

STUDENT NAME (PLEASE PRINT): _____ SPORT: _____ GRADE: _____

Policy Acknowledgement

Parents and students should review this packet and sign the form below, as well as the San Ramon Valley Permission Slip below. Both forms must be returned to the coach or the appropriate designee before students will be permitted to participate in the sports program. This form needs to be returned for each individual sport a student is participating in.

I have read and agreed with all of the information above. I pledge that I will abide by all of the above information and all District Policies while I or my student participates in the San Ramon Valley After School Sports Program.

Parent Signature _____ Date: _____

Student Signature _____ Date: _____

Student Expectations

1. Students will respect opponents, fellow students, coaches and spectators.
2. Student will participate in every practice as required by coaches. Exceptions will be made by coaches on a case by case basis when academics need to take priority.
3. Students will maintain a 2.0 grade point average.
4. Students will not use illegal drugs, alcohol, tobacco, or any other harmful substance.
5. Students will respect all school and district property.
6. Student will demonstrate good character and sportsmanship.
7. Student must attend school 50% or more of the school day to participate
8. Students that are suspended are ineligible during the period of their suspension

Failure to abide by these rules will result in consequences set by school administration. Consequences may include disciplinary action in accordance with California Education Code and may include loss of after school athletic privileges.

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**San Ramon Valley Unified School District
Student Athlete Health Questionnaire
(To be filled out by Parent/Guardian)**

Student's Name _____

Grade _____ DOB _____

Mother/Guardian _____

Phone _____

Father/Guardian _____

Phone _____

PLEASE CHECK ALL THAT APPLY TO YOUR CHILD

_____ Asthma
(inhaler required) Yes ☐ No ☐

_____ Diabetes (Blood sugar issues)

_____ Seizure Disorder /Epilepsy

_____ Heart Condition

_____ Other _____

_____ Allergies (food, medication, environment, insects)
Explain _____

Does your child carry an Epi-Pen? Yes ☐ No ☐

List all medication taken by your child:

At Home _____

At School _____

Are there any other medical / special conditions or health concerns that the school site or coaches should be aware of?

PLEASE NOTE: If a medical emergency occurs, 911 will be called to respond.

Signature of Parent/Guardian

Date:

**TO PARTICIPATE IN AFTER SCHOOL SPORTS, THIS FORM MUST BE
TURNED IN PRIOR TO THE FIRST DAY OF TEAM PRACTICE - NO
EXCEPTIONS!**



SAN RAMON VALLEY UNIFIED SCHOOL DISTRICT SCHOOL TRIP PERMISSION/EMERGENCY INFORMATION

School Name _____ Teacher's Name _____
 School Trip Destination _____
 Departure Date _____ Time: _____ am/pm Return Date _____ Time: _____ am/pm
 TRANSPORTATION: Walking _____ Private Vehicle (volunteer drivers) _____ District _____ Commercial _____

If by private car, I understand that seat belts and/or car seats are required by law to be worn/used by all passengers. I further understand that safety considerations and California State Law require that no child ride in the front passenger seat of my vehicle. I also understand that children **MUST** be secured in an appropriate child passenger restraint system (car seat or booster seat) until they reach eight (8) years of age or are 4' 9" in height or taller. A child who is 4' 9" or taller may be properly restrained by a seat belt.

INFORMATION: Education Code Section 35330 authorizes the governing board of any school district to conduct field trips or excursions for students in connection with courses of instruction of school related social, educational, cultural, athletic or school band activities to and from places in the state, any other state, the District of Columbia, or a foreign country. Field trips or excursions may be connected with such courses of instruction or such school activities that further the student's education and participation is voluntary. As a voluntary event, no special attendance credit is given for participation, and an alternative activity at school will be provided if my child does not participate.

PARENT/GUARDIAN TO COMPLETE EMERGENCY INFORMATION:

Student _____ Parent/Guardian _____
 Home # _____ Work # _____ Cell # _____

PLEASE CHECK THE APPROPRIATE STATEMENT REGARDING STUDENT'S HEALTH:

_____ My child has no known health problems.
 _____ My child has the following health problems: _____

(Please identify any medication that the child may need during the course of this trip)

PLEASE CHECK #1 OR #2 BELOW TO INDICATE DESIRED ACTION IN THE EVENT OF ACCIDENT OR EMERGENCY:

_____ 1. In the event of accident or emergency, when a parent/guardian is unavailable, I hereby authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical/hospital care, including necessary transportation. Under such circumstances, I further authorize the physician the named below to undertake such care and treatment of my child as he/she considers necessary. In the event said physician is not available at any time, I authorize such care and treatment to be performed by any licensed physician or surgeon. **THE UNDERSIGNED PARENT/GUARDIAN FULLY UNDERSTANDS HE/SHE IS RESPONSIBLE TO PAY ALL COST INCURRED AS A RESULT OF THE FOREGOING.**

Physician's name _____ Phone # _____
 Medical Insurance Name (Kaiser, etc) _____ Medical # _____

_____ 2. I do not choose the above statement and desire the following action to be taken: _____

WAIVER: California law provides as follows: "All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion." (Education Code Section 35330) I acknowledge that as a condition of my child's participation, I agree this waiver of all claims shall be extended to any and all claims against the school, its employees and volunteers, the district, its governing board, the individual members thereof, and all other district officers, agents and employees. Further, I agree to indemnify and hold harmless the school, its employees and volunteers, the district, its governing board, the individual members thereof, and all other district officers, agents and employees for any injury, harm, accident, illness, death, loss, liability, cost, expense or claim of any type whatsoever (including attorney's fees) or damage to personal property occurring during or by reason of this excursion/field trip event.

I understand that participation in this field trip involves a certain degree of risk. I have carefully considered the risk involved and consent for my child/myself to participate in the field trip.

☐ Additionally, I agree to participate as a Volunteer Chaperone for this event. My Volunteer Clearance Form is on file in the school office.

My signature below authorizes my child to participate in the field trip:

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____
 (Original Form to be carried by person transporting student)

Teacher to return original form to school office after field trip.

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STUDENT CODE OF CONDUCT FOR SCHOOL TRIPS

I agree that if or any reason I am in violation of the rules of the school trip, I may be brought before the appropriate school personnel for disciplinary action. I further agree to accept the penalty imposed on me, with the understanding that all such actions will be explained to me. I further realize that the severity of the penalty may increase with the severity of the violation, even to the extent of being sent home *immediately at my own expense or being arrested by law enforcement officers.*

Rule violations will be dealt with in the following manner:

1. The staff supervisors will take immediate action for any rule violation.
2. The staff supervisors will notify the principal of the violation and the action taken and make a recommendation for disciplinary action.
3. Violators will have the opportunity to state their version of what happened.
4. The principal or other SRVUSD administrator will make the formal decision as to the penalty imposed based on all evidence presented.
5. The penalties may include the following
 - a. Reprimand
 - b. Probationary period
 - c. Disqualification from future activities
 - d. Being sent home at own expense
 - e. Suspension and/or recommendation for expulsion from school

- ☐ I understand the behavior expectations and the consequences of violating the Student Code of Conduct. I have read this code and agree to comply with all of the rules and regulations as outlined by the staff supervisor.

Student Signature _____ Date _____

- ☐ I understand and support the behavior expectations and the consequences if my child Violates the Student Code of Conduct. My child has read this form and will comply with all of the rules and regulations as outlined by the staff supervisor.

Parent/Guardian signature _____ Date _____