

**San Carlos School District Athletics' Clearance Form  
(ALL FORMS VALID FOR 16 MONTHS)**

Student's Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender: \_\_\_\_\_ Sport(s): \_\_\_\_\_

**TO BE COMPLETED BY THE PARENT**

Parent/Guardian Name: \_\_\_\_\_

Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Authorization:** Every effort will be made to contact parents in case of illness, accident, or emergency conditions. In the event of such conditions, making it necessary for my child to be sent home or taken to emergency care and we are not available, the coach assigned to my child, will be authorized to take care of my child along with another individual is authorized to take care of my child. Also, authorized to take care of my child are: ***(Please print all information clearly)***

Name	Address	Phone	Relationship
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Name	Address	Phone	Relationship
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Child's Medical Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Assumption of Risk and Waiver:** I acknowledge that participation in school sports necessarily involves travel, play in adverse facilities, physical contact in some sports, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. I willingly and voluntarily accept and assume all such risk.

We have read and understand the After School Sports Guidelines, Emergency Authorization, and Disclaimer, Assumption of Risk and Waiver regarding participation in the San Carlos Schools After School Sports Program. I fully understand the terms, understand that child and myself have given up substantial rights by my signing this form and agreeing to these terms, and I sign this form for myself and on behalf of player and agree to these terms freely and without inducement. Furthermore, I agree to inform the School and its Athletic Director in a timely manner if anything on this form changes. Submitting this form acknowledges signature of document. All answers are required to submit documentation. Students will not be eligible to participate without necessary paperwork.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo & Roster Name Release:** There will be an opportunity for pictures to be used on the sports/leadership web page and the school's yearbook pages. In order to have more of our students equally represented within these spaces, we need your permission to place your student's picture /name on these different site(s). This will allow the Athletics Department to use student-athletes pictures on a frequent basis. We will only put the groups associated within the photo; no other information will be given out about your child. Full names will not be used at all on the website. However, a student's first & last name initial will be used for rosters purposes. We ask that you initial below so every athlete can receive accolades for achievements and recognitions throughout each individual sports season.

*(PLEASE INITIAL ONE OF THE OPTIONS BELOW)* As it pertains to the San Carlos SD School Sports Web Page...

\_\_\_\_\_ I TRUST your judgment, you MAY USE my son/daughter's First name and Last initial name & photo accompanied by a group name for roster and performance updates as you see fit on the Athletic Website.

\_\_\_\_\_ I DO NOT TRUST your judgment, you MAY NOT USE my son/daughter's First name and Last initial name & photo accompanied by a group name for roster and performance updates as you see fit on the Athletic Website.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## All SPORTS Athletic Code and Standard of Conduct: 2015 - 2016 Season (VALID FOR 16 MONTHS)

San Carlos School District believes that a student should consider participation in athletics as both a privilege and a responsibility. The privilege is the opportunity of taking part in the athletic programs provided by the school; the responsibility is being the school's representative, which involves:

1. Athletes will abide by the policies, rules and regulations of the School District, and the (ADAL) Art David Athletic League.
2. **Each athlete must have a C average 2.0 GPA the previous grading period.**
3. **Athletes will not be allowed to participate in games until all physicals, and emergency forms have been completed and turned into the Athletic Director.** Athletes must obtain physicals from their physicians; physicals MORE THAN 16 months old will NOT be accepted. Physicals are valid for 16 months from the date signed by the physician's office.
4. A student who quits a team may not participate in another sport until the team has completed their season.
5. Any athlete suspended from school for violations of school rules is automatically suspended from the team for the duration of the suspension; including referrals to administration.
6. A student athlete who is in the possession of or uses tobacco, alcohol, steroids, performance enhancing supplements or illegal drugs on or off campus, shall be immediately declared ineligible from all interscholastic competitions, pending the completion of an investigation, which may result in multiple game suspensions up to the removal from the team and disqualification for the remainder of the season.
7. Athletes must represent the school and the community through good citizenship and conduct at all times, including: \*Displaying good sportsmanship and cordial conduct to visiting team members at all times. \*Respecting the property of others. \*Respecting the integrity and the judgment of the athletic officials. \*Avoid profanity, vulgarity, sexual harassment, racism, and obscene actions of any nature. \*Being well groomed and maintain a neat appearance.
8. **Any athlete that earns a C- or lower in physical education will not be allowed probation.**
9. **Any athlete without a written excuse from P.E. (either from a parent or teacher) will NOT be able to participate in their sport for the day(s) he or she missed PE.**
10. Since team membership is a privilege, each individual coach, maintains the right to exercise additional written rules and regulations for the good of the team.
11. Athletes must complete their sport season academically and in good team standing to be eligible for awards.
12. All claims of violations to the standards of conduct by an athlete may be subject to an investigation.
13. **Any parent who displays poor sportsmanship will subject to exclusion from athletic contests.**

I have read and discussed with my Son/Daughter the San Carlos School District Athletic code and authorize him/her to participate in the San Carlos School Athletics' Program under provisions of this code. A person that commits an infraction of any of these guidelines may be penalized as deemed appropriate by the School Administration. By submitting this form to the Athletic Director both parents and participant have read the SCSD Code and conduct and understand the responsibilities to myself, teammates, coaches, and to Central Middle School and the community.

I have read and understand the information provided in this document. I understand that the above rules are meant to provide a policy framework for the San Carlos School District Athletics and are not all encompassing. Situations that may arise will be dealt with on an individual basis. By allowing my child to participate in athletic programs at the Middle School, I agree that he/she will adhere to the rules of their school, their team and the athletic department. Failure to do so may result in disciplinary action. Failure to read and understand this document does not excuse me from violation of district, school, team or athletic department policy. I agree with the Athletic Policy.

PLEASE INITIAL ONE OF THE OPTIONS BELOW...

\_\_\_\_\_ I AGREE to the San Carlos School District's Athletic Code and Standard of Conduct

\_\_\_\_\_ I **DO NOT** AGREE to the San Carlos School District's Athletic Code and Standard of Conduct (if you DO NOT agree, your student will not be eligible to participate in any SCSD After-School Athletics)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Medical and Parent Consent Form

NOTE: THIS FORM IS TO BE USED FOR THE ATHLETIC PHYSICAL EXAMS ONLY

## ATHLETIC MEDICAL AND PARENT CONSENT FORM

**Parents:** This form must be completed before your son/daughter can participate in Athletic practices or contests. Your cooperation is appreciated.

### TO BE COMPLETED BY THE PARENT/STUDENT:

Student's Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ City of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_

Current Sport(s): \_\_\_\_\_

School Attended Last Year: \_\_\_\_\_

School Attending This Year: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I, \_\_\_\_\_ (PRINT STUDENT'S NAME) hereby agree to participate in the San Carlos School District's Athletics Program. I agree to abide by the rules of the District and the Athletic Department Code of Conduct.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### TO BE COMPLETED BY THE PHYSICIAN

Name of Student: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Medical History / Allergies: \_\_\_\_\_

Seizures: \_\_\_\_\_

Comments / Other relevant information: \_\_\_\_\_

Athletics Allowed: All Sports   Football   Soccer   Golf   Track   Basketball   Volleyball   Cross Country

I hereby certify that I have examined the above named student and there appears to be no medical reason why he/she is not physically able to participate in the supervised athletic activities checked above for the San Carlos School District.

Doctors Signature: \_\_\_\_\_

Please use hand stamp with signature

Date of actual physical: \_\_\_\_\_

**Note: Physicals more than sixteen months old will not be accepted**