



AGREEMENT FOR TEAM PARTICIPATION 2017 / 2018

[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 – RSK-F100F Concussion Injury Information Sheet & RSK-F100C Sports Physical Form

Student:	Address:
Grade:	DOB:
School:	Telephone:
Team(s):	

In consideration of the Student's ability to participate on a Team [including any Sport, Cheerleading, Dance, or Marching Band], including try-outs, practices, pre-season or seasonal strength or training sessions or training camps, or actual participation in Team events, shows, performances, 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 District 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 District 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 District. Failure to meet these obligations may, in the discretion of the District, 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 District 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 District 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 District and any Board Member, employee, agent, or volunteer of the District ("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 District 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, District 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.

RSK-F100A



CONCUSSION AND HEAD INJURY INFORMATION SHEET

Student: _____		Address: _____	
Grade: _____		Telephone: _____	
School: _____	School Year: _____	DOB: _____	

Pursuant to Education Code Section 49475, before a Student may try-out, practice, or compete in any District-sponsored extracurricular athletic program, including interscholastic, intramural, or other sport or recreation programs (including cheer/dance teams and marching band), but excluding physical education courses for credit, the student and parent/legal guardian must review and execute this Concussion and Head Injury Information Sheet. Once signed, the Sheet is good for one academic year (Fall through 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.

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-II), 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 a medical evaluation by a licensed health care provider, even if the student does not immediately describe or show physical symptoms of a concussion (headache, pressure in the head, neck pain, nausea or vomiting, dizziness, blurred vision, balance problems, sensitivity to light or sound, feeling "slow," "foggy," or "not right," difficulty with concentration or memory, confusion, drowsiness, irritability or emotionality, anxiety or nervousness, or difficulty falling asleep). If the student reports or shows any of these symptoms, immediate medical health care should be obtained. If a parent or legal guardian is not immediately available to make health care decisions, the District reserves the right to have the student taken for emergency or urgent evaluation or medical care in keeping with the authorization contained in the Agreement for Team Participation.

Dated: _____ Dated: _____

Student _____ Adult _____

Signature _____ Signature _____

School Site: _____

School Year: 2017/2018

Sacramento City Unified School District

PART 1 (TO BE COMPLETED BY A PARENT OR LEGAL GUARDIAN)

LAST NAME		FIRST NAME			GRADE
BIRTHDATE	FALL SPORT	WINTER SPORT	SPRING SPORT	STUDENT ID NUMBER	

PART 1 -- HEALTH HISTORY (Must be Completed by Parent/Guardian Prior to the Examination)

	Yes	No	Has this student had:		Yes	No	
1.	<input type="checkbox"/>	<input type="checkbox"/>	Chronic or recurrent illness?	16.	<input type="checkbox"/>	<input type="checkbox"/>	Injuries requiring medical care or treatment?
2.	<input type="checkbox"/>	<input type="checkbox"/>	Illness lasting over 1 week?	17.	<input type="checkbox"/>	<input type="checkbox"/>	Neck or back pain or injury?
3.	<input type="checkbox"/>	<input type="checkbox"/>	Hospitalizations or Surgeries?	18.	<input type="checkbox"/>	<input type="checkbox"/>	Knee pain or injury?
4.	<input type="checkbox"/>	<input type="checkbox"/>	Nervous, psychiatric, or neurologic condition?	19.	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder or elbow pain or injury?
5.	<input type="checkbox"/>	<input type="checkbox"/>	Loss or nonfunctioning of organs (eye, kidney, liver, testicle) or glands?	20.	<input type="checkbox"/>	<input type="checkbox"/>	Ankle pain or injury?
6.	<input type="checkbox"/>	<input type="checkbox"/>	Allergies (medicines, insect bites, food)?	21.	<input type="checkbox"/>	<input type="checkbox"/>	Other joint pain or injury?
7.	<input type="checkbox"/>	<input type="checkbox"/>	Problems with heart or blood pressure?	22.	<input type="checkbox"/>	<input type="checkbox"/>	Broken bones (fractures)?
8.	<input type="checkbox"/>	<input type="checkbox"/>	Chest pain or significant or severe shortness of breath during or after exercise?	23.	<input type="checkbox"/>	<input type="checkbox"/>	Does this student presently:
9.	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or fainting with exercise?	24.	<input type="checkbox"/>	<input type="checkbox"/>	Wear eyeglasses or contact lenses?
10.	<input type="checkbox"/>	<input type="checkbox"/>	Fainting, bad headaches or convulsions?	25.	<input type="checkbox"/>	<input type="checkbox"/>	Wear dental bridges, braces or plates?
11.	<input type="checkbox"/>	<input type="checkbox"/>	Potential concussion or loss of consciousness?	26.	<input type="checkbox"/>	<input type="checkbox"/>	Take any medications? (List below):
12.	<input type="checkbox"/>	<input type="checkbox"/>	Heat exhaustion, heatstroke, or other problems managing or responding to heat?	27.	<input type="checkbox"/>	<input type="checkbox"/>	Further history:
13.	<input type="checkbox"/>	<input type="checkbox"/>	Racing heartbeat, skipped or irregular heartbeats, or heart murmur?	28.	<input type="checkbox"/>	<input type="checkbox"/>	Birth defects (corrected or not)?
14.	<input type="checkbox"/>	<input type="checkbox"/>	Seizures or seizure disorders?	29.	<input type="checkbox"/>	<input type="checkbox"/>	Death of a parent or grandparent less than 40 years of age due to medical cause or condition?
15.	<input type="checkbox"/>	<input type="checkbox"/>	Severe or repeated instances of muscle cramps?				Parent or grandparent requiring treatment for heart condition less than 50 years of age?
							Been seen by a physician on an emergency or urgent basis in the last 12-months?

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):

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			

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)

	NORMAL	ABNORMAL (Describe)	(May be contained on Provider's Form)
Eyes/Ears/Nose/Throat			Height: Weight:
Heart, lungs, pulmonary function			Pulse: After Ex:
Abdomen, genital/hernia (males)			BP:
Skin and Musculoskeletal:			Recommendation:
a. Neck/Spine/Shoulders/Back			
b. Arms/Hands/Fingers			
c. Hips/Thighs/Knees/Legs			
d. Feet/Ankles			
Neurologic Screening Exam (NSE)/			<input type="checkbox"/> Unlimited participation
Concussion Screening Evaluation (only if needed based on above info.)			<input type="checkbox"/> Limited participation/specific sports, events or activities
			<input type="checkbox"/> Clearance withheld pending further testing/evaluation
			<input type="checkbox"/> No athletic participation
			One of the above MUST be checked.
Comments:			
PRINT NAME OF PHYSICIAN		PHYSICIAN'S SIGNATURE	DATE