RIVER Springs CHARTER SCHOOL ATHLETICS



CENTURIONS

Full Name: _____

Athletic Eligibility Guidelines

To ensure that the possibility of disruption sometimes caused by involvement in athletes or activities is minimized, the River Springs Charter School board has adopted the following guidelines regarding student athlete eligibility:

Academic Standards

A student must have a 2.0 GPA or higher and passing grade in all classes.

Academic Suspension from Student Activities

If a student accumulates an "F" at any time during the student's involvement in athletics or activities the student is immediately suspended from participation in the sport or activity until it has been recorded that the student has passing grades in all of his/her classes.

Academic Probation for Student Activities

Administration has the discretion to place a student who failed to maintain the academic standards in a previous week on probation for the following week in order to encourage students to reach their academic potential. If a student's is accumulative GPA for the quarter is below 2.0, the student will be suspended for the following quarter sport.

River Springs Charter School has established a tradition of virtue and excellence. Student activities, including athletics, should strongly emphasize virtuous behavior. RSCS students must be good citizens and exhibit conscientious behavior as they represent RSCS.

Philosophy of the River Springs Charter School Athletic Programs

The River Springs Charter School Athletic and Activities Programs shall function in accordance with existing River Springs Charter School policies, rules and regulations, and with the California Interscholastic Federation (C.I.F.). The program shall provide a variety of meaningful experiences to enhance the development of habits and attitudes that will prepare students for adult life in society. All school sponsored athletic events and activities will be conducted in a way that will uphold the standards and virtues of River Springs Charter School. River Springs Charter School athletic teams and student activities are intended to generate school pride, success, and unity. It is to be considered an honor and privilege to participate in these extra-curricular programs and therefore participants will be held to a standard consistent with the standards of River Springs Charter School. Students, who choose to participate in the athletic or activity programs at River Springs Charter School, do so voluntarily.

Goals and Objectives

To better understand and develop the values of commitment, loyalty, teamwork, and responsibility. Students will learn how to represent the community, themselves, the school and families in a positive matter.

Mission Statement

River Springs Charter School Athletics exists to provide a competitive sports program that challenges student-athletes physically and mentally, by teaching life principles that help the student-athlete to be a productive and responsible young adult.

Requirements of Athletic Participation

Insurance (Athletics Only)

Accidental bodily insurance is required for athletic participation. Parent/ guardians must sign the information form showing that they understand the information regarding insurance and warning of accidents that may occur when participating in athletic activities. A copy of the insurance card will assist in providing care.

Informed Consent and Acknowledgment of Waiver of Liability

Each participant and parent/guardian must sign the Informed Consent and Acknowledgment of Waiver of Liability.

Emergency Medical Authorization

Each student athlete's parent or guardian must complete the Emergency Medical Authorization form giving permission for treatment by a physician or hospital when a parent/guardian is not available.

Physical Exam

It is required that the athlete is given an annual physical examination by a physician and that the physician certifies that the student is physically fit to participate in competitive athletic activities. The form is distributed by the school and must be return promptly to the Athletic Department.

Compliance of the Athletic Code of Conduct and Policies.

Every student and parent/guardian must read and sign the Athletic Code of Conduct and Policies, showing that they understand and agree to comply.

All of the items mentioned above must be completed and received by the Athletic Department before the student can participate in any athletic activity.

STUDENT NAME: _____

- o Signed Athletic Contract
- o Proof of insurance
- o Signed Informed Consent and Acknowledgment of Waiver of Liability
- o Signed Emergency Medical Authorization.
- o Completed Physical (athletes only)
- o Athletic/Activity Packet COMPLETE

Verified by: _____ Date: _____

Athletic Code of Conduct

Students that participate in the River Springs Charter School Athletics program understand that to participate is a PRIVILEGE and will agree to uphold the responsibilities below:

- The **Responsibility** to be a good citizen, representing the community, their families and the school at the highest standards according to River Springs Charter School.
- The **Responsibility** to maintain high standards of health and safety in order to perform at maximum level of their potential.
- The **Responsibility** to their team members to give their best attitude and effort at all times.
- The **Responsibility** to their teachers and coaches to respect them and to strive for success in every effort they undertake.
- The **Responsibility** to the youth of the community, who look up to them, to be role models of citizenship and behavior.

Participants of River Springs Charter School Athletics pledge not to, AT ANY TIME, Use or engage in the ILLEGAL USE OF DRUGS, ALCOHOL, and TOBACCO or TO PARTICIPATE IN CRIMINAL BEHAVIOR as defined in the California State Education Code and / or Penal Code.

- The student will promote teamwork, commitment, self-sacrifice, a strong work ethic, and self-discipline in order to produce upstanding citizens and maximize the enrichment of their future.
- The student will learn that principle of commitment is more important than mere athletics. The student will learn to remain committed to the team amidst challenges.
- The student will learn to appreciate the skills and abilities of opponents.
- The student will learn to appreciate playing by the rules. The C.I.F. motto is "Pushing for Victory with Honor." River Springs Charter School will reinforce this principle.
- The student will learn to be a good winner as well as gracious loser when defeated.

When a student voluntarily participates in interscholastic athletics or school sponsored events, he/she agrees to obey by the rules in the River Springs Charter School Athletics Code of Conduct. **The Code of Conduct is in effect at all times; while the student is at school and away.**

Because of the seriousness of the following rules, the coach, Athletic Director, Principal and Assistant Superintendent of Education shall meet to determine the penalty according to the degree of infraction.

General Team and Activity Rules

- The use or possession of alcohol, tobacco, steroids, or any other illegal drug is not tolerated
- Any student referred to the Athletic Director or the Principal for violation of school rules may be denied the privilege of athletic/activity participation for a period determined by the Athletic department.
- Fighting, taunting, or displaying any sort of poor sportsmanship towards anyone (opponent, official, spectator, teammate, coach, etc.) will not be tolerated.
- All coaches / directors may establish standards approved by the Athletic Director and Assistant Superintendent that are higher than or in addition to the general requirements. Non-compliance of these rules will not be tolerated.
- Every student must maintain a GPA of at least 2.0 and have no "F" during the grading period prior to the season of the sport. Athletic participation is not permitted during the probation period.
- A one –time waiver may be offered for students falling under the 2.0 GPA requirements. The waiver must be signed by the student, the parent/guardian, Athletic Director and Principal. This waiver is allowed to be used only one time per calendar year.
- The student must always consult with the coach/director before missing practice or a contest. Every effort will be made by the coach, principal and athletic director to avoid scheduling conflicts with other school functions. Likewise, every effort should be made by the student and parent/guardians to avoid scheduling conflicts with practice or contests.
- A student will not be allowed to participate in a future season until all school issued athletic uniform items have been returned. All uniforms will comply with sport-specific rules and will not be altered to bring attention to an individual. Any non-returned item will be charge to the student. If fees are not paid a student's records may be withheld.
- All injuries must be reported to the head coach within 48 hours. If the injury requires medical attention by physician, the athlete must obtain the physician's written clearance to return to activity.
- The student shall show coaches, directors, officials, teammates, opponents, spectators, and all River Springs Charter School staff respect at all times.
- The student shall strive to comply with the objectives and philosophies of the River Spring Charter School Athletic program.

Quitting a Team - If an athlete quits a team after the ten day grace period, the athlete will miss the first contest of the next sport he/she participates in. The athlete **MAY NOT** practice in another sport until the conclusion of the last regularly scheduled contest of the sport they left by quitting. The parents will be notified by the coach and may appeal the coach's decision to the Athletic Director.

Parent Complaint Procedures

If a parent concern arises regarding any aspect of the River Springs Charter Schools Athletic Program the following steps should be taken.

1. Contact the coach involved to make an appointment. Please DO NOT confront a coach before or after a contest.
2. If the concern is not resolved with the coach, call the Athletic Assistant Director, Dax McGregor, at 951.225.7717

Note: All concerns regarding try-out procedures should be communicated prior to the try-out dates.

Photo Release for athletics: I hereby irrevocably consent to and authorize the use and reproduction by you, or anyone authorized by you, of any and all photographs, film, video tape, audio tape, or other media, for any purpose whatsoever, without further compensation to me. All original film, tape or electronic media becomes the property of The Charter or anyone authorized by The Charter.

Yes_____ No_____ (parent initial in blue ink)

Parent or guardian's name: _____ Date _____

Signature _____

Student Athlete's name: _____o _____ Date _____

Signature _____

River Springs Charter School Athletic Contract

CODE OF CONDUCT, ACADEMIC ELIGIBILITY AND RULES STATEMENT

I have read and understand the River Springs Charter School Athletic Code of Conduct, Academic Eligibility Requirements, and General Team Rules. **I understand that by signing this contract I agree to accept responsibility for my actions and understand the consequences of any violations of the rules.**

The cumulative penalties and regulations, regarding any infractions of the Athletic Code, will be applied in addition to and after students have complied with the consequences of the regular school discipline program which include suspension and expulsion. These penalties are cumulative during a student's tenure at River Spring Charter School.

Age and Residence Statement

MY SON/DOUGHTER IS UNDER NINETEEN YEARS OF AGE AS OF JUNE 15TH.

Age_____Date of Birth___/___/____Grade (16/17)_____

Has student attended any high school other than River Springs Charter School? *Yes_____No ___

***If yes, additional forms required for eligibility.**

Name of the school_____Phone #_____Dates from_____/___to____/___
E-mail_____

Student has attended River Springs Charter Schools since ___/_____/____

Did the student participate in any sports over the past 12 months? Yes___ No____

If yes, what sport?_____

INSURANCE STATEMENT

CALIFORNIA EDUCATION CODE SECTION 32221 REQUIRES THAT EVERY STUDENT ON AN ATHLETIC TEAM HAVE ACCIDENTAL BODILY INJURY INSURANCE, PROVIDING AT LEAST $1500 OF SCHEDULED MEDICAL AND HOSPITAL BENEFITS. IF YOU CANNOT AFFORD THIS MEDICALCOVERAGE FOR YOUR ATHLETE, THE ATHLETIC DEPARTMENT CAN ASSIST IN PROVIDING INFORMATION ON AN ACCIDENT POLICY, WICH MEETS THE ABOVE REQUIREMENTS. THIS COVERAGE IS NOT A 24 HOUR MEDICAL POLICY. IT ONLY COVERS THE STUDENT WHILE PARTICIPATING IN A SCHOOL-SPONSORED AND SUPERVISED ATHLETIC ACTIVITY.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING RIVER SPRINGS CHARTER SCHOOLS POLICY. I UNDERSTAND THAT MAINTAINING THIS ACCIDENTAL BODILY INJURY INSURANCE POLICY IS MY RESPONSIBILITY AS A PARENT OR GUARDIAN. IF, AT ANY TIME, DURING THE ATHLETIC SEASON I CAN NO LONGER AFFORD THIS POLICY, IT IS MY RESPONSIBILITY TO CONTACT THE ATHLETIC DEPARTMENT FOR ASSISTANCE.

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT:

1. ALL INFORMATION PROVIDED IS CORRECT. FALSE INFORMATION WILL RESULT IN STUDENT INELIGIBILITY AND TEAM FORFEIT.
2. I HAVE READ THIS INFORMATION AND WILL ABIDE BY ITS PROVISIONS.
3. MY STUDENT IS ENROLLED OR HAS AN APPOINTMENT TO BE ENROLLED IN RIVER SPRINGS CHARTER SCHOOL.

Parent/Legal Guardian (Name)	Parent/Legal Guardian (Signature)	Date
Student Athlete (Name)	Student Athlete (Signature)	Date

River Springs Charter

Informed Consent and Acknowledgment of Waiver of Liability for Voluntary Non-School Time Enrichment Activities.

Participation in this enrichment activity is voluntary. The undersigned has read and understands the material contained in this form and hereby authorizes: (Student's Name)_____to participate in (Activity/Sport)_____.

WARNING TO ATHLETES & PARENTS/GUARDIANS

By their very nature, some activities can put students in situations in which SERIOUS, CATASTROPHIC and perhaps FATAL injuries may occur. Many forms of athletic competition result in violent physical contact among players, the use of equipment which may result in injuries, strenuous physical exertion, and numerous other exposures to risk of injury. These injuries could include, but are not limited to the following:

Sprains/strains	Disfigurement	Unconsciousness
Fractures	Head injuries	Paralysis
Cuts /abrasions	Loss of eyesight	Death

Parent/guardians and participants must assess the risks involved in such activity and make their choice to permit participation in spite of those risks. Students will be instructed in proper techniques to be used in athletic competition and in proper utilization of all equipment worn or used in practice or competition. Students MUST adhere to that instruction and utilization and MUST refrain from improper use and techniques. No amount of instruction, precaution or supervision will eliminate all risk of injury. By granting permission for your child to participate in_____, you, the parent/legal guardian, acknowledge that such risk exists.

The undersigned has read and hereby agrees to hold River Springs Charter School, its employees, agents, volunteers and/or sponsors, and any other person, firm or corporation charged or chargeable with responsibility or liability, free and harmless from any and all claims, demands, damages, costs, expenses, loss of services, action and causes of action resulting from the use of facilities, equipment and participation, travel to and from practices and/ or contest/performances, by their son/daughter in the above named activity/sport, to the fullest extent of the law.

In the event of illness or injury, I/we do hereby consent to whatever x-ray examination, anesthetic, medical, surgical of dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

Check one: ____My child has no special health needs the staff should be aware of.

____My child has a special need; additional information on reverse side or attached.

Emergency Family contact name*:_____**Use reverse side for additional information.

Relationship:_____Phone number:_____

Parent/Legal Guardian (Name)	Parent/Legal Guardian (Signature)	Date
Student Athlete (Name)	Student Athlete (Signature)	Date

Family Medical Insurance Carrier:_____Policy / Group #_____

Primary Care Physician:_____Phone # _____

River Springs Charter

ATHLETIC/ACTIVITY EMERGENCY MEDICAL AUTHORIZATION

This form must be onsite at all practices and contests.

Student's full name:_____Grade 2016/17:_____

DOB:_____ GENDER_____F_____M

HOME ADDRESS:_____

CITY:_____ZIP:_____

PARENT/GUARDIAN NAME(S)

_____CELL#:_____ALT PHONE:_____

_____CELL#:_____ALT PHONE:_____

IN THE EVENT PARENT/GUARDIAN CANNOT BE REACHED, PLEASE CONTACT:

_____CELL#:_____ALT PHONE:_____

LIST OF SPORTS THE ABOVE STUDENT PLAYS: _____

_____

In the event of illness or injury, I/we do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital of facility furnishing medical or dental services.

Check one: ____My child has no special health needs the staff should be aware of.

____My child has a special need; additional information on reverse side or attached.

Emergency Family contact name: _____

Relationship:_____Phone number:_____

Parent/Legal Guardian (Name)	Parent/Legal Guardian (Signature)	Date
Student Athlete (Name)	Student Athlete (Signature)	Date

Family Medical Insurance Carrier:_____Policy / Group #_____

Primary Care Physician:_____Phone # _____

10932 Pine Street
Los Alamitos, California 90720

Telephone: 562-493-9500
Fax: 562-493-6266

Code of Ethics - Athletes

Athletics is an integral part of the school's total educational program. All school activities, curricular and extra-curricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Code of Ethics is presented.

As an athlete, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials and coaches.
3. Respect the integrity and judgment of game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
5. Maintain a high level of safety awareness.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. Win with character, lose with dignity.

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Article 523).

By signing below, both the participating student athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We recognize that under CIF Bylaw 202, there could be penalties for false or fraudulent information.

We also understand that the _____ (school/school district name) policy regarding the use of illegal drugs will be enforced for any violations of these rules.

_____
Printed Name of Student Athlete

_____
Signature of Student Athlete Date

_____
Signature of Parent/Caregiver Date

A copy of this form must be kept on file in the athletic director's office at the local high school on an annual basis and the Principal's Statement of Compliance must be on file at the CIF Southern Section office.

Revised 7/11

Revised 7/1/05
Mandatory

Preparticipation Physical Evaluation

HISTORY FORM

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)_____ Phone(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?	☐	☐
2. Do you have an ongoing medical condition (like diabetes or asthma)?	☐	☐
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?	☐	☐
4. Do you have allergies to medicines, pollens, foods, or stinging insects?	☐	☐
5. Have you ever passed out or nearly passed out DURING exercise?	☐	☐
6. Have you ever passed out or nearly passed out AFTER exercise?	☐	☐
7. Have you ever had discomfort, pain, or pressure in your chest during exercise?	☐	☐
8. Does your heart race or skip beats during exercise?	☐	☐
9. Has a doctor ever told you that you have (check all that apply): ☐ High blood pressure ☐ A heart murmur ☐ High cholesterol ☐ A heart infection		
10. Has a doctor ever ordered a test for your heart? (for example: ECG, echocardiogram)	☐	☐
11. Has anyone in your family died for no apparent reason?	☐	☐
12. Does anyone in your family have a heart problem?	☐	☐
13. Has any family member or relative died of heart problems or of sudden death before age 50?	☐	☐
14. Does anyone in your family have Marfan syndrome?	☐	☐
15. Have you ever spent the night in a hospital?	☐	☐
16. Have you ever had surgery?	☐	☐
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:	☐	☐
18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:	☐	☐
19. Have you had a bone or joint injury that required x-rays MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:	☐	☐

Head	Neck	Shoulder	Upper Arm	Elbow	Forearm	Hand/ Fingers	Chest
Upper Back	Lower Back	Hip	Thigh	Knee	Calf/ Shin	Ankle	Foot/ Toes

20. Have you ever had a stress fracture?	☐	☐
21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?	☐	☐
22. Do you regularly use a brace or assistive device?	☐	☐
23. Has a doctor ever told you that you have asthma or allergies?	☐	☐
24. Do you cough, wheeze, or have difficulty breathing during or after exercise?	☐	☐
25. Is there anyone in your family who has asthma?	☐	☐
26. Have you ever used an inhaler or taken asthma medicine?	☐	☐
27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	☐	☐
28. Have you had infectious mononucleosis (mono) within the last month?	☐	☐
29. Do you have any rashes, pressure sores, or other skin problems?	☐	☐
30. Have you had a herpes skin infection?	☐	☐
31. Have you ever had a head injury or concussion?	☐	☐
32. Have you been hit in the head and been confused or lost your memory?	☐	☐
33. Have you ever had a seizure?	☐	☐
34. Do you have headaches with exercise?	☐	☐
35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	☐	☐
36. Have you ever been unable to move your arms or legs after being hit or falling?	☐	☐
37. When exercising in the heat, do you have severe muscle cramps or become ill?	☐	☐
38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	☐	☐
39. Have you had any problems with your eyes or vision?	☐	☐
40. Do you wear glasses or contact lenses?	☐	☐
41. Do you wear protective eyewear, such as goggles or a face shield?	☐	☐
42. Are you happy with your weight?	☐	☐
43. Are you trying to gain or lose weight?	☐	☐
44. Has anyone recommended you change your weight or eating habits?	☐	☐
45. Do you limit or carefully control what you eat?	☐	☐
46. Do you have any concerns that you would like to discuss with a doctor?	☐	☐
FEMALES ONLY		
47. Have you ever had a menstrual period?	☐	☐

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_____

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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 _____

	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: _____

_____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

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Preparticipation Physical Evaluation

CLEARANCE FORM

Name_____ Sex_____ Age_____ Date of birth_____

☐ Cleared without restriction
☐ Cleared, with recommendations for further evaluation or treatment for:_____
_____
_____
_____

☐ Not Cleared for ☐ All sports ☐ Certain sports: _____ Reason:_____

Recommendations:_____
_____

EMERGENCY INFORMATION

Allergies _____

Other Information _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

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Preparticipation Physical Evaluation

CLEARANCE FORM

Name_____ Sex_____ Age_____ Date of birth_____

☐ Cleared without restriction
☐ Cleared, with recommendations for further evaluation or treatment for:_____
_____
_____
_____

☐ Not Cleared for ☐ All sports ☐ Certain sports: _____ Reason:_____
Recommendations:_____
_____

EMERGENCY INFORMATION

Allergies _____

Other Information _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

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