

# Magruder Middle School - CLEARANCE FORM

## ATHLETICS

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### PART 1 – STUDENT INFORMATION

Please **PRINT** this information carefully.

LAST NAME	FIRST NAME	BIRTHDATE	GRADE THIS YEAR
STREET ADDRESS		CITY	ZIP CODE
TELEPHONE NUMBER			

### PART 2 – INSURANCE

**California State law (EdCode Sect 31751-55)** requires every student taking part in school Athletic programs to have accidental bodily injury insurance. This coverage **MUST** be a minimum of \$1,500 in scheduled medical and hospital benefits, and at least \$1,500 in accidental death benefits. This coverage may be provided through your own medical insurance or you may purchase student insurance through [Myers-Stevens & Company](http://Myers-Stevens & Company). Forms are available in the Business office or on-line at [www.magruder.tusd.org](http://www.magruder.tusd.org). **This is a requirement! Uninsured students will not be allowed to participate**

This is to certify that my student is covered by the required medical insurance:

NAME OF INSURANCE COMPANY	PARENT/GUARDIAN SIGNATURE
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### PART 3 – CONSENT OF PARENT/GUARDIAN AND STUDENT

My signature affixed hereon gives permission for my son/daughter to participate in Athletics at the middle school and certifies that I (PARENT/GUARDIAN AND STUDENT) have read and agree with the Rules and Regulations on the back of this form.

DATE	PARENT/GUARDIAN SIGNATURE	STUDENT SIGNATURE
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### PART 4 – APPROVAL BY ATHLETIC DIRECTOR OR SECRETARY (Office use only)

DATE	ATHLETIC DIRECTOR'S SIGNATURE	TUSD RECEIPT NUMBER	AMOUNT PAID	CHECK NUMBER	CASH PAYMENT
FALL:		WINTER:		SPRING:	

\*\*\*THIS FORM MUST BE SIGNED\*\*\*

## ATHLETIC RULES AND INFORMATION

### 1. **SCHOLASTIC ELIGIBILITY (TUSD Board Policy 6145)**

- a. Athletes must maintain a minimum GPA of 2.0 in all classes for the quarter completed prior to each season.
- b. Athletes may have no more than one (1) unsatisfactory (U) or needs improvement (N) grade in citizenship for the quarter completed prior to the season and throughout the season.
- c. These academic and citizenship standards must be maintained each quarter (10 week period) to stay eligible.

### 2. **MIDDLE SCHOOL ATHLETIC RULES:**

- a. Coaches have the right to add their own criteria for their programs.
- b. All school-issued equipment (uniforms, bags, etc.) must be returned at the end of the season or the athlete will receive an incomplete grade and be put on the activities office debt list until the equipment has been returned or paid for. Yearbooks and or other items may not be received if your name is on the list.
- c. Athletes are guaranteed a chance to try out for another sport at the conclusion of their present sport season. We encourage athletes to participate in more than one sport during the year.
- d. All athletes must go to and from games on the team bus or with an authorized adult driver.
- e. To be a member of a middle school athletic team is a privilege and an honor. We expect all players on the field to conduct themselves like ladies and gentlemen. Specifically, we do not want players to criticize teammates or officials nor to commit deliberate fouls. When fouled, we do not want our players to retaliate. In short, we expect middle school athletes to play with "class" and "character".
- f. The athletic department has additional policies and rules that may be brought into effect according to the violation that may have occurred. All athletes are expected to follow school rules at all times.

### 3. **THE ATHLETE, PARENT, AND COACH:**

- a. Coaches may, and often do, set additional rules and regulations for their sports.
- b. Lines of communication. If a problem arises, parents are required to discuss it with the coach prior to calling the Athletic Director and/or Administration. No anonymous complaints (either in writing or otherwise) will be addressed.

# ATHLETES' CODE OF ETHICS

Athletics is an integral part of the school's total educational program. All school activities, curricular and extracurricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Code of Ethics is presented.

As an athlete, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials and coaches.
3. Respect the integrity and judgment of game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
5. Maintain a high level of safety / awareness.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. Win with character, lose with dignity.

**Athlete's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Athlete's Name Printed:** \_\_\_\_\_

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

**\*\*\*THIS FORM MUST BE SIGNED\*\*\***

**MAGRUDER MIDDLE SCHOOL**

TO: Parents of Students Involved in Voluntary School-Sponsored Events for which  
Magruder Middle School does NOT Provide Transportation

SUBJECT: **TRANSPORTATION TO SCHOOL-SPONSORED ACTIVITIES  
IN WHICH STUDENTS VOLUNTARILY PARTICIPATE**

Magruder Middle School specifically requires the completion of the permission forms, which indicate that Insurance responsibility on the part of drivers is adequately met and that parents give permission for their students to be transported by coaches, parents, sponsors or other adults to such voluntary school-sponsored events.

Parents must understand that Magruder Middle School does not provide transportation to some voluntary school-sponsored events and that it is solely a parent's responsibility to arrange transportation for his/her son/daughter if the parent wishes his/her son/daughter to attend/participate in the event(s).

If, as a parent or guardian, you wish your son/daughter to be transported by a coach, sponsor, parent or other adult to a voluntary school-sponsored event, the appropriate form must be completed prior to the school-sponsored event. Please read the form carefully.

**DRIVERS ARE NOT ACTING AS AGENTS OF MAGRUDER MIDDLE SCHOOL.**

**DRIVERS ARE NOT DRIVING ON BEHALF OF MAGRUDER MIDDLE SCHOOL.**

**MAGRUDER MIDDLE SCHOOL IS NOT PROVIDING INSURANCE FOR THE DRIVERS.**

**MAGRUDER MIDDLE SCHOOL IS NOT PROVIDING INSURANCE FOR THE PASSENGERS**

Please ask your coach/sponsor if you have questions concerning the voluntary transportation policy or about the required permission forms.

MAGRUDER MIDDLE SCHOOL

STUDENT PASSENGER AUTHORIZATION FORM

For MAGRUDER Middle School Students to Ride to a School-Sponsored Event with an Approved Coach, Sponsor, Parent or Adult Driver

The undersigned hereby acknowledges and understands that Magruder Middle School is not providing transportation to certain voluntary school-sponsored event(s) and that is the responsibility of the undersigned to arrange transportation for his/her son or daughter.

MAGRUDER MIDDLE SCHOOL MAY NOT PROVIDE BUS TRANSPORTATION FOR CERTAIN AWAY CONTESTS/TOURNAMENTS. PARTICULAR EVENTS MAY ALLOW FOR INDIVIDUALS OR TEAMS TO TRAVEL BY PRIVATE TRANSPORTATION TO SOME CONTESTS, TOURNAMENTS OR WEEKEND EVENTS. ADVANCE NOTICE WILL BE GIVEN TO ALL TEAM MEMBERS.

As parent/legal guardian, I hereby authorize and give permission for my son/daughter, (Student's name) \_\_\_\_\_, to ride as a passenger in a vehicle driven by a coach, sponsor, parent or other adult to the above school sponsored event(s).

The undersigned acknowledges and understands that the driver is not driving on behalf of, or as an agent of, Magruder Middle School. Further, the undersigned understands that Magruder Middle School has not verified the driving record or DMV record of the driver or the mechanical condition of the vehicle.

However, the driver has produced a signed document indicating adequate insurance coverage, possession of a California Driver's License and that the vehicle is in proper mechanical condition.

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TORRANCE UNIFIED SCHOOL DISTRICT



STUDENT PARTICIPATION IN DISTRICT VOLUNTARY ACTIVITY  
PARENTAL PERMISSION ASSUMPTION OF RISK AND  
MEDICAL TREATMENT AUTHORIZATION

Date \_\_\_\_\_ Student's Name: \_\_\_\_\_ has permission to participate in the following activity:

Destination/Nature of Activity- Middle School Athletics

Departure Date: TBD Time: TBD Return Date: TBD Time: TBD

Person in Charge: Mr. Bermudez Position: Athletic Director

School: Magruder Middle School Type of Transportation-School Bus

Health or special needs: Check as appropriate

	My student has no special health needs the staff should be aware of, and no medication is required on the trip/activity.
	My student has a special need, and instructions are attached. Number of attached pages: _____
	Other:

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood and agreed that the undersigned will assume full responsibility for any such action, including payment of costs.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip/activity. As provided for in California Education Code Section 35330, I agree to waive all claims against the Torrance Unified School District and hold the District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. This waiver shall not apply to any occurrences, which may arise solely out of the negligence of the District, its employees or agents.

I/we, as parent(s) or guardian(s) of the minor(s), do hereby, for my child/children, myself, my heirs, executors and administrators, release and forever discharge and hold harmless the California State PTA, the local PTA and all officers, directors, employees, agents and volunteers of the organizations, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the participation of any individuals listed above in any PTA sponsored activities.

By signing below, I confirm that I have read and fully understand its contents. I am aware that this is a release of liability.

\_\_\_\_\_  
Signature (Parent/Guardian) (Please print name)

Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Student's Date of Birth \_\_\_\_\_

Your medical insurance carrier: \_\_\_\_\_ Policy#: \_\_\_\_\_

In the event of an emergency, please contact: \_\_\_\_\_  
Please Print: Name of Person

Cell Phone (\_\_\_\_) \_\_\_\_\_ Relationship to student \_\_\_\_\_



**CONTRIBUTION**

*"The Torrance Unified School District's eight middle schools collect parent contributions for extracurricular transportation and costs. Contributions will be collected from all Athletic teams and will be used to pay for buses carrying these middle school students to activities and games."*

1. The basic payment per athlete is:

A.	One (1) student in one season of activity/team	\$50.00
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2. **Refund Policy:**

- a. Refunds will be granted to students who are cut or voluntarily drop **before their activity/team's first contest.**
- b. **No refunds** will be granted to students who are cut or drop the activity/team after the first contest, regardless of whether or not the student participated.
- c. **No refunds** will be granted to students who become scholastically ineligible.

3. Please write a check or money order, payable to the **Magruder Middle School**. Complete the information below and on your check, write your student's full name, grade level, and sport(s).

Name of Student	Sport	Sport	Amount

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*\*\*THIS FORM MUST BE SIGNED\*\*\***

# WARNING TO STUDENTS, PARENTS & GUARDIANS

**SERIOUS, CATASTROPHIC, AND PERHAPS FATAL INJURY  
MAY RESULT FROM ATHLETIC COMPETITION**

By its very nature, competitive athletics may put students in situations which SERIOUS, CATASTROPHIC and, perhaps, FATAL ACCIDENTS may occur.

Many forms of athletic competition result in violent physical contact among players, the use of equipment which may result in accidents, strenuous physical exertion, and numerous other exposures to risk of injury.

Students and parents must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. Just as driving an automobile involves choice of risk; athletic participation by middle school students also may be inherently dangerous.

The obligation of parents and students in making this choice to participate cannot be overstated. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairments as a result of athletic competition.

By granting permission for your student to participate in athletic competition, you, the parent or guardian, acknowledge that such risks exist.

By choosing to participate, you, the student, acknowledge that such risks exist.

Students will be instructed in proper techniques to be used in athletic competition and in the proper utilization of all equipment worn or used in practice and competition. **Students must adhere to that instruction and utilization and must refrain from improper uses and techniques.** Players may reduce the chance of injury by obeying all safety rules in their sport, reporting all physical problems to their coaches, following the proper conditioning program and inspecting their own equipment daily. **Damaged equipment must be replaced.**

As previously stated, no amount of instruction, precaution, and supervision will totally eliminate all risk of serious, catastrophic, or even fatal injury.

If any of the foregoing is not completely understood, please contact your school principal for further information.

**DIRECTIONS:** Sign this form and return it to the Athletic Office with the Athletic Packet.

**This will acknowledge that we have read and understand the material contained in this WARNING TO STUDENTS, PARENTS and GUARDIAN.**

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Student

Student's Name (Please Print) \_\_\_\_\_



**\*\*\*THIS FORM MUST BE SIGNED\*\*\***  
**MAGRUDER MIDDLE SCHOOL**  
**CONCUSSION INFORMATION SHEET**

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A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or 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 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:**

<ul style="list-style-type: none"><li>● Headaches</li><li>● “Pressure in head”</li><li>● Nausea or vomiting</li><li>● Neck pain</li><li>● Balance problems or dizziness</li><li>● Blurred, double, or fuzzy vision</li><li>● Sensitivity to light or noise</li><li>● Feeling sluggish or slowed down</li><li>● Feeling foggy or groggy</li><li>● Drowsiness</li><li>● Change in sleep patterns</li></ul>	<ul style="list-style-type: none"><li>● Amnesia</li><li>● “Don’t feel right”</li><li>● Fatigue or low energy</li><li>● Sadness</li><li>● Nervousness or anxiety</li><li>● Irritability</li><li>● More emotional</li><li>● Confusion</li><li>● Concentration or memory problems (forgetting game plays)</li><li>● Repeating the same question/comment</li></ul>
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**Signs observed by teammates, parents and coaches include:**

<ul style="list-style-type: none"><li>● Appears dazed</li><li>● Vacant facial expression</li><li>● Confused about assignment</li><li>● Forgets plays</li><li>● Is unsure of game, score, or opponent</li><li>● Moves clumsily or displays non-coordination</li><li>● Answers questions slowly</li><li>● Slurred speech</li><li>● Shows behavior or personality changes</li><li>● Can’t recall events prior to hit</li><li>● Can’t recall events after hit</li><li>● Seizures or convulsions</li><li>● Any change in typical behavior or personality</li><li>● Loses consciousness</li></ul>	
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**MAGRUDER MIDDLE SCHOOL**  
**CONCUSSION INFORMATION SHEET**

**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 that 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 of administrators, coaches, parents and students is the key for student-athlete's 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. 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:**

**“A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and for the remainder of the day.”**

and

**“A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed healthcare provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.**

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. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

\_\_\_\_\_  
Student-Athlete Name Printed

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date