

Board Members:

Keith Callison
Susan Meek
Christina Deany
Amber Bear
Florraine Super

Jim Berry - District Superintendent
Vianna Bailey - Athletic Director

YREKA UNION SCHOOL DISTRICT

**309 JACKSON ST., YREKA, CA 96097
PH: 530.842.1168 FAX: 530.842.4576**

Dear Parents/Guardians,

Your child, _____, has just been selected to play on this year's RAMS _____ team. Attached is a copy of this year's schedule.

While at away games, meets, or tournaments, school rules will be in effect at all times, and team members are expected to behave accordingly. They will be representing our school and our community. For some of our away games, meets, or tournaments, team members will be missing part of school. It will be EACH TEAM MEMBER'S RESPONSIBILITY to check with teachers and make-up all work missed.

Students involved in extra-curricular and co-curricular activities will have to meet the following requirements. Students must have a minimum overall 2.0 grade point average (G.P.A) for the current grading period. Also, players and managers may not receive more than one failing grade ("F") in a grading period. Therefore, students must meet eligibility requirements at the quarter grading period **prior to** and **during** participation in that sport (if a sport overlaps one grading period).

The following is the policy regarding the behavior of inter-scholastic athletes. Students who are suspended from school are not allowed to participate in any school activity for the duration of the suspension. **Use, possession, or sale of drugs, alcohol, or tobacco will result in the dismissal from the team for the remainder of the season.**

If a student athlete is involved in any other serious behavior problem (i.e., charged with a violation of the law while under the school's jurisdictional authority), a sport-related behavior problem, or repeated discipline problems at school, he/she may also be dismissed from the team. A committee of the Principal, Athletic Director, and Coach, will make a determination in any of the above situations.

In order to participate in athletic contests, the student athlete must be present in school on game days. Student athletes, including cheerleaders, missing more than one (1) period of school on game days (except for medical or dental appointments, funerals, student activities, or unforeseen emergencies) will not be allowed to participate. On game days, student athletes must also participate in their regular school Physical Education classes.

Team members will also need to have a medical examination form filled out and on file with the school before competing in any interscholastic event. Also, if any student athlete receives a physical injury that necessitates professional medical attention, that athlete must receive clearance from a physician before returning to practice and before participating in athletic competition.

I understand the above policies and procedures for our interscholastic sports programs.

Player's Signature

Parent's/Guardian's Signature

Date



Permission for Athlete to be Transported to an Away Game by Another Parent

I understand that _____ may be transported to an
Athlete's Name

away game by another approved licensed/insured driver. I

understand that the coach will make every effort to notify me

prior to the game of whom my child will be riding with.

I give my permission for the coach/athletic director to make this
decision.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

Phone Number



YREKA UNION SCHOOL DISTRICT
Transportation Waiver - Adult Driver
Student Excursion & Transportation Agreement By
Non-Yreka Union School District (YUSD) Sponsored Driver

I, _____, the undersigned parent of
 (Name of Parent/Guardian)

_____, hereby authorize the Yreka Union School District to
 (Name of Student)

release my child to ride home from the

_____ with _____
 (Name of Activity) (Name of person 21 or older)

On _____.
 (Date of Activity)

I understand the Yreka Union School District is providing transportation to and from the above activity. However, I do not wish to avail myself of the transportation provided by the YUSD.

The above student hereby requests permission to ride with a non-YUSD sponsored driver (who may or may not be the parent of the student).

IF THE STUDENT IS TRANSPORTED BY A NON-YUSD SPONSORED DRIVER (WHO MAY OR MAY NOT BE THE STUDENT'S PARENT), IT IS FULLY UNDERSTOOD THAT THE YUSD IS IN NO WAY RESPONSIBLE, NOR DOES YUSD ASSUME LIABILITY, FOR ANY INJURIES OR LOSSES RESULTING FROM THIS NON-YUSD SPONSORED TRANSPORTATION. ALTHOUGH YUSD MAY ASSIST IN COORDINATING TRANSPORTATION AND/OR RECOMMEND TRAVEL TIME, ROUTES, OR CARAVANNING TO OR FROM THIS EVENT. I FULLY UNDERSTAND THAT SUCH RECOMMENDATIONS ARE NOT MANDATORY.

I ALSO UNDERSTAND THAT BY RIDING WITH THE NON-YUSD SPONSORED DRIVER, THE DRIVER IS NOT DRIVING AS AN AGENT OF OR ON BEHALF OF THE YUSD.

Parent/Legal Guardian _____ Date _____

YUSD Approval Signature _____ Date _____

*It is recommended that the non-district sponsored driver should carry an adequate amount of auto liability insurance for the risk of transporting students.

This form must be received in the school office at least **one day prior to** the scheduled activity. This form must be validated by a telephone call from the parent to the principal, secretary, or athletic director. If the parent does not call and validate this form, the student will not be released and will be required to ride home with the school provided transportation.

For office use only:
Parent telephone call received

Date: _____ Time: _____ By: _____



PARENT AND COACH COMMUNICATION GUIDELINES

PARENT-COACH RELATIONSHIP

Both parenting and coaching are extremely difficult vocations. By establishing an understanding of each position, we are better able to accept the actions of the other and provide greater benefit to children. As parents whose children are involved with our athletic program, you have a right to understand what expectations are placed on your child. That begins with clear communication from the coach of your child's program.

Communication you should expect from your child's coach

1. The coach's philosophy.
2. Expectations the coach has for your child as well as all the players on the squad.
3. Locations and times of all practices and contests.
4. Team requirements, i.e., fees, special equipment, off-season conditioning.
5. Procedures we follow should your child be injured during participation.
6. Discipline that results in the denial of your child's participation.

Communication coaches expect from parents

1. Concerns expressed directly to the coach.
2. Notification of any schedule conflicts well in advance of the practice or events.
3. Specific concern in regard to the coach's philosophy and expectations.

As your children become involved in the programs at Jackson Street School, they will experience some of the most rewarding moments of their lives. It is important to understand that there may be times when things do not go the way your child wishes. At these times we encourage discussion with the coach.

Appropriate concerns to discuss with coaches

1. The treatment of your child, mentally and physically.
2. Ways to help your child improve.
3. Concerns about your child's behavior.

It is very difficult to accept your child not playing as much as you may hope. Coaches are professionals. They make these judgment decisions based on what they believe is best for all students involved. As you have seen from the list above, certain things can be and should be discussed with your child's coach. Other things must be left to the discretion of the coach.

Issues not appropriate to discuss with coaches

1. Playing time.
2. Team strategy.
3. Play calling.
4. Other student athletes.

There are situations that may require a conference between the coach and parent. These are to be encouraged. It is important that both parties involved have a clear understanding of the other's position. When these conferences are necessary, the following procedure should be followed to help promote a resolution to the issue of concern.

If you have a concern to discuss with a coach,

1. Call to set up an appointment.
2. The school telephone number is (530) 842-3561.
3. If the coach cannot be reached, call the Athletic Director, Mrs. Vianna Bailey. She will set up the meeting for you.
4. Please do not attempt to confront the coach immediately before or after a contest or a practice. These can be emotional times for both the parent and the coach. Meetings of this nature do not promote a solution.

What can the parent do if the meeting with the coach did not provide a satisfactory resolution?

1. Call and set up an appointment with the Athletic Director to discuss the situation.
2. At this meeting the appropriate next step can be determined.

Research indicates a student involved in sport activities has a greater chance for success during adulthood. Many of the character traits required to be a successful participant are exactly those that will promote a successful life after high school. We hope the information provided within the pamphlet makes both your child's and your experience with the school's athletic program less stressful and more enjoyable.

*Front and back must be completed.



Preparticipation Physical Examination/Health History - Jackson Street School

Student Name: _____ Sex: _____ Age: _____ Grade: _____
Sports: _____ Birthdate: _____ Date of Exam: _____
Personal Physician: _____ Physician's Phone: _____

Parents and athletes - Please answer all questions together and explain "YES" answers below.

1. Have you ever had surgery?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Are you presently taking any medications or pills?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Do you have any allergies (medicine, bees, stinging insects)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Have you ever passed out during or after an exercise?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Have you ever been dizzy during or after exercise?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Have you ever had high blood pressure?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Have you ever been told that you have a heart murmur?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Have you ever had racing of your heart or skipped beats?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. Have blood relatives died of heart problems before age 50?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. Have you ever been knocked out, even if only briefly?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11. Have you ever had a seizure?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12. Have you ever had a stinger or a pinched nerve?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13. Have you ever been dizzy or passed out?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14. Do you have trouble breathing or do you cough with exercise?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15. Do you wear glasses or contacts?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16. Have you ever had a broken bone, had to wear a cast, or had an injury to any joint?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17. Have you ever had other medical problems (Mono, diabetes, etc.)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
18. Have you had a medical problem or injury since the last exam?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
19. When was your last tetanus shot?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
20. Females: When was your last menstrual period?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
21. Females: What was the longest time between periods last year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
22. Do you have only 1 of any paired organs (eyes, kidneys, testes, etc.)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Please explain all "YES" answers:

We hereby state that to the best of our knowledge, the answers above are correct. I, as legal parent/guardian, do hereby give my consent for _____ to receive all medical care prescribed by a duly licensed physician. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Signature of Athlete: _____ Date: _____ Home Phone: _____ Work Phone: _____
Signature of Parent/Guardian: _____ Signature of Physician: _____

Physical Examination

Name:	Date:	Birthdate:	Height:	Weight:	BP:	Pulse:
Vision: Uncorrected R 20/ L 20/			Vision: Corrected R 20/ L 20/			

	Normal	Abnormal
HEENT:		
Heart/Rhythm:		
Lungs:		
Femoral Pulses:		
Abdomen:		
Genitalia - Hernia:		
Musculoskeletal:		
Neck:		
Shoulders:		
Elbows:		
Wrists:		
Hands:		
Back:		
Knees:		
Ankles:		
Feet:		

Clearance:

<input type="checkbox"/> Cleared for all sports	<input type="checkbox"/> Deferred pending further evaluation	<input type="checkbox"/> Cleared for the following sports only
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Reexamine:

<input type="checkbox"/> Yearly, and after any injury that limits participation for greater than one week.	<input type="checkbox"/> Other:
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I certify that I have examined the above named student, and that such examination revealed no conditions that would prevent this student from participation in interscholastic sports, except as noted:

Comments:	Physician's Name Stamp:
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Signature: _____ M.D. _____ Date: _____ Phone: _____



YREKA UNION SCHOOL DISTRICT

309 Jackson Street, Yreka, CA 96097
P: 530.842.1168 • F: 530.842.4576

Interim District Superintendent, James Berry

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

Each member of a school athletic team shall be covered by an insurance policy for medical and hospital expenses resulting from accidental bodily injury.

Pursuant to Education Code 32220, "member of an athletic team" also includes:

Members of school bands or orchestras, cheerleaders and their assistants, pompon girls, team managers and their assistants, and any student or pupil selected by the school or student body organization to directly assist in the conduct of the athletic event. Such members shall be covered only while they are being transported by or under the sponsorship or arrangements of the district or a student body organization, to or from a school or other place of instruction and the place at which the athletic event is being conducted.

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.

The insurance shall provide for coverage during the student's:

1. Participation in athletic events sponsored by the district or student body organization.
2. Participation in practice for an athletic event.
3. Transportation provided by the school district, or under its sponsorship, to and from the school and place for the athletic event.

The insurance required by this policy and Education Code 32221 shall not be required of those students who have insurance or a reasonable equivalent of health benefits provided them through other means.

The Governing Board shall make an insurance plan available for purchase by students participating in athletic events as provided by Education Code 32221.

The Board shall authorize the expenditure of district or student body funds for the purchase of insurance for those students whose parents/guardians are unable to pay for the cost of the insurance. (Education Code 32221).

Under State law, school districts are required to ensure that all members of the school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses.

Some pupils 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.

Board Policy Approved _____

**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 this **Sport** 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 this **Sport**.

I understand, acknowledge and agree that the Yreka Union 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 **Yreka Union 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 **Yreka Union 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:** _____

Name

Date

Card Signer's Business Phone Number _____

Dependent's Allergies: 1. _____ 2. _____
3. _____

Dependent's past medical problems: _____

Date of last tetanus shot: _____

Dependent's physician: _____
Or _____

Compliments of Fairchild Medical Center, Yreka, California

Name

Date of Birth

Age

CONSENT FOR MEDICAL TREATMENT OF A MINOR

I, as legal parent or guardian, do hereby give my consent for
_____ to receive all
medical care prescribed by a duly licensed physician.

This care may be given under whatever conditions are necessary
to preserve the life, limb, or well being of my dependent.

Date: _____ Signed: _____

Home Address: _____

Home Phone#: _____

RICK EVANS TRANSPORTATION
RELEASE AND ASSUMPTION OF RISK

In consideration of Rick Evans Transportation, Inc. ("RET") providing transportation services for students to attend the, I hereby agree to release, indemnify, and discharge RET, its officers, directors, employees, agents, representatives, independent contractors and Yreka Union School District (collectively "the Released Parties") on behalf of myself, my parents, my heirs, assigns, personal representatives and estate as follows:

1. I am aware of the COVID-19 pandemic and related governmental orders, directives and guidelines, (collectively "Directives"), including directives for frequent hand washing, social distancing and use of face masks in public locations. I am aware that RET provides bussing and transportation services utilizing its vehicles to the public and to students. As a result, I am aware that I could be infected, seriously injured or even die due to COVID-19. I am voluntarily choosing to enter RET vehicle(s) providing transportation services for the **2021/2022** school year and do so with knowledge of the risks involved and I elect to participate in spite of the risks.
2. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless the Released Parties from any and all claims, demands, or causes of action, which are in any way connected with or arising from COVID-19 and my transportation by RET, including any such claims which allege negligent acts or omissions of the Released Parties.
3. I understand RET does not have insurance coverage for COVID-19 related claims. I certify that I have adequate insurance coverage to cover any injury or damage I may cause or suffer while being transported, or else I agree to bear the costs of such injury or damage myself.

By signing this document, I acknowledge that if any COVID-19 related injury is caused in whole in part from my transportation with RET, I may be found by a court of law to have waived my right to maintain a lawsuit against the Released Parties on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire agreement. I have read and understand it, and I agree to be bound by its terms.

Date: _____

Student Signature

Student Printed Name

Grade

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of RET transporting my child to and from school, I further agree to hold harmless the Released Parties from any and all COVID-19 related claims which are brought by, or on behalf of my child, and which are in any way connected with RET's transportation of my child for school related purposes.

Date: _____

Student Signature

Parent/Guardian Signature

Phone