expression	Confused about assignment
Forgets plays	Answers questions slowly	Slurred speech
Can’t recall events prior to hit	Moves clumsily or is not coordinated	
Seizures or convulsions	Is unsure of game, score, or opponent	
Loses consciousness	Shows behavior or personality changes	
Any change in typical behavior or personality		

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

CIF Bylaw 313.CONCUSSION PROTOCOL

A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time for the remainder of the day. A student-athlete who has been removed from play may not return to play until the athlete is evaluated by a licensed health care provider trained in education and management of concussion and receives written clearance to return to play from that health care provider.
(Approved May 2010 Federated Council)

Q: What is meant by “licensed health care provider”?

A: The “scope of practice” for licensed health care providers and medical professionals is defined by California state statutes. This scope of practice will limit the evaluation to a medical doctor (MD) or doctor of osteopathy (DO).

You should also inform your child’s coach if you think that your child may have a concussion Remember it’s better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

Student-Athlete Name Printed: _____

Student-Athlete Signature: _____

Date: _____

Parent/Guardian Name Printed: _____

Parent/Guardian Signature: _____

Date: _____

**ATHLETICS CODE OF ETHICS
FOR PARENTS/GUARDIANS AND ATHLETES**

It is the duty of all concerned with middle school athletics to emphasize the proper ideals of sportsmanship, ethical conduct, and fair play. Athletes and parents/guardians are expected to respect the integrity and judgment of officials, to show courtesy to visiting teams, 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/guardians and athletes. Your signature below signifies your willingness to respect and abide by the CIF "Code of Ethics." Please return a signed copy to school.

ATHLETES CODE

1. I will emphasize the proper ideals of sportsmanship, ethical conduct, and fair play.
2. I will show courtesy to visiting teams and officials.
3. I will understand thoroughly the rules of the game.
4. I will remember that an athletic contest is only a game.
5. I will refrain from the use of language that degrades, baits, intimidates, or is profane.
6. I will refrain from the use of drugs, alcohol, and tobacco in any form.
7. I will refrain from the use of androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition.
8. I will give complete 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 refrain from criticism of my teammates.
10. I will refrain from any activity that may incite spectators.

I UNDERSTAND INFRACTIONS OF THE ABOVE WILL JEOPARDIZE MY ATHLETIC ELIGIBILITY.

Athlete's Signature

Date

PARENTS 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 administrator.
6. I will keep a positive outlook on the school's athletic program. Constructive criticism for the program will be directed to the athletic director or the school administrator.
7. I will not enter onto the field or court, stand on the sidelines, or yell from the bleachers to coach or provide instruction for my son/daughter or other members of the team.

I UNDERSTAND INFRACTIONS OF THE ABOVE WILL JEOPARDIZE MY ATTENDANCE AT FUTURE HIGH SCHOOL ATHLETIC CONTESTS. I FURTHER AGREE THAT MY SON/DAUGHTER WILL ABIDE BY THE ATHLETES CODE, AND INFRACTIONS OF THAT CODE WILL JEOPARDIZE MY SON/DAUGHTER'S ELIGIBILITY.

Parents'/Guardians' Signatures

Date

Student Athlete Name: _____

**SUMMIT PUBLIC SCHOOL: TAMALPAIS
2016-2017 SPORTS PROGRAM
PERMIT TO PARTICIPATE: 2016-2017**

_____ has my permission to participate in **ALL** athletic activities at SUMMIT PUBLIC SCHOOL: TAMALPAIS for the 2016-2017 year at the discretion of the school administration.

IF MY CHILD OR WARD IS **NOT** ALLOWED TO PARTICIPATE IN A SPECIFIC ATHLETIC ACTIVITY, I HAVE PRINTED THAT **PROHIBITED** ATHLETIC ACTIVITY AT THE BOTTOM OF THIS FORM.

I am aware of the fact and agree that SUMMIT TAMALPAIS PUBLIC CHARTER SCHOOL and its coaches/assistant coaches/volunteers are in no way responsible for any injuries that my child or ward might incur as a result of such participation.

WARNING: PLEASE BE ADVISED THAT, BY THEIR NATURE, SPORTS/ATHLETIC ACTIVITIES CAN BE A DANGEROUS ACTIVITY THAT COULD RESULT IN A SERIOUS INJURY, OR IN AN EXTREME CASE, DEATH.

California law requires each athletic team member to have at least \$1,500 of medical and hospital insurance to cover a student for bodily injury while engaged in, training for, and being transported to or from an athletic event under school or student organization sponsorship. This is to confirm that the insurance in force on the above student meets or exceeds the requirements outlined above.

Name of Medical Insurance Company: _____

I hereby grant permission for my son/daughter to travel in a private vehicle to and from all athletic activities. I understand that Summit Tamalpais does not support students transporting other students to and/or from athletic events. I have advised my child or ward of such policy and not to ride with or drive other students to and/or from athletic activities. In the event my child disobeys this policy, I take full responsibility for the actions of my child or ward and will hold harmless Summit Public School: Tamalpais, its officers, directors, agents, employees, coaches, assistant coaches, volunteers, and servants from any damage cause thereby.

I shall indemnify and hold harmless Summit Public School: Tamalpais, its officers, directors, agents, employees, coaches, assistant coaches, volunteers, and servants from all claims, suits, or actions of every name, kind, and description, brought for, or on account of, injuries to or death of any person or damage to property resulting from the performance of any activity permitted or required by this agreement.

My duty to indemnify and save harmless, as set forth herein, shall include the duty to defend as set forth in Section 4778 of the California Civil Code; provided, however, that nothing herein shall be construed to require me to indemnify Summit Tamalpais Public School, and its officers, directors, agents, employees, coaches, assistant coaches, volunteers, and servants against any responsibility or liability in contravention of Section 2782 of the California Civil Code.

Parent/Guardian Signature

Student Athlete Name: _____

SUMMIT PUBLIC SCHOOL: TAMALPAIS
COACH'S MEDICAL SHEET (2016-2017)

If the event of an emergency, do you authorize school authorities, including its coaches/assistant coaches, to obtain medical aid or ambulance services at your expense?

YES _____ NO _____

If you do not authorize such treatment, please indicate instructions: (without specific instructions the answer to the above question will be YES regardless of what is marked)

Insurance Plan _____ Medical Plan Number: _____

Father: _____ Phone Number: _____ cell/hm

Address: _____

Mother: _____ Phone Number: _____ cell/hm

Address: _____

If parent(s) cannot be reached, contact: _____
Name Phone #

If possible, in the event of any injury, treatment should be rendered by:

Doctor: _____ Phone Number: _____

Address: _____

Hospital: _____ Phone Number: _____

Any special medical considerations we should know about? _____

ALLERGIES: Penicillin _____ Bee Sting _____ Others _____

Date

Parent/Guardian Signature

Student Athlete Name: _____

SUMMIT TAMALPAIS UNIFORM INFORMATION SHEET

Athletes are responsible for the care of athletic equipment issued to them and are expected to maintain it. (Wash in cold water and dry on low) All equipment is to be returned at the end of each season or the student athlete who the equipment was assigned to may be expected to pay for any lost or damaged equipment or uniform. Athletes who fail to turn in their equipment upon completion of the sports season may be denied eligibility to participate in future activities at Summit Tamalpais. The following guidelines, if adhered to, will reduce the chances for lost or stolen equipment.

1. Do not exchange or loan any of the equipment checked out to you to another teammate. If exchange is warranted, clear it with your coach prior to making the exchange.
2. Any loss of equipment should be reported immediately to the head coach. Do not wait until the end of the season to report lost equipment.
3. It is against school policy to sell or rent any equipment to individuals. Therefore, any equipment you may see out of the school environment not belonging to the individual(s) should be reported to a coach or the athletic director. By doing so, you are not only helping the athletic department, but also the individual who must pay for the stolen item.

At the end of the season, uniforms must be turned in within one week after the end of the season. This is absolutely mandatory. If it is not turned in, you will be charged for the cost of the uniform and will remain ineligible for any athletic or co-curricular participation. In addition, your grades, diploma, and transcript may be withheld (E.C. 48904 and 48904.3).

We the undersigned agree to the above terms and conditions of the loan and return of the sports uniform.

Student Athlete signature: _____

Student Athlete printed name: _____

Date: _____

Parent/Guardian signature: _____

Parent/guardian printed name: _____

Relationship to student athlete: _____

Date: _____