

Riverview Elementary Athletics Handbook



CODE OF PARTICIPATION

The Riverview Co-Curricular program is an integral part of our total school program. It is an opportunity to allow all students to acquire progressively the skills, knowledge, and attitudes that lead to maximum development within their individual capabilities. It also affords the child an opportunity to develop social skills needed in order to be a well-adjusted individual. When students elect to participate in co-curricular program, they must recognize that they have assumed certain responsibilities and obligations to the coach advisor, to the members of the activity and certainly themselves.

Riverview Elementary School will maintain a "no cut" policy for all athletic teams. We encourage each and every child who has a desire to be part of a team providing each individual with the maximum amount of playing time possible.

Upon entering any sport or other co-curricular activity, students agree to participate in accordance with the Code of Participation. The code is enforced commencing with the second week of practice.

- Students are required to attend practice/rehearsal as established for the activity. Absences or tardies may be excused as with classroom attendance. The participant has the obligation to clear these with the teacher or coach.

- Students joining a sport or other co-curricular activity will be given one week grace period to determine whether they wish to continue with the activity throughout the entire season. The student and/or athlete will not arbitrarily or unilaterally "quit" a sport. After the grace period, the student may drop the sport only after consultation between the student, parent, coach or advisor and principal.

- Students are expected to respect and properly care for all property and/or equipment issued in conjunction with the activity. Team uniforms are the property of the school. Students who negligently lose or cause undue damage to a uniform will be charged for their replacement.

- Students will maintain a satisfactory level of scholarship ("C" average) and demonstrate satisfactory behavior and citizenship.

CODE OF ETHICS

1. The student will be respectful of his/her teammates, opponents, and all supervising adults.
2. The student will contribute as well as encourage others to contribute in their efforts towards team success.
3. The student should inspire competitiveness in teammates without personal antagonism towards the opposing team.
4. The student will be a gracious and humble winner.
5. The student will elect to place team betterment over individual accomplishment.

ATHLETIC PARTICIPATION EXPECTATIONS

Coaches' expectations of athletes:

1. Attend each practice on time and ready to work.
2. Do what your coaches ask of you.
3. Give your personal best for the entire practice time.

The following specific guidelines are in place to ensure fair, consistent, and appropriate participation for all athletes:

Action	Guidelines / Consequences
During any reporting period, student is below a 2.0 GPA	Until the following reporting period, student is ineligible. Students that fall below 2.0 during a quarter may be removed indefinitely upon teacher request.
Absences	In order to participate, a student must be in attendance the majority of the school day of practice and/or performance unless authorized by the principal. The student athlete must practice a minimum of 1 practice session during the week of the game in order to participate.
Excused Absences	School absences and illness
PE Excuse	Students who have a PE excuse will not be allowed to practice or compete in games or meets. Dr. notes must be on file with the nurse.
Conduct Referral	Possible suspension from team
Suspension	Player does not play and Athletic Committee Meeting will determine further action

Practices

Practices are Monday, Tuesday, Thursday and Friday (if no game) from 3:30-4:30. **Athletes are expected to attend the entire practice. Leaving practice early or unexcused absences may result in limited play time on game day.** Rainy day and poor air quality may determine if practices are cancelled. Decisions to cancel will be made by administration by 1:00 pm. Athletes will have an opportunity to call parents when practices/games have been cancelled. CUSD policy states: Students with asthma, breathing issues, and heart problems will not practice or compete in games when air quality is at or above the red level.

Riverview Elementary School Parent/Guardian Code of Ethical Conduct and Expectations

The purpose of the Parent Code of Conduct is to develop parental support and positive role models in all athletic activities. In the tradition of *Building Unity, Pride, and Champions*, the purpose of all athletic activities at Riverview Elementary School is to promote the physical, mental, moral, social, and emotional well-being of each student. Parents/guardians are an integral part of this process.

Expectations

As a Riverview parent/guardian, I agree to:

- Read and understand the guidelines of the Code of Participation (found in the parent/student brochure,) the Athletic Programs, and After-school Interscholastic teams
- Be a positive role model for my student, the school and community
- Display a positive attitude and behavior
- Provide a pressure-free environment for my athlete
- Stress the importance of the complete athlete, both physical and mental preparation
- Assist in the commitment my athlete has towards his/her sport by making sure they are at all practices and games for their entirety
- Show respect for all participants, officials/judges and advisors/coaches
- Assist in providing for student safety and welfare at all times
- Encourage my student to attend school regularly and excel academically
- Inform the coaches immediately of any participant with a medical condition, such as asthma, so they can be given special instructions and guidance
- Sign a child out if they are not going to ride the bus back to Riverview from away games. Forms are to be filled out in advance and are available in the front office if you need another person to pick up your child. (District Form 3204-2)

Failure to sign a child out at an away game will result in consequences for the following game.

It is Riverview's policy that grievances should not be addressed during or immediately following any game or practice. If a situation arises where a parent/guardian wishes to meet with a coach, or address a specific issue or complaint, the following steps should be followed:

1. Request a meeting at school with the coach.
2. If your problem is not resolved, schedule an appointment with the Athletic Director to discuss. If not resolved, schedule a meeting with Administration.
3. If your problem has not been resolved after a meeting with the Athletic Director, Principal or GIS, refer to the appeal process outlined in the Clovis Unified School District Policy.

Riverview Elementary Uniform/Equipment Agreement

Uniforms and athletic equipment assigned to an athlete are the sole responsibility of the athlete. It is expected that:

- Uniforms and equipment will be worn for school sports events only.
- Uniforms will be cared for and cleaned regularly.
- Within 5 days of the end of the season, all uniforms and equipment will be returned in good condition. All uniforms will be laundered before returning to the coach. Uniforms will be returned in a bag clearly labeled with the athlete's name, teacher's name, sport, and uniform number.
- The athlete is responsible for the replacement cost of any lost or damaged uniforms and equipment.

Thank you for maintaining our
athletic uniforms in good condition
and helping control the costs of providing
a fun and competitive athletic program!

Rams Rock!

Uniform and Equipment Policies

Students and Parents/Guardians must agree to return athletic uniforms and equipment in the condition they received it. When uniforms and equipment are returned it must be washed, dried, folded and placed into a plastic bag with student's first and last name, teacher, and room number on it. If the uniform is lost or damaged, students and parents/guardians will be responsible for the cost to replace the uniform and or equipment. Students will not be allowed to participate in the next season until the uniform and equipment have been turned in or paid for.

Approximate replacement costs for damaged or lost uniforms and equipment are as follows:

<u>Boys Basketball</u> Jersey \$40 Shorts \$25	<u>Baseball</u> Jersey \$60 Pants \$25
<u>Girls Basketball</u> Jersey \$55, Shorts \$25	<u>Softball</u> Jersey \$35 Shorts \$25
<u>Cross Country & Track</u> Jersey \$30 Shorts \$20	<u>Boys & Girls Volleyball</u> Jersey \$45 Shorts \$25
<u>Football</u> Helmet \$85 Girdle \$12 Jerseys \$60 Belts \$5 Shoulder Pads \$80 Leg Pads \$10 set Pants \$60	<u>Wrestling</u> Singlet \$95 Headgear \$30
	<u>Sweats</u> Jacket \$50 Pants \$40

**CLOVIS UNIFIED SCHOOL DISTRICT
RIVERVIEW ELEMENTARY SCHOOL
General Athletics Permission Slip**

Student Name: _____

Has permission to participate in and attend all related events per the League Schedule. Dates & locations will comply with League schedules found in the Athletic Parent Orientation handbook.

Team Participation (sport): _____

Coach: _____

PARENTS PLEASE NOTE:

It is necessary that parents specifically authorize their child to be included in this activity. While the school will furnish supervision for this event, parents are hereby advised that such supervision by school personnel will occur only during the time period of the event. Although the school district will take every precaution to assure the welfare and safety of your child while participating in this activity, it is important you understand that the school district assumes no liability whatsoever in case of injury or accident.

Approval Signature (Parent/Guardian)

Date

(Student's Name)

Should it be necessary for my child to have emergency medical treatment while participating in this trip, I hereby authorize Clovis Unified School District personnel to use their judgment in obtaining emergency medical services for my child. I further authorize any individual selected by Clovis Unified District personnel to render such emergency medical treatment to my child, as he/she may deem necessary and appropriate. I understand that the Clovis Unified School District has no district insurance, which pays the medical, or hospital costs that might be incurred on behalf of my child. Consequently, I understand that any and all such costs shall be my sole responsibility. The Clovis Unified School District has previously made available to me student insurance which can be obtained at my own expense.

**EMERGENCY MEDICAL
AUTHORIZATION
(PARENT/GUARDIAN PLEASE
COMPLETE)**

Parent/Guardian Signature

Address

Home Telephone Number

Father's Business Telephone Number

Mother's Business Telephone Number

Emergency Telephone Number

Insurance Company

Group / Policy number

PLEASE CHECK HERE IF SPECIAL INSTRUCTIONS REGARDING MEDICAL TREATMENT ARE ON FILE WITH THE SCHOOL. (Coaches should refer to Emergency Cards located in the Nurse's Office.) **NOTE:** This form must be completed for participation in all sports conducted by the Clovis Unified School District within the State of California



Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports *one or more* symptoms of concussion listed below after a bump, blow, or jolt to

Did You Know?

- Most concussions occur *without loss* of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (<i>even briefly</i>)	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can't recall events <i>prior</i> to hit or fall	Confusion
Can't recall events <i>after</i> hit or fall	Just not "feeling right" or "feeling down"

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal.*

It's better to miss one game than the whole season. For more information on concussions, visit: www.cdc.gov/Concussion.

Remember

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

Student-Athlete Name Printed

Student-Athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date



**RELEASE OF STUDENT TO PARENT/GUARDIAN
AFTER FIELD TRIP OR ACTIVITY
FORM 3204-2**

I request that _____ at _____
Student Name School
 be released to my custody after _____ on _____
Trip/Activity Date
 at _____
Location of Event/Pick up Point

rather than returning to school in the transportation provided by Clovis Unified School District (District).

The following are additionally authorized individuals (also listed on *Form 11-S Student Release Authorization* on file at school site) to whom the above-referenced child may be released:

_____	_____
Name	Relationship
_____	_____
Name	Relationship
_____	_____
Name	Relationship

Waiver of Claims:

I agree that once my son/daughter is released to my custody, I assume full responsibility for his/her health, safety and welfare and as provided for in California Education Code Section 35330. I agree to waive all claims against the District and hold the District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the District, its employees or agents.

_____	_____
<i>Printed Name (Parent/Guardian)</i>	<i>Approval Signature (Parent/Guardian)</i>
_____	_____
<i>Home Phone Number</i>	<i>Other Phone Number</i>
_____	<i>Date</i>

It is the responsibility of the designated school official to ensure all students are properly accounted for before transportation to or from a school activity occurs.

PARTICIPATION IN VOLUNTARY FIELD TRIP
FORM 3204-1 (continued)

WAIVER OF CLAIMS

All adults and adult students taking part in a field trip and all parents/guardians of minor students taking field trips are required to sign a statement waiving such claims.

Waiver by Parent/Guardian of Minor Student

I certify that I am the parent/guardian of the student identified below. As provided for in California Education Code Section 35330, I agree to waive all claims against the Clovis Unified School District (District) and hold the District, its officers, agents and employees harmless from any and all liability or claims which may arise out of or in connection with my child's participation in this activity. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the District, its employees or agents.

Student _____

Name: _____

Parent/Guardian Signature: _____ Date: _____

Waiver by Adult Student

As provided for in California Education Code Section 35330, I agree to waive all claims against the Clovis Unified School District (District) and hold the District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my participation in this activity. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the District, its employees or agents.

Printed _____

Name: _____

Signature: _____ Date: _____

Medical Authorization and Waiver by Adult Accompanying Student on Trip (Volunteer/Chaperone)

As provided for in California Education Code Section 35330, I agree to waive all claims against the Clovis Unified School District (District) and hold the District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my participation in this activity. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the District, its employees or agents.

In the event of illness or injury, I hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and 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. It is understood that the resulting expenses will be the responsibility of the participant.

Special medical instructions, if any:

Printed Name: _____

Signature: _____ Date: _____