

VCIS ATHLETIC CODE

VCIS offers an intramural co-ed sports program for its student athletes. Teams are comprised of boys and girls from all grade levels. We emphasize safety while striving to raise the bar of excellence in competition. It is our goal to create a positive atmosphere in our sports programs. Game day play per student athlete will be determined by grades, attendance, attitude and available transportation. A list of athletes that will be playing at games will be posted weekly at the front desk of VCIS main campus.

VCIS SPORTSMANSHIP CODE OF CONDUCT

- ❖ Teamwork and good sportsmanship
- ❖ Respect to Teammates, Coaches and Team Officials
- ❖ Maintain a 2.0 GPA and attend all classes
- ❖ Self-control and good citizenship
- ❖ Unselfish participation, concern for teammates before ourselves
- ❖ Win with grace, lose with grace

The VCIS coach/s will be responsible for checking on the status of student eligibility each week, and will enquire from teachers how each player is doing in their course work. Game and playing status will be based on this information. Parents need to be aware there may be transportation issues that may also determine game status. Students are responsible for each area of the Code of Conduct Above.

I, _____, agree to the above stated standards.

Student Signature

Date _____

Parent Signature

Date _____

Student Name: _____ Date of Birth: _____ M F (Circle One)
School: (Circle One) EDHS GWHS MWHS RHS Grade: (Circle One) 9 10 11 12 (2009-10 school year)
Home Phone: _____ Work Phone: _____
or Legal Guardian's Name: _____ Home Phone: _____ Work Phone: _____
Mother's or Legal Guardian's Name: _____ Home Phone: _____ Work Phone: _____

Other Person or Persons to contact if parents or guardian are not available:
Name: _____ Home Phone: _____ Work Phone: _____
Name: _____ Home Phone: _____ Work Phone: _____
Physician's Name: _____ Phone: _____ Are you allergic to any medications? No / Yes
Name of medication(s): _____
(Please indicate any prescription drugs your child is currently taking.)

Are you a High School Transfer Student? No / Yes (Circle One) Did you participate in sports? No / Yes (Circle One)
If Yes, previous High School: _____ City _____ State _____

ATHLETICS - RISK WARNING (Handbook pg 10)
SERIOUS, CATASTROPHIC AND PERHAPS FATAL INJURY MAY RESULT FROM ATHLETIC PARTICIPATION. By its very nature, competitive athletics may put students in situations in which SERIOUS, CATASTROPHIC and perhaps FATAL ACCIDENTS may occur. Students and parents must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution or supervision will totally eliminate all risk of injury. Just as driving involves choice of risk, athletic participation by students also may be inherently dangerous. The obligation of parents and students in making this choice to participate cannot be overstated. There have been accidents resulting in death, paralysis or serious permanent physical impairment as a result of athletic competition. By granting permission for your student to participate in athletic competition, you, as a parent or guardian, acknowledge that such a risk exists. By choosing to participate, you, the student, acknowledge that such a risk exists.

Parent Signature _____ Assumption of Risk - I understand and acknowledged that in order to participate in these activities, the student and I agree to assume liability and responsibility for any and all potential risk, which may be associated with participation. I agree to hold the District employees, agents or volunteers harmless and not be liable for any injury/illness suffered by the student which may be incurred with this activity.

Parent Signature _____ Concussion/Head injury- I have received and reviewed the information about concussion and head injury. I understand that a student suspected of sustaining a concussion or head injury will be removed from play and not allowed to return to the sport until cleared by a licensed health care provider trained in the management of head injury and concussion.

Parent Signature _____ Permission - I hereby give my consent for the above named student to compete in sports. I authorize the student to go with and be supervised by a representative of the school on any athletic trips. In case this student becomes ill or is injured, I authorize a representative of the school to have the student treated and I authorize the medical agency to give treatment.

Parent Signature _____ Proof of Insurance - Every athlete must have insurance to cover possible injury. No insurance needs to be purchased if you have private coverage for at least \$1,500 for accidental injury. Myers-Stevens is an outside non-school related insurance agency that you may purchase insurance from if you do not have your own policy. By signing I verify that my student is insured.

Name of Insurance Company: _____ Policy #: _____

Parent Signature _____ Student Signature _____ Code of Conduct & Ethics - I agree to abide by the VUSD Code of Ethics/VUSD Student Activity Code/CIF Code of Ethics/VUSD Non-discrimination/Harassment AP5145.2. (Handbook pg 5, 7-11, 13-16)

Parent Signature _____ Student Signature _____ Drug Testing - I agree to the terms of participation in the Drug Testing Program and pledge not to use androgenic/anabolic steroids and dietary supplements banned by the U.S. Anti-Doping Agency and the substance synephrine, unless with a written prescription from a licensed health care practitioner to treat a medical condition. (Handbook pg 11-13)

By signatures above and below indicate that I have read and agree to all terms and conditions stated in the VUSD Athletic Handbook and Clearance Packet and that all information here have provided is true and correct. I understand that providing false information may affect my athletic eligibility.

Parent/Guardian Signature _____ Date _____ Student-Athlete Signature _____ Date _____

Office Use:
Physical - Physical Form completed and signed by a physician.
Fines - Fines cleared through the Finance Center or Main Office designee.
Eligibility - Student/Athlete meets eligibility requirements. Cleared for Athletic Competition



"WAIVER LIABILITY NOTICE"
PARENT PERMISSION WAIVER FOR STUDENT TRANSPORTED TO ACTIVITY IN
NON-DISTRICT VEHICLE DRIVER BY DISTRICT PERSON
 (PLEASE PRINT OR TYPE)

Student Participant: _____

Type of Activity: _____

Location of Activity: _____

Date(s) of Activity: _____

I understand that the student named above will be transported to the stated activity in a non-District vehicle driven by a District person.

For and in consideration of permitting the student named above to participate in the activity named above, do 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 him/herself arising as a result of engaging or receiving instruction in said activity or any activities incidental thereto wherever or however the same may incur and continue, and the undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereafter arise from him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against the Visalia Unified School District or any of its officers, agents or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons or otherwise.

It is the intention of student named above by this instrument, to exempt and relieve Visalia Unified School District from liability for personal injury, property damage or wrongful death caused by negligence for participation in the stated activity.

The undersigned, for him/herself, his/her heirs, executors, administrators or assigns agrees that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against Visalia Unified School District he/she shall indemnify and save harmless the same Visalia Unified School District from any and all claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death.

The undersigned acknowledges that he/she has read the Waiver Liability Notice and the foregoing paragraphs, has been fully and completely advised of the potential dangers incidental to engaging in the activity and transportation to this activity and is fully aware of the legal consequences of signing the within instrument.

 Student Signature

 Date

 Parent or Guardian Signature

 Date

 Witness
 7/23/01

 Date



MINOR - CLASS/ACTIVITY REGISTRATION FORM
(Please Print)

Name _____ Home Phone _____ Business Phone _____

Address _____ City _____ Zip _____ Age _____ DOB _____

Activity/Program _____

Date(s) _____ Day(s) _____ Time _____

RELEASE OF LIABILITY AND INDEMNITY AGREEMENT-MINOR

I, the undersigned, parent or guardian of _____, a minor, hereby agree to allow such minor to participate in _____ (name of event, activity, class or sport). I further give my consent and permission to such minor's traveling to and from the aforementioned activity by vehicles owned and operated by Visalia Unified School District, its officers, agents, or employees, or by vehicles owned and operated by others. (Strike if not applicable).

I REALIZE THAT UNANTICIPATED AND UNEXPECTED DANGERS MAY ARISE WHILE THIS EVENT IS IN PROGRESS AND DURING OTHER ACTIVITIES ASSOCIATED WITH THIS EVENT. I VOLUNTARILY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY, DEATH OR DAMAGES OF ANY NATURE RESULTING DIRECTLY OR INDIRECTLY FROM SUCH MINORS PARTICIPATION IN THIS EVENT. PLEASE INITIAL: _____

I hereby agree that neither I, my successors, assigns, nor anyone acting on my behalf will make claim against or sue Visalia Unified School District, its officers, agents, employees, or volunteers for injury or damage resulting from the condition of any facility, or the negligence, carelessness, or other acts, howsoever caused by Visalia Unified School District, or any of its officers, agents, employees, or volunteers as a result of my participation in the event or activity set forth above. In addition I hereby release Visalia Unified School District, its officers, agents, employees and volunteers from all claims or lawsuits that I, my successors, assigns, or anyone acting on my behalf may now have, or may hereafter at any time have for injury or damage: (1) resulting from the condition of any improved facility which has been reasonably maintained; 2) resulting from the condition of any unimproved district facility; (3) suffered by me while participating in or traveling to and from the event or activity set forth above; or (4) suffered by me in any other activity associated with the event or activity aforementioned. This release does not apply to intentional and/or willful acts of misconduct by Visalia Unified School District or any of its officers, agents, employees or volunteers.

I understand that this Release of Liability and Indemnity Agreement is enforceable against me only, as parent or guardian of such minor, and that said Release of Liability and Indemnity Agreement may not be enforced as against such minor. THEREFORE, IN FURTHER CONSIDERATION FOR PERMITTING SUCH MINOR TO PARTICIPATE IN THE AFOREMENTIONED ACTIVITY, I AGREE TO DEFEND VISALIA UNIFIED 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 MINOR'S PARTICIPATION IN THE EVENT INCLUDING ANY INJURY, LOSS, OR CARELESSNESS; OR OTHERS ACTS OF VISALIA UNIFIED, ITS AGENTS, EMPLOYEES AND VOLUNTEERS. I ALSO AGREE TO REIMBURSE VISALIA UNIFIED SCHOOL DISTRICT, ITS OFFICERS, AGENTS, EMPLOYEES, OR VOLUNTEERS FROM ANY LOSS, DAMAGE, LIABILITY, COST OR EXPENSE THEY SUFFER AS A RESULT OF ANY SUCH CLAIM OR LAWSUIT.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND INDEMNITY, AND THAT IT IS A LEGALLY BINDING CONTRACT BETWEEN VISALIA UNIFIED SCHOOL DISTRICT AND ME, AND I SIGN IT OF MY OWN FREE WILL.

Dated: _____

Signature: _____

Parent or Guardian

1/27/98
7/23/01

Print Name: _____