

After School Sports Participation - Grade 6-8 - 2025-26

Welcome to a new year of school athletics!

In order for your student athlete to participate in tryouts or an after school team sport, you must read and sign this After School Sports Participation Packet. We will keep these forms on file for the 2025-26 school year.

Please use the links below to open/download important health-related information:

1. **Concussion information**
2. **Sudden Cardiac Arrest information**
3. **Student's Health History and Physical Evaluation**
4. **Doctor's Physical Exam form** (with list of community based health clinics)

This After School Sports Participation Packet includes information and acknowledgements for the following items:

1. Student athlete information
2. Assumption of risk for participation in after school sports
3. After school sports permission
4. Athletic Insurance Certification
5. Student-Athlete Responsibilities
6. Positive Coaching Alliance Pledge for the Athlete and Parent
7. Receipt of Concussion information
8. Receipt of Sudden Cardiac Arrest information
9. Assumption of risk for participation in Cheer/Mascot Program
10. Receipt of Health History and Physical Assessment
11. Receipt of Physical Exam form and List of community based health clinics

Note: Authorization for Emergency Medical Treatment form is on file with the school office.

To request a printed copy of this Athletics Packet, please contact the school office.

Student Name

Student ID#

Student Grade Level

Student Class

STUDENT ATHLETE INFORMATION

Parent/Guardian name ***Parent/Guardian email address *****Student's home phone *****Student's blood type *****Family physician's name and address *****Family physician's phone number/ *****Health Insurance Carrier (e.g. Blue Cross, Kaiser) /Operador de seguro de salud (por ejemplo, Blue Cross, Kaiser)**

*

Policy number of health insurance ***Phone number of health insurance *****Name of Emergency Contact (if neither parent can be reached) *****Contact's relation to student athlete ***

Emergency contact's phone number ***Emergency contact's email ***

Parent/Guardian contact information is maintained by the school office staff. Please be sure the school and athletic department have the parents/guardians most current contact information.

WAIVER, RELEASE AND INDEMNITY AGREEMENT**ASSUMPTION OF RISK FOR PARTICIPATION IN AFTER SCHOOL SPORTS**

THIS FORM IS AN IMPORTANT LEGAL DOCUMENT. IN CONSIDERATION OF MY VOLUNTARY PARTICIPATION IN THE ABOVE AFTER SCHOOL SPORT, I CONFIRM THAT I HAVE CAREFULLY READ THIS FORM THAT EXPLAINS THE RISKS I AM ASSUMING BY PARTICIPATING IN AFTER SCHOOL SPORTS. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT THE DISTRICT OFFICE OF RISK MANAGEMENT AT 408-364-4200 EXT. 6213.

(1) Assumption of Risks: I understand that the above-listed after school sport, by its very nature, includes certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary, but may involve minor injury, major injury, and serious injury, including permanent disability and death, and severe social and economic losses which might result not only from my own actions, inactions, or negligence, but the actions, inactions, or negligence of others, the rules of play, or the condition of the premises or of any equipment used. I understand and appreciate the risks that are inherent in the after school sport. I hereby assert and agree, on behalf of myself, my family, heirs, personal representative(s), and/or assigns, that my participation in the after school sport is voluntary and that I knowingly assume all such risks. I recognize

the importance of following instructions regarding proper technique, training and other established safety rules, guidelines and regulations, but understand that I am ultimately responsible for my own safety, and I agree to abide by all rules and regulations governing the after school sport.

(2) Hold Harmless, Indemnity and Release: In consideration of permission to participate in the above listed after school sport, I agree here and forever, to the maximum extent permitted by law, for myself, my family, my heirs, personal representative(s), and/or assigns, to defend, hold harmless, indemnify and release, the Campbell Union School District ("District"), its Board members, administrators, officers, agents, volunteers and employees, from and against any and all claims, demands, actions, or causes of action of any sort, present or future, on account of damage to personal property, or personal injury, or illness, or death which may result from my participation in the after school sport. This release specifically includes claims based on the negligence of the District and its Board members, administrators, officers, agents, volunteers and employees. I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue, and am doing so voluntarily. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made.

Please provide the student athlete's first and last name ***Participation dates ***

Do you affirm that you have read the information above and have been fully and completely advised of the potential dangers incidental to engaging in after school sports, and are fully aware of the legal consequences of signing the Permission, Assumption of Risk, and Hold Harmless, Indemnity and Release?.

*

- ☐ Yes
- ☐ No (This answer disqualifies student participation)

AFTER SCHOOL SPORTS PERMISSION

I acknowledge that transportation is the parent/guardian responsibility. *

- ☐ Yes
- ☐ No (This answer disqualifies student participation)

I give permission for my student athlete to participate in the school's after school sports program. *

- ☐ Yes
- ☐ No (This answer disqualifies student participation)

I realize that this activity is voluntary as part of the CAMPBELL UNION SCHOOL DISTRICT ("District") program. I am aware of the transportation arrangements for this activity and acknowledge that if the school is providing no transportation, I have complete and sole responsibility for all transportation arrangements for my student athlete. I am aware that the District does not provide coverage for medical treatment in connection with this activity. If a participant does not have private medical insurance, low-cost school insurance is available through the District. I further acknowledge that the District does not automatically provide for medical coverage for participants in this activity.

*

- ☐ Yes
- ☐ No (This answer disqualifies student participation)

I also understand and acknowledge that, in order to participate in the above-described after school sport, I need to provide the separately dated and signed Waiver, Release and Indemnity Agreement and Assumption of Risk for Participation in Voluntary After School Sports and Medical Treatment Authorization forms included in this packet to the District in before participating the after school sport.

*

- ☐ Yes
- ☐ No (This answer disqualifies student participation)
-

ATHLETIC INSURANCE CERTIFICATION FORM

I hereby certify, under penalty of perjury, that the above-named pupil is covered by valid insurance that provides the following:

(1) Insurance protection for medical and hospital expenses resulting from accidental bodily injuries in one of the following amounts: (Ed. Code 32221)

(a) A group or individual medical plan with accidental benefits of at least two hundred dollars (\$200) for each occurrence and major medical coverage of at least ten thousand dollars (\$10,000), with no more than one hundred dollars (\$100) deductible and no less than eighty percent (80%) payable for each occurrence.

(b) Group or individual medical plans which are certified by the Insurance Commissioner to be equivalent to the required coverage of at least one thousand five hundred dollars (\$1,500).

(c) At least one thousand five hundred dollars (\$1,500) for all medical and hospital expenses.

(2) I hereby agree that this policy shall not be cancelable without at least 10 days prior written notice to the District.

Insurance protection in any of the above amounts shall be provided through group, blanket, or individual policies of accident insurance from authorized insurers or through a benefit and relief association, such as California Interscholastic Protection Fund, for the death or injury to members of athletic teams arising while such members are engaged in or are preparing for an athletic event promoted under the sponsorship or arrangements of the educational institution or a student body organization thereof or while such members are being transported by or under the sponsorship or arrangements of the school districts or a student body organization thereof to or from school or other place of instruction and the place of the athletic event. Minimum medical benefits under any insurance required by this paragraph shall be equivalent to the three dollars and fifty cents (\$3.50) conversion factor as applied to the unit values contained in the minimum fee schedule adopted by the Department of Industrial Relations of the State of California, effective October 1, 1966. (Ref. Ed. Code 32221)

Insurance Company *

Policy/Group No. *

Policy Expiration Date. *

Will you maintain the above coverage during the current school year or immediately notify the school if the coverage terminates or does not meet the above requirements?

*

☐ Yes

☐ No (This answer disqualifies student participation)

STUDENT-ATHLETE RESPONSIBILITIES

Violation of the rules below could result in suspension from a game/meet, suspension from the team, and/or suspension from school. Your parent/guardian will be contacted.

Please read and acknowledge the following expectations with your student.

1. Respect other athletes on your team and others (no yelling, cursing, or physical contact). *

- ☐ Yes
- ☐ No (This answer disqualifies student participation)

2. No "horseplay" (pantsing, chasing someone) or suspension will result. *

- ☐ Yes
- ☐ No (This answer disqualifies student participation)

3. Respect equipment, be responsible; or it could cost you money to replace. *

- ☐ Yes
- ☐ No (This answer disqualifies student participation)

4. Permission cards must be signed and turned in before you begin practice. *

- ☐ Yes
- ☐ No (This answer disqualifies student participation)

5. Uniforms must be turned in within 2 days after your last game in clean and good condition, or report cards will be held and a \$50.00 fee will be charged.

*

- ☐ Yes
- ☐ No (This answer disqualifies student participation)

6. Praise athletes for effort or accomplishments and keep your criticism to yourself; let the coach correct each player.

*

- ☐ Yes
- ☐ No (This answer disqualifies student participation)

7. If riding the bus to and from athletic events: a. Only you not your friends, are allowed on the bus. b. You must behave respectfully and follow bus rules. c. If not riding the bus home, you must only go home with your parent/guardian.

*

- ☐ Yes
- ☐ No (This answer disqualifies student participation)

8. Athletes must be in school at least 1/2 of the academic day on game/meet days in order to participate in competition.

*

- ☐ Yes, I understand.
- ☐ Will do!

8. If your practice starts after 3:30 p.m., you must leave campus and come back for practice; unless an arrangement has been made with your coach.

*

- ☐ Yes
- ☐ No (This answer disqualifies student participation)

9. You must have and maintain a minimum 2.0 (C grade point average) or equivalent in all your classes. Your coaches will check grades.

*

- ☐ Yes
- ☐ No (This answer disqualifies student participation)

10. Remember; be a positive role model for your school. *

- ☐ Yes
- ☐ No (This answer disqualifies student participation)

11. While improving at your sport, remember to HAVE FUN! *

- ☐ Yes
- ☐ Will do!

Positive Coaching Alliance

ATHLETE'S PLEDGE

Please read, sign, and return to the coach or appropriate official.

1. Making Myself Better

- I understand that officials can make mistakes. If a "bad" call is made against my team, I will Honor the Game and remain silent!
- I will give maximum effort in workouts, practices, and competitions.
- I will have a teachable spirit. I will accept feedback so I can learn and get better.
- I will work hard on my mental game, and I will use a variety of tools such as visualization, positive self-talk, and mistake rituals to allow me to move past failures quickly and refocus on the next play.

2. Making My Teammates Better

- I will look for leadership opportunities to help my team achieve its goals.
- I will be a positive teammate. I will support my teammates by building them up. When I do criticize, I will do it constructively and at the right time in the right way.
- I will be a team player who helps build strong team chemistry. My first priority will be team success, and I will adjust and accept my role to help the team.

3. Making the Game Better

- I will honor the game by respecting the rules, opponents, officials, teammates, and myself.
- I will use my status and influence as an athlete to improve my school community.

I affirm that my student has read and understands the Student Athlete Pledge. *

- ☐ Yes
- ☐ No (This answer disqualifies student participation)

Please provide your student athlete's first and last name. *

Positive Coaching Alliance

PARENT'S PLEDGE

1. As a Second-Goal Parent I will let players and coaches take responsibility for the first goal of winning. I will relentlessly focus on the second, more important, goal of using sports to teach life lessons to my child and other youth.
2. I will use positive encouragement to fill the Emotional Tanks of my children, their teammates, and coaches. I understand that people do their best with full E-Tanks.
3. I will reinforce the ELM Tree of Mastery with my child (E for Effort, L for Learning, M for bouncing back from mistakes). Because I understand a mastery approach will help my child be successful in sports and in life, I will encourage my child to
 - put in a high level of effort to get better,
 - cultivate a Teachable Spirit to continue to learn and improve,
 - use a Mistake Ritual (e.g., “flushing mistakes”) to quickly rebound from mistakes.
4. I will set an example for my child by Honoring the Game and will encourage him/her to remember ROOTS – respect for the Rules, Opponents, Officials, Teammates, and Self. If the official makes a “bad” call against my team, I will Honor the Game and be silent!
5. I will use a self-control routine to avoid losing my composure when things go wrong. I will take a deep breath, turn away from the game to refocus, counts backwards from 100 or use self-talk (“I need to be a role model. I can rise above this.”).
6. I will engage in No-Directions Cheering. I will limit my comments during the game to encouraging my child and other players (from both teams).
7. I will get my child to practice and games on time and will be on time picking my child up after games and practices.
8. I will refrain from making negative comments about my child’s coach in my child’s presence. I understand that this will help to avoid planting negative seeds in my child’s head that can negatively influence my child’s motivation and overall experience.

I affirm that I have read and understand the Parent Pledge. *

- ☐ Yes
- ☐ No (This answer disqualifies student participation)

Please provide the full name of the parent/guardian completing this form *

CONCUSSION INFORMATION

I have received and reviewed the Sudden Cardiac Arrest information sheet provided with this After School Sports Participation Packet.

*

- ☐ Yes
- ☐ No (This answer disqualifies student participation)

SUDDEN CARDIAC ARREST INFORMATION

I have received and reviewed the Sudden Cardiac Arrest information sheet provided with this After School Sports Participation Packet

*

- ☐ Yes
- ☐ No (This answer disqualifies student participation)
-

VOLUNTARY ACTIVITIES PARTICIPATION

ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK CHEER/MASCOT PROGRAM

(This form must be completed, signed, and on file at the school prior to participation in the CHEER/MASCOT activity.)

These activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

Recommendations that may help prevent cheerleading injuries:

- Cheerleaders should have a medical examination before they are allowed to participate including a complete medical history.
- Cheerleaders should be trained by a qualified coach with training in gymnastics and partner stunting. This person should also be trained in the proper methods for spotting and other safety factors.
- Cheerleaders should be exposed to proper conditioning programs and trained in proper spotting techniques.
- Cheerleaders should receive proper training before attempting gymnastic type stunts and should not attempt stunts they are not capable of completing. A qualification system demonstrating mastery of stunts is recommended.
- Coaches should supervise all practice sessions in a safe facility.
- Mini-trampolines and flips or falls off of pyramids and shoulders should be prohibited.
- Pyramids over two high should not be performed. Two high pyramids should not be performed without mats and other safety precautions.
- If it is not possible to have a physician or athletic trainer at games and practice sessions, emergency procedures must be provided. The emergency procedure should be in writing and available to staff and athletes.
- There should be continued research concerning safety in cheerleading.
- When a cheerleader has experienced or shown signs of head trauma (loss of consciousness, visual disturbances, headache, inability to walk correctly, disorientation, or memory loss) she/he should receive immediate medical attention and should not be allowed to practice or cheer without permission from the proper medical authorities. It is important for a physician to observe athletes with head injuries for several days following the injury.
- Cheerleading coaches should have a safety certification. The American Association of Cheerleading Coaches and Advisors offers this certification. Refer to <http://www.AACCA.org> .

I authorize my student to participate in the District-sponsored Cheer/Mascot activities. I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

*

- ☐ Yes
- ☐ No (This answer disqualifies student participation)

I understand and acknowledge that some of the injuries/illnesses which may result from participating in these activities include, but are not limited to, the following: 1. Sprains/strains 2. Fractured bones 3. Unconsciousness 4. Head and/or back injuries 5. Paralysis 6. Loss of eyesight 7. Communicable diseases 8. Death

*

- ☐ Yes
- ☐ No (This answer disqualifies student participation)

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by District.

*

- ☐ Yes
- ☐ No (This answer disqualifies student participation)

I understand and acknowledge that in order to participate in these activities, I and my son/daughter agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities. I further understand and acknowledge that my son/daughter must be covered by private medical insurance and/or student accident insurance to participate in this activity.

*

- ☐ Yes
- ☐ No (This answer disqualifies student participation)

I understand, acknowledge, and agree that the District, its employees, officers, agents, and/or volunteers shall not be held liable for any injury/illness suffered by my son/daughter that is incident to and/or associated with preparing for and/or participating in this activity. I further understand and agree that any and all school and District rules apply during any and all events associated with preparing for and/or participating in this activity.

*

- ☐ Yes
- ☐ No (This answer disqualifies student participation)

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM, and that I understand and agree to its terms.

*

- ☐ Yes
- ☐ No (This answer disqualifies student participation)

ATHLETIC PHYSICAL EXAMINATION FORM

I have submitted a complete physical examination form, signed by a licensed medical doctor, and affirm that the exam took place after June 6, 2024.

*

- ☐ Yes

☐ No (This answer disqualifies student participation)

I acknowledge that I have received a list of community based health clinics. *

☐ Yes

☐ No

PARENT/GUARDIAN SIGNATURE

Parent/ Guardian Name

Parent/ Guardian Email

Parent/ Guardian Phone

Information entered on this form will be visible to the post admins and ParentSquare admins

Signature

Date

 Upload Files