



Lawrence E. Jones Middle School
Athletic Department
Athlete Eligibility Packet

Students cannot practice or try out until Sports Physical & completed sports Packets are turned in to Student Services.

** LJMS 2025-2025-6 SPORTS STARTING DATES**							
Sport	Packets Due	Tryouts / Practice	Season Ends	Sport	Packets Due	Tryouts / Practice	Season Ends
Cross Country	8/13/25	8/13/25	10/9/25	Wrestling (*conditioning)	1/7/25	1/16/25	3/8/25
Soccer (6 th /7 th /8 th coed)	8/13/25	8/13/25	10/16/25	6 th B/G Basketball	2/3/25	3/10/25	5/2/25
7 th / 8 th Girls Basketball	8/13/25	8/13/25	10/16/25	Track & Field	1/7/25	2/24/25	5/1/25
7 th / 8 th Boys Basketball	10/1/24	10/21/24	1/15/26	Boys Volleyball	3/3/25	4/9/25	5/23/25
7 th / 8 th Girls Volleyball	10/1/24	10/21/24	1/15/26				

Sports Eligibility Requirements and Playing Time:

- **Students must maintain a 2.0 GPA or above in order to try out, practice, or participate in contests.**
- Students must maintain a citizenship grade of “satisfactory” or above in at least four classes.
- Students must be at school for at least three periods in order to participate in games the same day.
- PE suit cuts will result in not participating in practice or games on the same day.
- We have a zero-tolerance policy for student-athletes that participate in drugs, alcohol, or tobacco products.
- **Playing time is not a guarantee.** Coaches have the discretion to play players as they see fit.

All of the items in this packet must be completed by student/parents BEFORE the first day of try-outs/practice:

- Personal information
- Sport of participation
- Parent/guardian information
- Evidence of a recent physical exam (**completed after 6/1/24**) or signed and stamped by doctor’s office
- Medical insurance verification (including policy number)
- Parent/guardian permission to participate/medical consent
- Sportsmanship Pledge form
- Concussion Information sheet
- Acknowledgement of athletic requirements (academic and citizenship grades)
- Social Media contract
- Athlete after Practice Pick-Up Policy
- Sports donation to cover officials, uniforms and equipment (\$100 Suggested donation- Checks made to LJMS-sports)



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Parent/ Guardian Information (please print clearly):

Name: _____

Name: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Home Address of Student: _____

Health information or personal information that you would like the coach to know (ie: student uses inhaler, student cannot make practice on Tuesdays, etc.) _____

Signature of Parent / Guardian

Date

EVIDENCE OF PHYSICAL EXAMINATION (Separate form signed by doctor may at attached)

I hereby certify that the above named student was examined by me and was found to be physically fit to engage in interscholastic athletics.

Physician's Signature

Date

Are there any health concerns that should be monitored? _____

If physical is not attached, this must be signed and dated by Dr., as well as stamped by the Dr's Office

Medical Insurance Verification

Insurance Company: _____ Policy #: _____



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Parent / Guardian Consent: Medical Treatment/Permission to Participate

My child, _____, has my permission to participate in interscholastic athletics. I request that my child receive first aid services whenever such services are deemed necessary. I authorize that my child be attended by a licensed physical and/or be taken to the nearest hospital in the event that such treatment is deemed necessary. I will accept the judgment of the person in charge of the activity. I further acknowledge that I have read and understood the warning to students and parents section concerning the risks involved with participation in interscholastic athletics. I give my permission for my student to receive first aid services whenever necessary. This consent is valid through June 2026.

Parent / Guardian Signature & Date

Student-Athlete Signature & Date

We hereby acknowledge that we have read and understand the LJMS athletic code, including the philosophy and regulations that govern the behavior of athletes while attending LJMS and participating in the sports program.

Parent / Guardian Signature & Date

Student-Athlete Signature & Date



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SPORTSMANSHIP PLEDGE FORM

THE ROLE OF THE PARENT REGARDING INTERSCHOLASTIC ATHLETIC COMPETITION

The role of a parent in the education of a student is vital. The support shown in the home is often manifested in the ability of the student to accept the opportunities presented at school and in life.

There is a value system - established in the home, nurtured at school - which young people are developing. Their Involvement in the classroom and other activities contributes to that development. Trustworthiness, citizenship, caring, fairness, and respect are some of the lifetime values taught through athletics. These are the principles of good sportsmanship and character. With them, the spirit of competition thrives, fueled by honest rivalry, courteous relations and graceful acceptance of the results.

As a parent of a student-athlete at Lawrence E. Jones, your goals should include:

1. Realize that athletics are part of the educational experience, and the benefits of involvement goes beyond the final score of an athletic contest.
2. Encourage our students to perform their best, just as you would urge them to excel with their class work.
3. Participate in positive cheers that encourage our student athletes while discouraging any cheers that would redirect that focus - including those that taunt and intimidate opponents, their fans and officials.
4. Refrain from any activity before, during or after a contest that is meant to ridicule, embarrass, taunt, or demean an opponent.
5. Learn, understand, and respect the rules of the game, the officials who administer them and their decisions.
6. Respect the task our coaches face as teachers and support them as they strive to educate our youth.
7. Respect our athletic opponents as student-athletes and acknowledge them for striving to do their best.
8. Develop a sense of dignity and civility under all circumstances.

You can have a major influence on your student's attitude about academics and athletics. The leadership role you take will help influence your child, and our community, for years to come. In the end sport is only a game. It is a place where we allow others the opportunity to challenge us to improve our skills and motivate us to excel.

Pledge of Good Sportsmanship - 'Victory With Honor'

Lawrence E. Jones Middle School uses the CIF/NCS Victory with Honor principles as a guideline for the promotion of good sportsmanship among athletes, coaches and spectators. Six core values - trustworthiness, respect, responsibility, fairness, caring, and good citizenship- enable sport to achieve its highest potential. We ask for your cooperation towards achieving the goal of making this school known as a place where all of us maintain a proper perspective, practice good sportsmanship, and act with concern and respect for others.

Signatures of Parent and Athlete Concerning Sportsmanship

I have read the aforementioned LJMS sportsmanship pledge and will uphold the practices of good sportsmanship as outlined by the California Interscholastic Federation, the North Coast Section and Lawrence E. Jones Middle School.

Student Name (first and last) _____ Grade _____



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Signature of Student Athlete

Date

Signature of Parent / Guardian

Date

Student-Athlete Social Media Agreement

Social media can be a useful tool to communicate with teammates, fans, friends, coaches and more. Social media can also be dangerous, if you are not careful. Every picture, link, quote, tweet, status or post that you or your friends put online is forever part of your digital footprint. You never know when that will come back to hurt or help your reputation during the recruiting process, a new job, or other important areas of your life.

Recognizing the above:

_____ I take responsibility for my online profile, including my posts and any photos, videos or other recordings posted by others in which I appear.

_____ I will not degrade my opponents before, during or after games.

_____ I will only post only positive things about my teammates, coaches, opponents and officials.

_____ I will use social media to purposefully promote abilities, team, community, and social values.

_____ I will consider "Is this the me I want you to see?" before I post anything online.

_____ I will ignore any negative comments about me and will not retaliate.

_____ If I see a teammate post something potentially negative online, I will have a conversation with that teammate. If I do not feel comfortable doing so, I will talk to the team captain, or a coach.

_____ I am aware that I represent my sport(s), school, team, family and community at all times and will do so in a positive manner.

Signature of Student Athlete

Date

Signature of Parent / Guardian

Date



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After Practice Pickup Policy

Coaches are required to stay with athletes until they are picked up after practice. All athletes are to be picked up within 15 minutes after the scheduled end of practice time. If athletes are not picked up, the following steps will take place.

- 1st time - Warning about timely athlete pick up
- 2nd time - Athlete will sit out a game or match
- 3rd time - Possible removal from the team

Please make arrangements for your athlete to be picked up or walk home after practice.

Signature of Parent / Guardian

Date



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LJMS

Concussion Information Sheet, page 1

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, jolt to the head or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of a concussion may show up right after the injury, or can take hours or days to fully appear. If your child reports any symptoms of concussion or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following: Headaches, pressure in the head, nausea or vomiting, neck pain, balance problems or dizziness, blurred, double or fuzzy vision, sensitivity to light or noise, feeling sluggish or slowed down, feeling foggy or groggy, drowsiness, change in sleep patterns, amnesia, "don't feel right", fatigue or low energy, sadness, nervousness or anxiety, irritability, more emotion, confusion, concentration or memory programs (forgetting game plays) or repeating the same question/comment.

Signs observed by teammates, parents and coaches include: Appears dazed, vacant facial expression, confused about assignment, forgets plays, is unsure of game, score, or opponent, moves clumsily or changes, can't recall events prior to hit, can't recall events after hit, seizures or convulsions, any change in typical behavior or personality or loss of consciousness.

What can happen if my child keeps on playing with a concussion or returns too soon? Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries, and concussions are no different. As a result, education administrators, coaches, parents and students are the key for student-athlete safety.

If you think your child has suffered a concussion: Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance from a doctor. Close observation of the athlete should continue for several hours. The new CIF Bylaw 313 now requires implementation of long and well established return to play concussion guidelines that have been recommended for several years.



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1. "A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at the time and for the remainder of the day."
2. A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider."

LJMS

Concussion Information Sheet, page 2

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. **When in doubt, the athlete SITS OUT!**

For current and up-to-date information on concussions you can go to:
<http://www.ced.gov/ConcussionInYouthSports>

Student Athlete Name (Printed)

Student Athlete Signature

Date

Parent or Legal Guardian Name (Printed)

Parent or Legal Guardian Signature

Date

Adapted from the CDC and the 3rd International Conference on Concussion in Sport Document created 5/20/2010



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Opioid Information Sheet and Parent Agreement

Senate Bill 1109 - Controlled substances: Schedule II drugs: opioids, effective January 1, 2019 is a new school requirement for informing parents and student-athletes regarding opioids.

SEC. 12. Section 49476 is added to the Education Code, to read:

49476. (a) If a school district, charter school, or private school elects to offer an athletic program, the school district, charter school, or private school shall annually give the Opioid Factsheet for Patients published by the Centers for Disease Control and Prevention to each athlete. The athlete and, **if the athlete is 17 years of age or younger, the athlete's parent or guardian shall sign a document acknowledging receipt of the Opioid Factsheet for Patients and return that document** to the school district, charter school, or private school before the athlete initiates practice or competition. The Opioid Factsheet for Patients may be sent and returned through an electronic medium, including, but not limited to, fax or email.

(b) This section does not apply to an athlete engaging in an athletic activity during the regular school day or as part of a physical education course required pursuant to subdivision (d) of Section 51220.

I acknowledge that I have read and understand the opioid information on the fact sheets. I understand the dangers, the potential risks, and the side effects associated with opioid use on behalf of my child.

Name of Minor Child: _____

Parent/Guardian signature: _____ Print Name _____

Date signed: _____



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I understand that if my child is selected to be a member of any sports team at Lawrence Jones Middle School, I am required to volunteer my time and support the team in various capacities throughout the season.

I understand that my involvement may include, but is not limited to, attending games, providing snacks or refreshments for team Fundraising, and volunteering other team-related events as needed, like Scoreboard and Scorebook

I acknowledge that my active participation as a parent volunteer is crucial to the success and functioning of the sports program at Lawrence Jones Middle School and is essential for creating a positive and supportive environment for all student-athletes.

Parent/Guardian's Signature: _____

Date: _____

Thank you for your commitment to supporting our student-athletes.

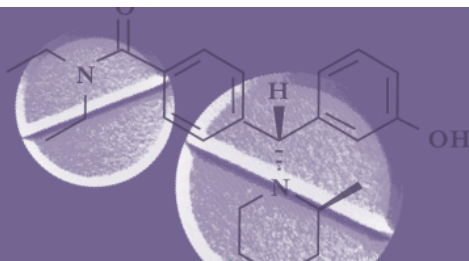


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PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW



Prescription opioids can be used to help relieve moderate-to-severe pain and are often prescribed following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

WHAT ARE THE RISKS AND SIDE EFFECTS OF OPIOID USE?

Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use. An opioid overdose, often marked by slowed breathing, can cause sudden death. The use of prescription opioids can have a number of side effects as well, even when taken as directed:

- Tolerance—meaning you might need to take more of a medication for the same pain relief
- Physical dependence—meaning you have symptoms of withdrawal when a medication is stopped
- Increased sensitivity to pain
- Constipation
- Nausea, vomiting, and dry mouth
- Sleepiness and dizziness
- Confusion
- Depression
- Low levels of testosterone that can result in lower sex drive, energy, and strength
- Itching and sweating

As many as
1 in 4
PEOPLE*



receiving prescription opioids long term in a primary care setting struggles with addiction.

* Findings from one study

RISKS ARE GREATER WITH:

- History of drug misuse, substance use disorder, or overdose
- Mental health conditions (such as depression or anxiety)
- Sleep apnea
- Older age (65 years or older)
- Pregnancy

Avoid alcohol while taking prescription opioids. Also, unless specifically advised by your health care provider, medications to avoid include:

- Benzodiazepines (such as Xanax or Valium)
- Muscle relaxants (such as Soma or Flexeril)
- Hypnotics (such as Ambien or Lunesta)
- Other prescription opioids



U.S. Department of
Health and Human Services
Centers for Disease
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CS264107C

May 9, 2016



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KNOW YOUR OPTIONS

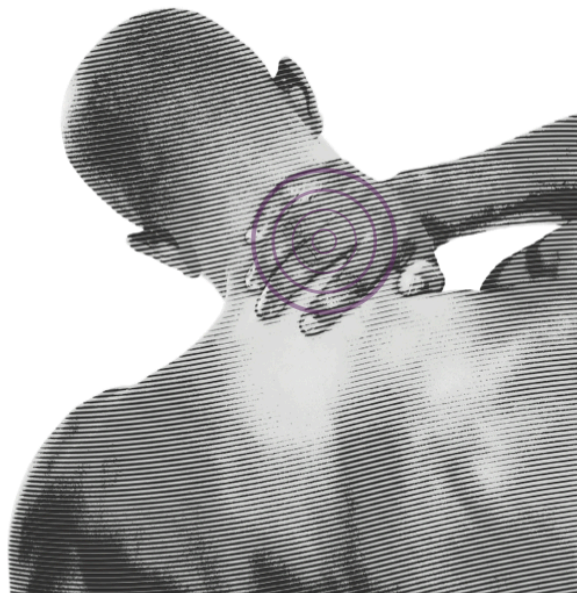
Talk to your health care provider about ways to manage your pain that don't involve prescription opioids. Some of these options **may actually work better** and have fewer risks and side effects. Options may include:

- ☐ Pain relievers such as acetaminophen, ibuprofen, and naproxen
- ☐ Some medications that are also used for depression or seizures
- ☐ Physical therapy and exercise
- ☐ Cognitive behavioral therapy, a psychological, goal-directed approach, in which patients learn how to modify physical, behavioral, and emotional triggers of pain and stress.



Be Informed!

Make sure you know the name of your medication, how much and how often to take it, and its potential risks & side effects.



IF YOU ARE PRESCRIBED OPIOIDS FOR PAIN:

- ☐ Never take opioids in greater amounts or more often than prescribed.
- ☐ Follow up with your primary health care provider within ____ days.
 - Work together to create a plan on how to manage your pain.
 - Talk about ways to help manage your pain that don't involve prescription opioids.
 - Talk about any and all concerns and side effects.
- ☐ Help prevent misuse and abuse.
 - Never sell or share prescription opioids.
 - Never use another person's prescription opioids.
- ☐ Store prescription opioids in a secure place and out of reach of others (this may include visitors, children, friends, and family).
- ☐ Safely dispose of unused prescription opioids: Find your community drug take-back program or your pharmacy mail-back program, or flush them down the toilet, following guidance from the Food and Drug Administration (www.fda.gov/Drugs/ResourcesForYou).
- ☐ Visit www.cdc.gov/drugoverdose to learn about the risks of opioid abuse and overdose.
- ☐ If you believe you may be struggling with addiction, tell your health care provider and ask for guidance or call SAMHSA's National Helpline at 1-800-662-HELP.

LEARN MORE | www.cdc.gov/drugoverdose/prescribing/guideline.html

<https://d2o2figo6ddd0g.cloudfront.net/b/b/r3jvb58wp64qmo/CDC-Patient-Opioid-Factsheet-a.pdf>