Kairos Public School Vacaville Academy
Athletic Clearance Form (Middle School)

Name: ____________________________ Sex: _____ Grade: _____ Date: ________

Address: ___________________________ Age: _____ Date of Birth: ____________

City: ______________________________ Zip Code: _______ Phone: ____________

Father’s Name: ________________________ Cell Phone: ________________

Mother’s Name: ________________________ Cell Phone: ________________

School attended last semester: ____________________________________________

TO PARENTS OR GUARDIANS: You are requested to sign this participation form in order that the student concerned may engage in an extracurricular activity. The board of Education deems many of these extracurricular activities to be worthy for students but does not require them of students. These activities are voluntary on the part of the students and a signed participation form is necessary before participation.

TRANSPORTATION: Transportation to practices and competitive events within the league will be the responsibility of the parents. Parents need to be aware that the transportation and drivers they select are not to be considered agents of the Kairos Public School Vacaville Academy and are not covered by school insurance. Drivers will have to meet the minimum insurance requirements set forth by the school.

PARENT AUTHORIZATION: In signing this form I/we are aware that this activity is an extracurricular activity held under school supervision. It is not a required activity. I/we understand that Board of Education, the school district or its employees will not be held liable for injuries resulting from participation of my child in this activity or from transportation related thereto.

INTERSCHOLASTIC ATHLETIC INSURANCE COVERAGE CERTIFICATION
Before your son/daughter is eligible to participate in interscholastic athletics, insurance coverage ($15,000 minimum) according to Education Code Section 32220-24 must be obtained by you for the student who expects to participate. Please read carefully the following affidavit, and if you presently have the required insurance coverage for your student, sign this affidavit. You may choose to purchase the required insurance. Check which insurance option you choose.

A ☐ I, ___________________________________________ do hereby declare that ____________________________ is insured in accordance with Education Code through:
COMPANY NAME (Medical Policy): ________________________________ POLICY NO: __________________

Or

B ☐ I am purchasing athletic insurance. Please see the school’s athletic director for more details.

☐ ALL SPORTS

I further understand that the aforesaid law requires that the above coverage apply to members of athletic teams and non competitors who perform duties in connection with inter-school athletic events while such persons are engaged in or preparing for athletic events promoted under the sponsorship or arrangement of the school or student body association and/or while such persons are being transported by or under the sponsorship of the school or student body association to or from school or other place of instruction and the place of the event.

I understand that I must maintain this insurance or notify in writing the athletic director of cancellation.
# VACAVILLE UNIFIED SCHOOL DISTRICT
## SPORTS PHYSICAL EXAMINATION FORM

### PART 1 -- HEALTH HISTORY

(Must be Completed by Parent/Guardian Prior to the Examination)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Has this student had:</th>
<th>Yes</th>
<th>No</th>
<th>Does this student presently:</th>
<th>Further history:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>Chronic or recurrent illness?</td>
<td>16.</td>
<td></td>
<td>Injuries requiring medical care or treatment?</td>
<td>Birth defects (corrected or not)?</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td>Illness lasting over 1 week?</td>
<td>17.</td>
<td></td>
<td>Neck or back pain or injury?</td>
<td>Death of a parent or grandparent less than 40 years of age due to medical cause or condition?</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td>Hospitalizations or Surgeries?</td>
<td>18.</td>
<td></td>
<td>Knee pain or injury?</td>
<td>Parent or grandparent requiring treatment for heart condition less than 50 years of age?</td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td>Nervous, psychiatric, or neurologic condition?</td>
<td>19.</td>
<td></td>
<td>Shoulder or elbow pain or injury?</td>
<td>Been seen by a physician on an emergency or urgent basis in the last 12-months?</td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td>Loss or non-functioning of organs (eye, kidney, liver, testicle) or glands?</td>
<td>20.</td>
<td></td>
<td>Ankle pain or injury?</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td>Allergies (medicines, insect bites, food)?</td>
<td>21.</td>
<td></td>
<td>Other joint pain or injury?</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td>Problems with heart or blood pressure?</td>
<td>22.</td>
<td></td>
<td>Broken bones (fractures)?</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td>Chest pain or significant or severe shortness of breath during or after exercise?</td>
<td>23.</td>
<td></td>
<td>Wear eyeglasses or contact lenses?</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td>Dizziness or fainting with exercise?</td>
<td>24.</td>
<td></td>
<td>Wear dental bridges, braces or plates?</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td>Fainting, bad headaches or convulsions?</td>
<td>25.</td>
<td></td>
<td>Take any medications? (List below):</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
<td>Heat exhaustion, heatstroke, or other problems managing or responding to heat?</td>
<td>27.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td></td>
<td>Racing heartbeat, skipped or irregular heartbeats, or heart murmur?</td>
<td>28.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td></td>
<td>Severe or repeated instances of muscle cramps?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Date of last known tetanus (lockjaw) shot:**

**Date of last complete physical examination:**

**Explain all "YES" answers. Describe any other fact that should be disclosed prior to the examination (use reverse of form if needed):**

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## PARENT/GUARDIAN'S AUTHORIZATION:

I authorize the health care provider to perform a Sports Physical Evaluation on the student. The information set forth above is complete and accurate. I presently know of no reason why the student cannot fully and safely participate in the listed sports. For Sports Physical Evaluations that may be performed by District volunteers, I understand the evaluation is a screening evaluation only, and that I must address all health care concerns with the Student's personal physician or health care provider.

**PRINT NAME OF PARENT OR GUARDIAN**

**SIGNATURE OF PARENT OR GUARDIAN**

**ADDRESS**

**WORK PHONE**

**HOME PHONE**

**DATE**

**REGULAR PHYSICIAN'S NAME**

**OFFICE PHONE**

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## PART 2 -- MEDICAL EVALUATION

(TO BE COMPLETED BY THE EXAMINING HEALTH CARE PROVIDER)

This Evaluation Can Only be Performed by Medical Doctors (MDs), Doctors of Osteopathy (DOs), Physician's Assistants (P.A.S), and Nurse Practitioners (N.P.S)

<table>
<thead>
<tr>
<th>Eyes/Ears/Nose/Throat</th>
<th>NORMAL</th>
<th>ABNORMAL (Describe)</th>
<th>(May be contained on Provider's Form)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Height: Weight: Pulse: After Ex: BP:</td>
</tr>
<tr>
<td>Heart, lungs, pulmonary function</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen, genital/hernia (males)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin and Musculoskeletal:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Neck/Spine/Shoulders/Back</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Arms/Hands/Fingers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Hips/Thighs/Knees/Legs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Feet/Ankles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurologic Screening Exam (NSE)/Concussion Screening Evaluation (only if needed based on above info.)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Recommendation:**

- Unlimited participation
- Limited participation/specific sports, events or activities
- Clearance withheld pending further testing/evaluation
- No athletic participation

One of the above MUST be checked.

**Comments:**

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**PRINT NAME OF PHYSICIAN**

**PHYSICIAN'S SIGNATURE**

**DATE**

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Original to be held on file for a period of one (1) year after the end of the Academic Year

(Ed. 12/1/11)
Emergency Medical Treatment, Consent and Information

The following information will be used in the event that a parent/legal guardian is not available. The purpose of this information is to provide a quick reference for medical personnel should the need arise. Please fill out this form completely. If a particular question is not applicable write "none", n/a, or other appropriate comment otherwise none will be assumed. If additional space is needed, please use the back of this form or attach additional pages as needed. All information disclosed here will be treated as confidential. It will be the responsibility of the parent/legal guardian to notify the participant's coach and league/event officials if any information needs to be added, deleted, changed, or updated in any way.

<table>
<thead>
<tr>
<th>Athlete's Name:</th>
<th>Nick Name:</th>
<th>Phone: ( )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>City:</td>
<td>State: Zip:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent or Guardian Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father's Name:</td>
</tr>
<tr>
<td>Daytime Phone: ( )</td>
</tr>
<tr>
<td>Employer:</td>
</tr>
<tr>
<td>Mother's Name:</td>
</tr>
<tr>
<td>Daytime Phone: ( )</td>
</tr>
<tr>
<td>Employer:</td>
</tr>
<tr>
<td>Guardian's Name:</td>
</tr>
<tr>
<td>Daytime Phone: ( )</td>
</tr>
<tr>
<td>Employer:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family Medical Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carrier:</td>
</tr>
<tr>
<td>Policy #:</td>
</tr>
<tr>
<td>Policy Holder Name:</td>
</tr>
<tr>
<td>Family Physician's Name:</td>
</tr>
<tr>
<td>Dr's Address:</td>
</tr>
<tr>
<td>Phone: ( )</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Medical Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Contact:</td>
</tr>
<tr>
<td>Phone: ( )</td>
</tr>
<tr>
<td>Please list any medical conditions (allergies, asthma, etc.) and medications being taken by the participant named above. Please list any other information you may deem relevant and helpful to emergency medical personnel. Please note if no information is given and the words &quot;none&quot; or &quot;n/a&quot; is not filled in then, &quot;none&quot; will be assumed.</td>
</tr>
<tr>
<td>Allergies:</td>
</tr>
<tr>
<td>Medical Conditions:</td>
</tr>
<tr>
<td>Other:</td>
</tr>
</tbody>
</table>

*As evidenced below hereby grant permission for my child/ward to participate in any and all Kairos Public School Vacaville Academy, including but not limited to, athletic, social and or fundraising activities. I further consent to the administration of any and all medical treatment necessary to stabilize and or treat any medical condition or medical emergency to which my child/ward is afflicted. I understand that this authorization is given prior to the need for medical care, but given in advance to avoid any unnecessary delay in emergency treatment which the attendant and/or medical professional may deem advisable in the exercise of their best judgment.

*Print Parent/Legal Guardian Name
*Signature Parent/Legal Guardian
*Date

The original Emergency Medical Treatment, Consent and Information form should travel with the coach and a copy should be kept at the administrative office of the sports organization. Due to privacy concerns, completed forms should be stored in a secure location with access restricted to those on a need to know basis for the purpose of medical care.
KAIROS PUBLIC SCHOOL
CONCUSSION AND HEAD INJURY
INFORMATION SHEET

<table>
<thead>
<tr>
<th>Student:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade:</td>
<td>Telephone:</td>
</tr>
<tr>
<td>School:</td>
<td>School Year:</td>
</tr>
</tbody>
</table>

Pursuant to Education Code Section 49475, before a Student may try-out, practice, or compete in any School-sponsored athletic program, including interscholastic, intramural, or other sport or recreation programs (including cheer/dance/marching band, but excluding PE courses for credit), the student and his/her parent/guardian must review and execute this Concussion and Head Injury Information Sheet ("HIIS"). The HIIS is good for one academic year (Fall - Spring) and is applicable to all athletic programs in which the Student may participate.

IMPORTANT INFORMATION REGARDING CONCUSSIONS

If a Student is suspected of sustaining a concussion or head injury during an athletic activity, the Student shall be immediately removed from the activity. The Student will not be allowed to resume any participation in the activity until he/she has been evaluated by a licensed health care provider (MD or DO for CIF-governed interscholastic sports; MD, DO, nurse practitioner, or physician’s assistant for all other sports/athletic activities), who must affirmatively state (1) that he/she has been trained in concussion management and is acting within the scope of his/her licensed medical practice, and (2) the student has been personally evaluated by the health care provider and has received a full medical clearance to resume participation in the activity. By law, there can be no exceptions to this medical clearance requirement. In addition, if the medical care provider determines the Student suffered a concussion or a head injury, the Student shall complete a graduated return-to-play protocol of no less than seven days in duration under the supervision of a licensed health care provider.

Depending on the circumstances of a particular practice or game, a supervising referee/umpire, coach/assistant coach, athletic trainer, or attending health care provider may determine that a student should be removed from an activity based on a suspected or potential concussion or head injury. The following guidelines will be used: (1) in the case of an actual or perceived loss of consciousness, the student must be immediately removed from the activity; (2) in all other cases, standardized concussion assessment tools (e.g., Sideline Concussion Assessment Tool (SCAT-2), Standardized Assessment of Concussion (SAC), or Balance Error Scoring System (BESS) protocol) will be used as the basis to determine whether the student should be removed from the activity. For the safety and protection of the student, once a supervising individual makes a determination that a student must be withdrawn from activity due to the potential existence of a concussion or head injury, no other coach, player, parent or other involved individual may overrule this determination.

Once a student is removed from an activity, the parent/guardian should promptly seek an evaluation by a licensed health care provider even if the student does not immediately describe or show symptoms of a concussion (headache, pressure in the head, neck pain, nausea/vomiting, dizziness, blurred vision, sensitivity to light/sound, feeling “slow”/“foggy,” difficulty with balance, concentration, memory, confusion, drowsiness, irritability, emotionality, anxiety, nervousness, or falling asleep). A student with any of these symptoms should be taken immediately to a health care facility. If a parent/guardian is not immediately available to make health care decisions, the School reserves the right to take the student to an emergency/urgent care provider for evaluation or treatment in keeping with the medical care authorization contained in the Agreement for Team Participation.

Dated: ____________________________
Student ____________________________
Signature ____________________________

Dated: ____________________________
Adult ____________________________
Signature ____________________________

Original to be held on file for a period of three (3) years after the end of the Academic Year. (Ed. 3/15)
GENERAL RULES:

- Athletes must have a 2.00 G.P.A. in order to participate in any athletic event.
- Athletes who receive a Second Letter of Non-Compliance, who are on a Probationary Agreement and/or are suspended from school may not try out for the team or will be dropped from the team for the duration of that sport if offenses occur during the season.
- If an athlete tries out for a sport and finds that he/she does not have the ability or just does not like the sport and wishes to change to another sport, he/she must get a release from the coach of first sport before he/she can take part in another sport during that same season.
- Athletes are required to attend all their school sponsored games and practices. Participation in Club sports is not considered to be an excuse for not attending school sponsored games and practices.
- Athletes are responsible for all equipment and uniforms issued to them. Equipment and uniforms must be returned at the end of the season in good condition or be paid for. Students with a debt obligation will not be allowed to participate.

My signature below indicates that I understand these rules and their consequences.

AGREEMENT TO OBEY INSTRUCTIONS, RELEASE, ASSUMPTION OF RISK, AND HOLD HARMLESS

A. I am aware playing or practicing to play/participate in any sport can be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing or practicing to play/participate in the above sport(s) include but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers and risks of playing or practicing to play/participate in the above sport(s) may result in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social business, social and recreational activities, and generally enjoy life.

B. Because of the danger of participation in the above sport(s), I recognize the importance of following coaches’ instructions regarding playing techniques, training and other team rules, etc. and to obey such instructions.

C. In consideration of the Kairos Public School Vacaville Academy permitting me to try out for sports and to engage in all activities related to the team, including, but not limited to, trying out, practice or playing/participating in that sport, I assume all risks associated with participating and agree to hold the Kairos Public School Vacaville Academy, its employees, agents, representatives, coaches, and all volunteers harmless from any and all liability, actions, causes of actions, debts, claims, or demands of any kind or nature whatsoever which may arise by or in connection with my participation in any activities related to the athletic team(s). The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

D. My signature on this affidavit signifies that I, the parent/guardian of the athlete, will assume the cost of ambulance service in the case of emergency. I understand the school does not pay for ambulance service.

THE APPLICANT STUDENT AND A PARENT OR GUARDIAN MUST READ THESE PAGES CAREFULLY AND SIGN IF THERE ARE ANY DOUBTS, QUESTIONS, OR UNCERTAINTY, CONTACT THE APPROPRIATE DIRECTOR AT THE SCHOOL.

__________________________________________  ____________________
Signature of Parent/Guardian                  Date

__________________________________________  ____________________
Signature Student                            Date
AGREEMENT FOR TEAM PARTICIPATION
[Including Waivers and Releases of Potential Claims]

This Agreement must be signed and returned to the School Office before a Student can participate in Team Activities.
Each Team must be listed below. If not listed, a separate Participation Agreement will be required.

Additional Required Forms – Concussion and Head Injury Information Sheet & Sports Physical Examination Form

<table>
<thead>
<tr>
<th>Student:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade:</td>
<td>DOB:</td>
</tr>
<tr>
<td>School:</td>
<td>Telephone:</td>
</tr>
<tr>
<td>Team(s):</td>
<td></td>
</tr>
</tbody>
</table>

In consideration of the Student’s ability to participate on a Team (including any Sport) including try-outs, practices, pre-season or seasonal strength or training sessions or training camps, or actual participation in Team events, or competitions, or the traveling to or from any of these activities (“Team Activities”), the Student and Parent/Legal Guardian (“Adult”) signing this Agreement agree as follows:

1. It is a privilege, not a right, to participate in extra-curricular activities, including Team Activities. The privilege may be revoked at any time, for any reason that does not violate Federal or State law or school policies or procedures. There is no guarantee that the Student will make a Team, remain on a Team, or actively participate in Team events, shows, performances, or competitions. Such matters shall remain exclusively within the judgment and discretion of the supervising school employee or volunteer coach.

2. The Student and the Adult understand the nature of the Team, including the inherent or potential risks of Team Activities. The Student is in sufficiently good health and physical condition to participate in Team Activities, and voluntarily wishes to participate in Team Activities. Before participating in any Team Activity, a properly executed Sports Physical Examination Form and Concussion Head Injury Sheet shall be submitted to the school office (valid for one academic year, Fall/Winter/Spring Activities).

3. The Student shall comply with the instruction and directions of Team Activity teachers, coaches, supervisors, chaperones, and instructors. During the Student’s participation in Team Activities, as well as academic and/or other school activities, the Student shall comply with all applicable Codes of Conduct. The Student shall also generally conduct himself/herself at all times in keeping with the highest moral and ethical standards so as to reflect positively on himself/herself, the Team and the School. Failure to meet these obligations may, in the discretion of the School, result in removal from the Team and/or Team Activities. Should the Student’s violation of these obligations result in bodily injury or property damage, the Adult agrees to (a) pay to restore or replace the damaged property, (b) pay for bodily injury damages to an individual, and (c) defend, protect and hold the School harmless from such claims.

4. Team Activities contain potential risks of harm or injury, including harm or injury that may lead to permanent or serious physical injury to the Student, including paralysis, brain injury, or death (“Injuries”). Injuries might arise from the Student’s actions or inactions, the actions or inactions of another Student or participant in a Team Activity, or the actual or alleged failure by School employees, agents or volunteers to adequately coach, train, instruct, or supervise Team Activities. Injuries might also arise from an actual or alleged failure to properly maintain, use, repair, or replace physical facilities or equipment available for Team Activities. Injuries might also arise from undiagnosed, improperly diagnosed, untreated, improperly treated, or untimely treated actual or potential physical conditions or Injuries, whether or not caused by or related to the Student’s participation in Team Activities. All such risks are deemed to be inherent to the Student’s participation in Team Activities. To the fullest extent allowed by law, the Student and Adult therefore also fully assume all such risks and waive and release any potential future claim they might otherwise have been able to assert against the School and any Board Member, employee, agent, or volunteer of the School (“Released Parties”), including any claim that could otherwise have been made on behalf of the Student or any parent, administrator, executor, trustee, guardian, assignee or family member. The Student and Adult further understand that Team Activities and transportation to and/or from Team Activities are “field trips” for which there is immunity from liability pursuant to Education Code Section 35330.

5. If the Student believes that an unsafe condition or circumstance exists, or otherwise feels or believes that continued participation in a Team Activity might present a risk of Injury, the Student will immediately discontinue further participation in the Team Activity, notify School personnel of the Student’s belief, and notify a parent or guardian of the Student’s belief. The parent or guardian shall thereafter prevent the Student from participating in the Team Activity until the unsafe condition or circumstance is addressed or remedied to their satisfaction.

6. Emergency medical information regarding the Student is on file with the School and is current. The Adult agrees to provide updated medical information during the course of the Student’s participation in Team Activities. If an injury or medical emergency occurs during Team Activities, School employees, agents or volunteers have my express permission to administer or to authorize the administration of urgent or emergency care, including the transportation of the Student to an urgent care or emergency care provider.

AGREEMENT FOR TEAM PARTICIPATION
Original to be held on file for one (1) year after the end of the Current Academic Year.

(Ed. 12/1/11)
In such circumstances, notice to me and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility. An Adult can only withhold this authorization by filing an Objection to Medical Care (Education 49407) that is based on their personally held religious beliefs.

7. Education Code Section 32221.5 requires us to notify you that: Under state law, school schools are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school School 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 the School. Education Code Section 32221 requires that such insurance cover medical and hospital expenses resulting from bodily injuries in one of the following amounts: (a) a group or individual medical plan with accident benefits of at least $200 for each occurrence and major medical coverage of at least $10,000, with no more than $100 deductible and no less than 80% payable for each occurrence; (b) group or individual medical plans which are certified by the Insurance Commissioner to be equivalent to the required coverage of at least $1,500; or (c) at least $1,500 for all such medical and hospital expenses. You may meet this obligation in one of two ways:

Option 1: Private medical insurance/Medical. If this option is selected, please provide ________________________ (Name of Insurer/Provider) and ________________________ (Policy number/Identifying number). (list coverage dates or “continuous”). The Adult agrees that the Student is covered, and will remain covered during the length of the Team season that coverage exists in the amounts required by Section 32221.

Option 2: Purchase insurance meeting the requirements of Section 32221, for the period during which the Student is participating on the Team, through a coverage provider made available through the School [please contact the School to gain additional information regarding this program]. If you are financially unable to pay for such insurance, a payment waiver can be submitted [forms seeking this waiver are also available from the School] and, if no other alternate funding is available through private or charitable organizations, the School will obtain financing for, or provide, the required coverage.

8. Employees, agents or volunteers of the School, members of the press or media, or other persons who may attend or participate in Team Activities, may photograph, videotape, or take statements from the Student. Such photographs, videotapes, recordings, or written statements may be published or reproduced in a manner showing the Student’s name, face, likeness, voice, thoughts, beliefs, or appearance to third parties, including, without limitation, webcasts, television, motion pictures, films, newspapers, yearbooks, and magazines. Such published or reproduced items, whether or not for a profit, may be used for security, training, advertising, news, publicity, promotional, informational, or any other lawful purpose. We authorize and consent to any such publications or reproductions, without compensation, and without reservation or limitation.

9. This Agreement is to be broadly construed to enforce the purposes and agreements set forth above, and shall not be construed against the Released Parties solely on the basis that this Agreement was drafted by the School. If any part of this Agreement is deemed invalid or ineffective, all other provisions shall remain in force. No oral modification of this Agreement, or alleged change or modification of its terms by subsequent conduct or oral statement, is allowed. This Agreement contains the sole and exclusive understanding of the parties, with no other representation relied upon by the Adult or Student in determining whether to execute this Agreement or in agreeing to participate in Team Activities.

As the Adult signing below: (1) I AM GIVING UP SUBSTANTIAL ACTUAL OR POTENTIAL RIGHTS IN ORDER TO ALLOW THE STUDENT TO PARTICIPATE IN TEAM ACTIVITIES; (2) I HAVE SIGNED THIS AGREEMENT WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND WITH FULL APPRECIATION OF THE RISKS INHERENT IN TEAM ACTIVITIES; (3) I HAVE NO QUESTION REGARDING THE SCOPE OR INTENT OF THIS AGREEMENT; (4) I, AS A PARENT OR LEGAL GUARDIAN, HAVE THE RIGHT AND AUTHORITY TO ENTER INTO THIS AGREEMENT, AND TO BIND MYSELF, THE STUDENT, AND ANY AND ANY OTHER FAMILY MEMBER, PERSONAL REPRESENTATIVE, ASSIGNS, HEIR, TRUSTEE, OR GUARDIAN TO THE TERMS OF THIS AGREEMENT AND I HAVE EXPLAINED THIS AGREEMENT TO THE STUDENT, WHO UNDERSTANDS HIS/HER OBLIGATIONS.

Printed Name of Parent/Guardian ______________________________ Signature ______________________________ Date ____________

As the Student, I understand and agree to all of obligations placed on me by this Agreement.

Printed Name of Student ______________________________ Signature ______________________________ Date ____________

AGREEMENT FOR TEAM PARTICIPATION

Original to be held on file for one (1) year after the end of the Current Academic Year

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Athlete & Parent Code of Conduct

As part of being involved in our athletic program, we expect the athlete and parents to support one another with respect and pride at all times.
Please read the code of conduct below. These are rules set forth to ensure a positive atmosphere for the athlete and their families.

Athlete Expectations:

As a Kairos athlete member I will portray a positive, respectful, supportive attitude towards my coaches, teammates, opponents, peers and spectators at all times.

As a student of Kairos, I understand that my academics will always come before my athletic program and I vow to maintain all expectations set forth by my teachers at all times. I also vow to maintain the GPA set forth by my school expectations.

I understand and will accept any playing position my coaches place me in, knowing that it is best for myself and my team.

I understand posting items on ANY social media website (i.e.; Facebook, Twitter, Instagram, etc...) in a negative manner is prohibited and is grounds for immediate dismissal from the program. Any items posted will portray unity and respect, always.

I will stay with my coaches at ALL times during any practice/event. I understand this is for my safety and well being.

Athlete Attendance Expectations:

As an athlete to the Kairos athletic program, I am committing to the season start and end dates, as provided by my coaches.
I will arrive on time, in uniform, and ready for practice/events set forth by the coaches. If I am more that 15 minutes late for practice, without giving notice I may sit out that practice.
I will notify my coaches well in advance if I will miss a practice for any reason. I also understand missing a practice may lead to me sitting out on a scrimmage or game.
I understand missing a practice/game disrupts the team, and plan to only miss due to an illness or qualified emergency. This will be left to the coaches discretion.
Parent Expectations:

As a parent/guardian I will portray a positive, respectful, supportive attitude towards my student’s coaches, team and fellow parents/guardians at all times.

As a parent/guardian I will support my student(s) academics at all times. I understand if my student(s) school work or grades fall behind in any manner that they may be dismissed from the athletics program.

I understand and will accept any playing position the coaches place my student in, knowing that it is best for them and the team.

I understand posting items on ANY social media website (i.e.; Facebook, Twitter, Instagram, etc...) in a negative manner is prohibited and is grounds for immediate dismissal from the program. Any items posted will portray unity and respect, always.

Parent Attendance Expectations:

As a parent/guardian with an athlete in the Kairos Athletic program, I understand transportation and attendance is vital, both for the team and coaches. I will make any and all necessary arrangements for my student to arrive on time, in uniform and ready for practice at the listed times given by the coaching staff. I will pick up on time, with respect to the coaches, no later than 10 minutes beyond dismissal time. I understand their time is valuable and more than 3 offenses beyond the 10 minutes could result in my student being dismissed from the Athletic program.

Problem Solving:

All problems or issues should be taken to the Coach/Coaches. This is to be done respectfully before or after a practice and in the privacy from any other teammates and fellow parents/guardians. Emailing is also acceptable.

I have read and understand the above and will adhere to, to the best of my ability. I understand there will be consequences that could possibly lead to dismissal from the program.

Athlete Name (printed):

Athlete Signature:

Parent/Guardian Signature: _____________________________ DATE: __________
**SCHOOL DRIVER CERTIFICATION FORM**

**DRIVER** (Circle One): Employee Parent/Guardian Volunteer

Name: ___________________________ Date of Birth: ___________________________

Address: ___________________________

Telephone No.: (    ) ___________________________

Driver License No.: ___________________________

Expiration Date: ___________________________

**VEHICLE**

Name of Owner: ___________________________ Year: ___________________________

Address: ___________________________

Make: ___________________________

License Plate No.: ___________________________

Registration Expires: ___________________________

Seating Capacity: ___________________________

No. of Seat Belts: ___________________________

**INSURANCE INFORMATION**

Insurance Company: ___________________________

Policy No.: ___________________________ Expiration Date: ___________________________

Liability Limits of Policy: ___________________________

(The minimum acceptable liability limit for privately-owned vehicles is $100,000 per occurrence. If you transport students often, it is recommended that your coverage be $300,000 per occurrence).

Name of Agent: ___________________________ Telephone No.: ___________________________

I certify that I have not been convicted of Reckless Driving or Driving Under the Influence of Drugs or Alcohol within the past five years, and that the information given above is true and correct. I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages. **I have attached a current copy of my Insurance Declaration.**

Name: ___________________________ Date: ___________________________