CMS Student Athletes
Athletic and Activity Registration Packet 2023/2024

Student name:_____

Date: _____

Parent name: _____

Phone: (_____) _____ - _____

- ☐ Parent and Student Athletic Contract Signed and Dated (Page 2)
- ☐ Viper Athletic Program Important Information Signed and Dated (Page 3)
- ☐ Proof of Medical Insurance (MAKE COPIES of information and attach)
- ☐ Stamped and Signed Pre-Participation Physical Forms (Page 4)
- ☐ Medical History (Page 5)
- ☐ Authorization for Emergency Medical Treatment (Page 6)
- ☐ Waiver and Consent to Treat/Activity Waiver (Page 7)
- ☐ Off Campus Permission Authorization (Page 8)
- ☐ Driver Release Form (Page 9)
- ☐ Spectator and Participant Agreement (section 44811) (Page 10)
- ☐ Release of Information (Page 11)
- ☐ Student Athlete and Parent/Guardian Expectations Signed and Dated (Page 12)
- ☐ Final Registration Form 2023/2024 (Page 13)

ATHLETIC PACKET

PARENT & STUDENT ATHLETIC CONTRACT

I hereby acknowledge receipt of the Athletic Handbook. I have read and understand the contents and will accomplish the requested tasks. I believe in the ideals of sportsmanship and athletics described in the handbook and pledge myself to live up to its high standards to the best of my ability. As a parent I will support the school, coaches, officials, and athletes. I will conduct myself in a manner of courage, generosity, and honor. I pledge my time, my effort, and my support, as I am able, to further the success of COLUMBIA MIDDLE SCHOOL athletics.

Date: _____ _____

Parent/Guardian Signature

Date: _____ _____

Student Signature

PLEASE SIGN AND RETURN THIS PACKET TO THE ATHLETIC OFFICE

Viper Athletic Program Important Information

- To participate in sports, each student and parent must do the following:

  _____ Complete Student Athletic Packet and have physician fill out and sign the physical portion.

  _____ All forms must be completed and signed by the student's parent or legal guardian.
- Students must meet the minimum requirements of a 2.0 grade point average with no more than one "F" to try out or to remain on the team. *Students may be put on Academic Probation at the discretion of coaches and the athletic director.
- Students must have no outstanding fines or fees for library books, textbooks, etc.
- Good behavior is essential to being a student-athlete at Columbia Middle School. A student receiving a suspension during the season will be removed from the team. Any behavior that is unbecoming of the standards for student-athletes at Columbia Middle School will be disciplined by the coaches and or the athletic director and is not limited to game suspensions and removal from the team.
- Athletes must be on time to class. Failure to show up to class on time may result in reduced playing time and possible removal from the team.
- Athletes must attend practices and games. Failure to do so may result in reduced playing time and possible removal from the team.
- **Playing time is not guaranteed and is at the coach's discretion.**
- Parents need to pick up their athletes in a timely manner from practices and games. Failure to do so will result in a one game suspension at the discretion of the athletic director.

  ***All decisions are final.**

  ***The athletic director has complete discretion on all suspensions and removal from any team, at any time, for any reason.**

Date: _____ _____

Parent/Guardian Signature

Date: _____ _____

Student Signature

THIS FORM IS NOT OFFICIAL EVIDENCE FOR SPORTS CLEARANCE.
ATHLETIC AUTHORIZATION FORM MUST BE SIGNED BY DOCTOR/PHYSICIAN.

PHYSICAL FORM

COLUMBIA MIDDLE SCHOOL
ADELANTO ELEMENTARY SCHOOL DISTRICT

NAME _____ AGE _____ GRADE _____

ADDRESS _____ PHONE _____

MEDICAL HISTORY:
Has student, at any time, had:

1. Any restrictions from sports _____
2. Head injuries, unconsciousness, or seizures _____
3. Eye or ear disease _____
4. Lung Disease _____
5. Heart disease or murmurs _____
6. Bone or joint disease, back or neck injuries _____

_____
Parent/Guardian Signature

PHYSICAL EXAMINATION:
Height _____ Weight _____ Blood Pressure _____ Pulse _____
General Appearance: Goode _ Average _ Less than average _
Stature: Slight _____ Medium _____ Heavy Obese _____
Muscle Tone: Good _____ Average _____ Poor _____
Back, Shoulder or Extremity Deformity: No _____ Yes _____
Eyes: Pupils Regular: No Yes EOM's Normal: No _____ Yes _____
Nose Obstruction: None _____ Slight _____ Restrictive _____
Mouth and Teeth: Hygiene: Good Fair Poor Cavities: No _____ Yes _____
Throat: Airway Unrestricted _____ Airway Restricted _____
Chest Excursion: Good _____ Fair _____ Poor _____
Lungs: Clear _____ Abnormality _____
Heart: Tones Normal _____ Functional Murmur _____ Questionable Murmur _____
Hernia: No _____ Yes _____
Impression: Qualified for Sports _____ Referral to family physician for evaluation _____
Qualified, but with the following restrictions: _____
_____
Medications needed to participate: _____
Physician's statement: I hereby certify that this student was examined by me and found to be physically fit to engage in sports.
Date: _____ _____
M.D. Signature

Facility Stamp Here:

MEDICAL HISTORY
(To be completed by Parent or Guardian)

COLUMBIA MIDDLE SCHOOL
ADELANTO ELEMENTARY SCHOOL DISTRICT

Student Name: _____ Age: _____ Grade: _____

Address: _____ City: _____

Phone #: _____ Email: _____

Has your son/daughter ever had:

1. Any restrictions from sports activity: Yes _____ No _____
   If yes, explain _____
   _____
2. Head injuries, unconsciousness, or seizures? Yes _____ No _____
   If yes, date(s) _____
   _____
3. Concussion? Yes _____ No _____
   If yes, date(s) _____
   _____
4. Eye or ear disease? Yes _____ No _____
   If yes, explain _____
   _____
5. Lung disease? Yes _____ No _____
   If yes, date(s) _____
   _____
6. Heart murmurs or disease? Yes _____ No _____
   If yes, explain condition _____
   _____
7. Bone or joint disease? Yes _____ No _____
   If yes, explain condition _____
   _____
8. Back or neck injuries? Yes _____ No _____
   If yes, date(s) _____
   _____
9. Any other medical problems: _____
   _____
   _____
10. Any medications: _____
    _____
    _____

Date: _____ _____
Parent/Guardian Signature

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Athlete Name: _____

The undersigned, legal custodian of _____, a minor, hereby authorizes the principle or designee, into whose care the aforementioned minor pupil has been entrusted, to consent to an X-ray examination, anesthetic, medical or surgical diagnosis, treatment, and or hospital care to be rendered to said minor upon the advice of any licensed physician and or dentist.

This authorization is given by the provisions of section 25.8 of the California civil code and shall remain effective for the full school year unless revoked in writing and delivered to said agent(s). I understand that the Adelanto elementary School District, its officers, and its employees assume no liability of any nature in relation to the transportation of said minor. I further understand that all cost of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be borne by the undersigned.

Doctor/Hospital _____

Daytime Phone _____

Insurance Company _____ Group # _____

Medication/Allergies _____

_____

Other medications taken regularly _____

_____

_____

Date: _____ _____

Parent/Guardian Signature

Date: _____ _____

Parent/Guardian Signature

CONSENT TO TREAT/ACTIVITY WAIVER

This section must be completed.

I/we: _____ and _____, the parent(s)/guardian(s) of _____, a minor, have entrusted such minor into the hands of Columbia Middle School for the purpose of taking a school sponsored trip/off campus for the purpose of the Athletic Program and any/all sports my child/ward is participating. I understand the dates, times and location will be provided by the coach of any such sport. In connection with such entrustment, we authorize such caring adult(s) to consent to any medical examination, anesthetic, medical or surgical diagnosis or treatment and/or hospital care to be rendered to such minor under the general or special supervision and/or on the advice of any physician and/or surgeon licensed under the provisions of California law in such examination, anesthetic diagnosis, treatment or hospital care if in another state or country licensed in that state governing the practice of medicine. We further authorize such caring adult(s) to consent to any and all dental examination, dental or surgical diagnosis, treatment, and/or hospital care to be rendered to such minor by any dentist, including but not limited to, any oral surgeon licensed under the provisions of the Dental Practice Act, or if in another state or country licensed under the provisions of law in that state or country governing the practice of dentistry. Whether or during such entrustment, said caring adult(s) consent to any such medical or dental care rendered, it is to be considered with the above provisions, under the same kind of responsible deliberations as I/we the parent(s)/guardian(s) would have to consider it. We further authorize such caring adult(s) to arrange for and hire an ambulance or other emergency vehicle to transport, at our expense, such minor to a suitable place where medical or dental care is provided.

School Sponsored Trip/Off-Campus Activity Waiver (Minor)

Pursuant to Education Code section 35330:

I/we, _____ and _____, the parent(s)/guardian(s) of _____, a minor, do hereby waive any/all claims against Columbia Middle School, its trustees, agents, and employees, for any injury, accident, illness, or death which may arise by or in connection with or result from participation of my child/ward in any activities related to the off campus trip from Columbia Middle School to athletic competitions and return from such trip(s) which is to take place on various dates. Ther terms shall serve as a waiver, release, and assumption of risk from my heirs, estates, executor, administrators, and assignee and for all members of my family. The undersigned further declare and represent that no promise, inducement, or agreement not herein expressed has been made to the undersigned and that this waiver contains the entire agreement between the parties hereto, and that the terms of this waiver are contractual and not a mere recital.

Waiver Acknowledgement

The undersigned have read the above Medical Release and School Sponsored Trip/Off-campus Activity Waiver and fully understand that the signing of the liability waiver is requested but not a condition for my child to participate in the planned field trip. This only acknowledges that I/we have read the policy.

Date: _____ _____

Parent/Guardian Signature

Date: _____ _____

Parent/Guardian Signature

Parent/Guardian Permission
School-Sponsored Trip/Off-Campus Activity

Athletes Name: _____

- Person in Charge: Team Coach
- Destination: Various athletic avenues (Schedule provided by Coach)
- Date(s): 2023/2024 School Year
- Departure Time: Varies
- Return Time: Varies
- Purpose of Trip: Athletic Competition

(Special Instructions: Meals, money, etc. – for medication see below):

EMERGENCY CONTACT

Name: _____
Address: _____
_____
Primary telephone number: _____
Work number: _____ Cell number: _____

The student/parent is responsible for transportation to and from the place of departure and return. Parents are asked to be prompt in bringing and picking up their child/ward(s). The child/ward must be picked up by the designated time. Law enforcement may be called if the child's/ward's provision for transportation is excessively late or does not show. Please sign below to indicate that you consent to have your child/ward participate in this school sponsored trip.

Date: _____ _____
Parent/Guardian Signature

Special Note to Parent(s)/Guardian(s)

1. All drugs/medication must be registered on this form.
2. All drugs/medication except those which must be kept on the child's/ward's person for emergency use must be kept and distributed by all the staff.

   _____ Check here if there are NO special conditions that the staff should be aware of.

   _____ no drugs/medications required on the trip.
3. If any drugs/medication are to be taken by the child/ward, list them here (Please list drug/reason):

   _____
   _____
   _____
4. If your child/ward has a special medical condition, please give a description here: _____

   _____
   _____
   _____

Driver Release Form

All parents of students in Columbia Middle School, who participate in sports, MUST complete the Drive Release Form below for Athletic Participation. Columbia Middle School Campus WILL NOT release students to anyone who is not on the list of parent/coaches provided by the parent. This form MUST be complete and returned to the Athletic Office BEFORE your student can participate in any practice or games.

I, _____, the parent/guardian of _____ consent to the release of my student for participation in Athletic events.

The following is a list of parents/guardians/family members/friends/coaches that are authorized to transport my student to athletic events:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Please do not release my student to anyone who is not listed above:

Date: _____ _____

Parent/Guardian Signature

Date: _____ _____

Parent/Guardian Signature

CALIFORNIA EDUCATION CODE
SECTION 44811

Before a student may try out or participate on an athletic team, this form must be signed by the parent(s) indicating they have read and understand Section 44811 of the California Education Code. This form should be returned to the athletic office along with the parent consent form.

ATHLETE'S NAME: _____

44811. Disruption of class work or extracurricular activities: punishment: exemptions

(a) Any parent, guardian, or person whose conduct in a place where a school employee is required to be in the course of his or her duties materially disrupts class work or extracurricular activities or involves substantial disorder is guilty of a misdemeanor

(b) A violation of subdivision (a) shall be punished as follows:

a) Upon the first conviction, by a fine of not less than five hundred dollars ($500) and not more than one thousand dollars ($1,00), or by imprisonment in a county jail for not more than one year, or by both imprisonment and a fine.

b) Upon a second conviction, by imprisonment in a county jail for a period of not less than 10 days, and not more than one year, or by both imprisonment and a fine not exceeding one thousand dollars ($1,000). The defendant shall not be released on probation or for any other basis until he or she has served not less than 10 days in a county jail.

c) Upon third or subsequent conviction, by imprisonment in a county jail for a period of not less than 90 days, and not more than one year, or by both imprisonment and a fine not exceeding one thousand dollars ($1,000). The defendant shall not be released on probation, or for any other basis, until he or she has served less than 90 days in a county jail.

d) Upon a showing of a good cause, the court may find that for any mandatory minimum imprisonment specified by paragraph (2) or (3) of this subdivision, the imprisonment shall not be imposed, and the court may grant probation, or the suspension of the execution or imposition of the sentence.

Date: _____ _____

Parent/Guardian Signature

Date: _____ _____

Parent/Guardian Signature

Release of Information
Release of Specific Pupil Information/Directory Information

The students at COLUMBIA MIDDLE SCHOOL often have outstanding achievement in the areas of academics, athletics, and activities. For these achievements we are very proud.

Information and/or photographs or videos, such as, but not limited to, athletics, and other activities are often requested by the media or other service organizations for publication.

Specifically, here at CMS, we use these on our web page and would like to include team photos, game highlights and player spotlights. Students' phone numbers and address would Not be included.

Please sign and return to the Athletic Director or coach(es). This form is intended specifically for the Athletic Office.

Student Name: _____ Date: _____

I/We **GIVE** my/our consent for the release of information and/or photographs for possible media, service organizations or the school web page, understanding that addresses and telephone numbers will not be given out under any circumstance.

Date: _____ _____
Parent/Guardian Signature

Date: _____ _____
Parent/Guardian Signature

I/We **DO NOT GIVE** consent for the release of any information and/or photographs or videos concerning our child/ward as related to school athletic or activities to the media or other service organizations or the school web page. Please do not publicize my/our child's/ward's name, address, or telephone number. This information is to be considered strictly confidential. This request is to remain in effect until such time as I/we give written authorization for such release of information.

Date: _____ _____
Parent/Guardian Signature

Date: _____ _____
Parent/Guardian Signature

Student Athlete and Parent/Guardian Expectations

Dear Columbia Middle School Athletes and Parents/Guardians,

We will focus on instilling core values and skills in our student athletes to foster continuing success. In this process of development, we will cultivate the student athlete through instruction of fundamentals, rules, norms, and values of sports.

Columbia student athletes are first and foremost students. In order to ensure high expectations in all areas, student athletes must maintain a minimum grade point average of 2.0 with no more than one F and D from the previous grading period. If this requirement is not met, the Athletic Director, or coach, may or may not offer academic probation. Although this is a minimum standard, student athletes are encouraged to excel.

Dedication and commitment to our teams are qualities we strongly believe in. All athletes are expected to join their teams for all practices and games they are scheduled to play. We realize there may be extenuating circumstances and ask that coaches are notified if such occasions arise. However, if the athlete attends school for the day, the coach will expect the student athlete to attend practice. Parents, please be timely when picking up your athlete. Any student athlete not picked up within one (1) hour after a game or practice is scheduled to end will serve a one game suspension.

Date: _____ _____

Parent/Guardian Signature

Date: _____ _____

Parent/Guardian Signature

Date: _____ _____

Student Signature

This activity is open to all pupils regardless of sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, religion, color, or mental or physical disability. (5 CCR Section 4926)



Final Athletic and Activity Registration Form 2023/2024

Athletic Code:

My signature below signifies that I have read, understand, and agree to work under the policies and procedures of the Columbia Middle School Athletics Program.

Student Athlete Name _____

Student Athlete Signature _____ Date _____

Parents:

My signature below signifies that I have read and understand the Columbia Middle School Athletic Program Policies and Procedures and I allow my student athlete to participate under those expectations. To the best of my knowledge all claims and or statements in this packet are true.

Parent Name _____

Parent Signature _____ Date _____