

Ferndale Elementary School Athletics Handbook

Dear Parent,

We are pleased that your child has expressed an interest in being a member of a Ferndale Elementary School athletic program. We believe that athletics are an integral part of the overall school program. Not only do athletics promote physical wellness, they also build character and the ability to work in a cooperative way with others.

Our goal at Ferndale Elementary is to provide a quality program that will do the following:

- 1) Provide a safe and fun place for athletes to learn
- 2) Teach sound fundamental skills
- 3) Encourage players to always give their best
- 4) Promote a winning attitude that emphasizes sportsmanship

***Please sign each page COMPLETELY to acknowledge Ferndale Elementary School's Athletic Policies.

Sincerely,

Mr. Rigney – Athletic Director

Student Name: _____

Grade Level: _____

Sport: _____

Eligibility Requirements

Since our athletic teams will be representing our school and community, there are certain eligibility standards that Ferndale Elementary School requires all athletic participants to adhere to:

1. **Academic Eligibility:**

All athletes must maintain at least a “C” average (2.0) with NO failing grades at trimester midterm and regular trimester grading periods; athlete may become eligible if grades raise to standards by next grading period

2. **Signups:**

A student must promptly write their name down on the signup list when signups occur. If a student decides they’d like to sign up for the team late, they may not be able to join the team. Coaches will make a determination after one week of practice/play if the team is “full” or “not full” and can accept more players. It is a coach’s prerogative to accept or deny more players for their roster (which includes students who may currently be ineligible). A coach may hold a 2nd tryout if too many students wish to join the team late.

3. **Behavior at School:**

Behavior at school affects a student’s eligibility to participate in practices and games. If a student commits a minor discipline infraction, they may be forced to sit for a small period of time at practices or games. If a moderate / major discipline infraction takes place, a student may be suspended for one or more games. Discipline problems involving disrespect or destruction of property, either at school or while on school trips, will result in loss of eligibility for that athlete. Any use of tobacco, alcohol, or other controlled substances at school or on school trips will result in immediate loss of eligibility.

4. **Behavior on the Team:**

Students are expected to display good behavior and attitude at practices and games. A student may be suspended from the team for bad behavior. If a player persistently exhibits poor behavior or does not follow school or team rules, a “warning” meeting will take place between Principal/AD, coach, player, and player’s parents. If negative behavior continues, they will be removed from the team. If a student is ejected from a game, they must sit out the entire next game. If a player quits or gets kicked off a sport’s team, that student is not eligible to participate on the next available sport’s team (for example, if a student gets kicked off a Fall season sport’s team, they cannot participate on a Winter season sport’s team).

5. **Attendance at Practice Sessions:**

Attendance at practice sessions is mandatory. We do not expect an athlete to practice if he/she is ill. If an athlete must miss a practice for reasons other than illness, arrangements must first be made with the coach. Failure to do so may result in loss of eligibility.

6. **P.E. Participation:**

Participation in P.E. the day of a meet/game or practice is mandatory. If an athlete is unable to participate in PE, he/she is therefore ineligible for the meet/game or practice.

7. **School Attendance:**

Athletes must attend part of the school day to participate in a game or practice that day.

Parent Signature

Student Signature

Player's Code of Conduct

1. I will not use drugs, alcohol, or tobacco products.
2. I will not use vulgar or foul language.
3. I will be at all practices – on time
 - Illness or medical appointments are excused absences.
 - I will let the coach know about expected “appointments”
4. I will not harass my teammates or opponents.
5. I will show respect to the officials.
6. I will show respect for my coach.
7. I know that sportsmanship and fair play will be first and foremost on my mind.
8. I know that the uniform issued to me must be returned at the end of the season and failure to do so will result in a minimum \$50.00 penalty.
9. I understand the school's playing time policy, and I will abide with the policy.
 - a. 5th grade: one quarter (6 minutes), except in tournament play
 - b. 6th- 8th grade: no required playing time (coach's discretion)
10. I understand in the event there are not sufficient players to form a team, there will not be a team. Players may move up from a lower grade level to help fill a team by consent of both teams' coaches, the parent, AD, and principal. If a unanimous decision is not made, the decision will be left to the principal and AD.
11. I know that I must maintain good grades or risk suspension from the team.
12. I know that I must follow all school rules as outlined in the student handbook, or I risk suspension from the team.
13. I know that failure to follow these rules could result in suspension from the team.

Parent Signature

Student Signature

Parent's Code of Conduct

1. I will support my child during their game.
2. I will not coach them during a game.
3. I will not yell at the coach.
4. I will show good sportsmanship at all times.
5. I will not yell at opposing players, coaches, or officials.
6. As a parent I know that I represent the community of Ferndale and the Ferndale Unified School District.
7. I understand the school's policy regarding playing time, and I will abide with this policy.
 - a. 5th grade: one quarter (5-6 minutes), except in tournament play
 - b. 6th- 8th grade: no required playing time (coach's discretion)
8. I understand in the event there are not sufficient players to form a team, there will not be a team. Players may move up from a lower grade level to help fill a team by consent of both teams' coaches, the parent, AD, and principal. If a unanimous decision is not made, the decision will be left to the principal and AD.
9. If I have a problem or disagreement with the coach, I will proceed as follows:
 - a. I will not approach the coach before, during, or after a game. I will go home, call the coach, and arrange a time to meet.
 - b. If I am not satisfied following the meeting, I will call the Athletic Director and arrange a second meeting with her and the coach.
 - c. If I do not feel the issue has been resolved in these meetings, I will contact the Principal.
10. THERE IS A \$50 MINIMUM PENALTY FOR NOT RETURNING ANY PART OF THE COMPLETE UNIFORM SET.

Parent Signature

Student Signature

FUSD CONCUSSION INFORMATION FACTS

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:

- | | |
|--|--|
| <ul style="list-style-type: none">• Headaches• “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 | <ul style="list-style-type: none">• Amnesia• “Don’t feel right”• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• Repeating the same question/comment |
|--|--|

Signs observed by teammates, parents and coaches include:

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

What can happen if my child keeps on playing with a concussion or returns to 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:

“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 and for the remainder of the day.”

and

“A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child's coach if you think that your child may have a concussion Remember its 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/>

Parent Signature

Student Signature

Media Waiver Release

I hereby acknowledge that photographs and videos of my son or daughter may be taken at practices and games and be posted on the internet, newspapers, local television, and other forms of media. Ferndale Elementary School usually just schedules team pictures at the end of the season, but family members, friends, and local media frequently take pictures or videos of practices and games and we do not have control over the distribution of those pictures and videos.

Parent Signature

Student Signature

Ferndale Elementary School Overnight Athletic Trips Contract (8th Grade Teams Only)

As a member of an athletic team at Ferndale Elementary School, I agree to the following conditions while on overnight trips:

1. I will respect and obey the coach and/or school supervisor's authority.
2. I will respect the lodging facility and its employees where I am staying and I will not commit any property damage while there.
3. I will not leave my room if the coach and/or supervisor say I need to stay in my room for any reason.
4. When I am in my room, I may not leave the room without verbal permission from my coach and/or supervisor – I will have a phone in my room with the capability to call my coach and/or supervisor at any time.
5. Since I am representing the school at all times on an overnight trip, I must behave in accordance with all other Ferndale Elementary School Athletic Department rules.
6. If my parent/guardian “signs me out” of Ferndale Elementary School supervision, I can no longer spend time or be present in Ferndale Elementary School “team” rooms or facilities or be transported with school vehicles (once signed out, I must stay with my parent/guardian for duration of trip).

***If I leave my room without permission from my coach and/or supervisor at any time, the following consequences will be in place:

→*1st time*: I will be suspended (benched) from the next game; if the season is over, I will miss the next school related activity (dance, or end of trimester fieldtrip).

→*2nd time*: I will be suspended from the sports' team (no practices or games) for at least one week, and my parent/guardian will be called and asked to pick me up and drive me home from the trip.

***I understand that if I misbehave in any inappropriate manner not specifically stated above, my disciplinary consequence will be decided by the athletic director and/or principal.

Playing on a Ferndale Elementary School athletic team is more than just an opportunity to play sports, and we feel by your 8th grade year, you are mature enough to have the opportunity to compete in overnight sporting events.

We understand the above contract and agree to follow and abide by its rules. If we have any concerns or questions we will ask them to the coach and athletic director first.

Parent Signature

Student Signature



**PARENT PERMISSION WAIVER FOR STUDENT PARTICIPATION
IN AN ACTIVITY BEING TRANSPORTED IN A NON-DISTRICT
VEHICLE BY NON-DISTRICT PERSON**

RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

I, the undersigned, parent or guardian of _____, a student, hereby agree to allow such student to participate in FERNDALE ELEM. SCHOOL ATHLETICS during the _____ school year. I understand that the above activity will occur during normal class period or may occur outside of the normal school hours. I understand that the District does **not** transport or provide transportation for students to and/or from this activity. I understand that it is my responsibility to make the necessary arrangement for my student to be transported to and/or from this activity.

I understand and hereby agree that it is my choice for how my student is to be transported to and from these specified activities. I fully understand that the District is in no way responsible, nor does the District assume liability, for any injuries or losses resulting from this non-district sponsored transportation. I understand that I may choose to allow my child to drive him/herself, be transported by another student or adult; or make other arrangements for my student to be transported.

I understand that any driver of my student is not a district person and is not an agent of or on behalf of the District. For and in consideration of permitting the student named above to be transported home in a non-district vehicle driven by a non-district person, I hereby as the undersigned voluntarily release, discharge, waive and relinquish any and all actions or causes of action for personal injury, property damage, or wrongful death occurring to the student arising as a result of the student being transported by a non-district vehicle driven by a non-district person.

I agree to defend FERNDALE School District, its officers, agents, employees and volunteers against any claim or lawsuit for injury, loss, or damage arising from or in any way connected with such student's participation in this activity, including transportation.

I have carefully read this agreement and fully understand its contents. I am aware that this is a Release of Liability and Indemnity, and it is a legally binding contract between the FERNDALE School District and me, and I sign it of my own free will. I fully recognize and understand that this is not a school-required activity and that participation is not required.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____
Parent/Legal or Guardian Signature

Print Parent Name: _____

Address: _____

**ATHLETIC / EXTRACURRICULAR ACTIVITY
COVID-19 ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION
AGREEMENT**

Parent/Legal Guardian's Name: _____

Student's Name: _____

Activity: _____

I understand and agree as set forth below.

1. The District, its governing board, officers, agents, employees, volunteers, and representatives (collectively "Released Parties") shall not be liable for any injury or illness suffered by my son/daughter which is related to or arises out of preparing for and/or participating in this Activity, and to the fullest extent allowed by law, on behalf of my child and myself, I voluntarily assume all known and unknown risks of injury or illness, howsoever caused, even if caused, in whole or in part, by the action or inaction of the Released Parties;
2. Participation in Activity includes possible exposure to, illness, and death from infectious diseases including, but not limited to, methicillin-resistant Staphylococcus aureus (MRSA), influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;
3. I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my child's participation;
4. I willingly agree to comply with the stated and customary terms and conditions for participation as they relate to protection against infectious diseases. I have reviewed the most recent directives from the Centers for Disease Control (CDC), the California Department of Public Health and Humboldt County Health Services, along with District policy and protocols, if any, regarding the risks associated with COVID-19 exposure and safe practices to follow, which have been provided to me by the District. I have informed and discussed the dangers of participation in Activity and the required rules and regulations to allow participation in Activity with my child;
5. To the fullest extent permitted by law, I, for myself, and on behalf of my child, heirs, assigns, and representatives hereby release and hold harmless the Released Parties with respect to any and all illness, injury, disability, death, of my child related to or arising out of preparing for and/or participating in the Activity.

I HAVE READ THIS WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY.

Parent/Guardian signature: _____

Date signed: _____

RE: JPA form 24 (the following 3 pages)

There are two methods to properly completing JPA form 24:

1. Fill out pages 1 & 2 (by a Doctor)

Or

2. Fill out page 3 (by a Doctor)



HISTORY FORM

Preparticipation Physical Evaluation

Physicians may use the Child Health and Disability Prevention Pre-participation Physical Evaluation History form instead of the JPA 24.

DATE OF EXAM _____

| | | | | | | | |
|-------------------------------------|--|--------------------|--|-----------------|--|---------------------|--|
| Name _____ | | Sex _____ | | Age _____ | | Date of Birth _____ | |
| Grade _____ | | School _____ | | Sport(s) _____ | | | |
| Address _____ | | | | Phone _____ | | | |
| Personal Physician _____ | | | | | | | |
| In Case of Emergency, Contact _____ | | | | | | | |
| Name _____ | | Relationship _____ | | Phone (H) _____ | | (W) _____ | |

Explain "Yes" answers below.
Circle questions you don't know the answers to:

- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|
1. Has a doctor ever denied or restricted your participation in sports for any reason? Yes No
 2. Do you have an ongoing medical condition (like diabetes or asthma)? Yes No
 3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? Yes No
 4. Do you have allergies to medicines, pollens, foods, or stinging insects? Yes No
 5. Have you ever passed out or nearly passed out DURING exercise? Yes No
 6. Have you ever passed out or nearly passed out AFTER exercise? Yes No
 7. Have you ever had discomfort, pain, or pressure in your chest during exercise? Yes No
 8. Does your heart race or skip beats during exercise? Yes No
 9. Has a doctor ever told you that you have (check all that apply):

| | |
|--|--|
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> A heart murmur |
| <input type="checkbox"/> High cholesterol | <input type="checkbox"/> A heart infection |
 10. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram) Yes No
 11. Has anyone in your family died for no apparent reason? Yes No
 12. Does anyone in your family have a heart problem? Yes No
 13. Has any family member or relative died of heart problems or of sudden death before age 50? Yes No
 14. Does anyone in your family have Marfan syndrome? Yes No
 15. Have you ever spent the night in a hospital? Yes No
 16. Have you ever had surgery? Yes No

- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|
25. Is there anyone in your family who has asthma? Yes No
 26. Have you ever used an inhaler or taken asthma medicine? Yes No
 27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? Yes No
 28. Have you had infectious mononucleosis (mono) within the last month? Yes No
 29. Do you have any rashes, pressure sores, or other skin problems? Yes No
 30. Have you had a herpes skin infection? Yes No
 31. Have you ever had a head injury or concussion? Yes No
 32. Have you been hit in the head and been confused or lost your memory? Yes No
 33. Have you ever had a seizure? Yes No
 34. Do you have headaches with exercise? Yes No
 35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? Yes No
 36. Have you ever been unable to move your arms or legs after being hit or falling? Yes No
 37. When exercising in the heat, do you have severe muscle cramps or become ill? Yes No
 38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? Yes No
 39. Have you had any problems with your eyes or vision? Yes No
 40. Do you wear glasses or contact lenses? Yes No
 41. Do you wear protective eyewear, such as goggles or a face shield? Yes No
 42. Are you happy with your weight? Yes No
 43. Are you trying to gain or lose weight? Yes No
 44. Has anyone recommended you change your weight or eating habits? Yes No
 45. Do you limit or carefully control what you eat? Yes No
 46. Do you have any concerns that you would like to discuss with a doctor? Yes No

| | | | | | | | |
|---|------------|----------|-----------|-------|-----------|--------------|-----------|
| 17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below: | | | | | | | |
| Head | Neck | Shoulder | Upper arm | Elbow | Forearm | Hand/fingers | Chest |
| Upper back | Lower back | Hip | Thigh | Knee | Calf/shin | Ankle | Foot/toes |

- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|
20. Have you ever had a stress fracture? Yes No
 21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? Yes No
 22. Do you regularly use a brace or assistive device? Yes No
 23. Has a doctor ever told you that you have asthma or allergies? Yes No
 24. Do you cough, wheeze, or have difficulty breathing during or after exercise? Yes No

FEMALES ONLY

47. Have you ever had a menstrual period? Yes No
48. How old were you when you had your first menstrual period? _____
49. How many periods have you had in the last 12 months? _____

Explain "YES" answers here: _____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____



Preparticipation Physical Evaluation

PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____
 Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP ___/___ (___/___, ___/___)
 Vision R 20/____ L 20/____ Corrected: Y N Pupils: Equal _____ Unequal _____

PHYSICIAN REMINDERS

Consider additional questions on more sensitive issues

1. Do you feel stressed out or under a lot of pressure?
2. Do you ever feel sad, hopeless, depressed, or anxious?
3. Do you feel safe at your home or residence?
4. Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
5. During the past 30 days, did you use chewing tobacco, snuff, or dip?
6. Do you drink alcohol or use any other drugs?
7. Have you ever taken anabolic steroids or used any other performance supplement?
8. Have you ever taken any supplements to help you gain or lose weight or improve your performance?
9. Do you wear a seat belt, use a helmet, and use condoms?
10. Consider reviewing questions on cardiovascular symptoms (questions 5-14).

Notes:

| | NORMAL | ABNORMAL FINDINGS | INITIALS * |
|--------------------------------|--------|-------------------|------------|
| MEDICAL | | | |
| Appearance | | | |
| Eyes/ears/nose/throat | | | |
| Hearing | | | |
| Lymph nodes | | | |
| Heart | | | |
| Murmurs | | | |
| Pulses | | | |
| Lungs | | | |
| Abdomen | | | |
| Genitourinary (males only)* ** | | | |
| Skin | | | |
| MUSCULOSKELETAL | | | |
| Neck | | | |
| Back | | | |
| Shoulder/arm | | | |
| Elbow/forearm | | | |
| Wrist/hand/fingers | | | |
| Hip/thigh | | | |
| Knee | | | |
| Leg/ankle | | | |
| Foot/toes | | | |

* Multiple-examiner set-up only.

** Having a third party present is recommended for the genitourinary examination.

Notes:

Sports participation: Approved: _____ Conditional: _____ Denied: _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD, DO, ND, NP or PA



PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

In order for the student athlete to be able to participate in sports, minimally, the completed JPA 24, page 3 needs to be received by the school.

Name _____ Sex M F Age _____ Date of birth _____

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 _____
Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contra-indications 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, DO, ND, NP or, PA

EMERGENCY INFORMATION

Allergies _____

Other information _____

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