

BR ATHLETICS PACKET 2017-18

Dear Parents and Athletes,

We are excited to have ONE athletics packet to fill out for the 2017-18 school year!

Please read and review the following pages and keep for your reference:

- Full season calendar
- Code of Ethics
- Uniform and Equipment Policies
- Concussion information sheet

REMIND
for ATHLETICS
Text: @gobrravens
To: 81010

For important
up to the minute
athletic news!

Must read, sign, and return the following pages:

- Signature page
- Release of student form
- Insurance verification

1. Permission slip, Code of Ethics, Insurance Verification, and Release Form must be on file for the athlete to participate in practice.
2. Dismissal time and parent pick-up times are given to parents at the beginning of each season, please honor these times.
3. Dress code policy is enforced at games.
4. Absences and poor grades may affect game play time, see Code of Ethics.
5. District coaching guidelines state that no parent can handle equipment if they have not had CPR/First Aid training.
6. Uniforms must be maintained and handled with care. They should be returned at the end of each season in good repair. *All uniforms are due the Thursday after the last event of the season to avoid a consequence.*

Sincerely,
Stephanie Tuttle, Athletic Director

GO RAVENS!

Fall

August 21- Oct 26 :: Cross Country, Football, Girls Volleyball ::

Varsity start times: 3:00pm on Fridays

15-Sep	22-Sep	29-Sep	6-Oct	13-Oct	20-Oct	26-Oct
Boris @ BR	MV @ FC	Free @ RV	CH @ Reag	Fug @ Oraze	TK @ MV	TBA
Fug @ RV	RV @ CH	CH @ BR	RV @ Fug	BR @ CH	Fug @ CH	TBA
CH @ MV	BR @ Fug	MV @ Fug	MV @ BR	RV @ MV	BR @ RV	TBA

*gray are practice games

Football Carnival Saturday, Sept. 9th @ Lamonica

Elementary Championships and Cross Area Games Thursday, October 26

Winter

Nov. 6th- January 27th :: Girls & Boys Basketball and Wrestling ::

Varsity start times: Girls Varsity 2:15pm // Wrestling at 3:00pm // Boys Basketball 3:15pm on Fridays

1-Dec	8-Dec	15-Dec	Thurs 21- Dec	12-Jan	19-Jan	26-Jan
Oraze @ CH	RV @ FC	Free @ Fug	CH @ Boris	TK @ MV	BR @ Reag	TBA
Fug @ MV	Fug @ BR	MV @ RV	MV @ BR	Fug @ BR	MV @ RV	TBA
BR @ RV	CH @ MV	BR @ CH	RV @ Fug	RV @ CH	CH @ Fug	TBA

*gray are practice games

Area Wrestling Tournaments Thursday, January 25 at Area High Schools

Elementary Championships at Clovis, Thursday, January 25

Cross Area Games, Friday, January 26

Spring

February 5th – April 13th :: Softball, Baseball, and Boys Volleyball ::

Start times: Varsity Softball & Baseball 2:45pm // Varsity Boys Volleyball 3:00pm

23-Feb	2-Mar	9-Mar	16-Mar	23-Mar	6-Apr	13-Apr
RV @ CH	MV @ BR	MV @ RV	RV @ Fug	Fug @ MV	RV @ BR	TBA
BR @ Fug	Fug @ RV	Fug @ CH	CH @ BR	BR @ CH	CH @ MV	TBA
MV @ TK	CH @ Boris	BR @ Free	FC @ MV	Oraze @ RV	Reag @ Fug	TBA

*gray are practice games

Baseball, Softball , & Volleyball Championships @ BEC, Thursday, April 12

Cross Area Games Friday, April 13

Track

4/27	5/4	5/11	5/18	5/25
Practice Meet	Practice Meet	Area Meet @ CNEC	Area Qualifier @ CNEC	Districts @ CEHS

Bud Rank Elementary School Athletic Code of Ethics

The Bud Rank Athletic Program is an integral part of our total school program. It is an opportunity to allow all students to acquire progressively the skills, knowledge, and attitudes that lead to the maximum development within their individual capabilities. It also affords the child an opportunity to develop social skills in order to be a well-adjusted individual. When students elect to participate in the athletic program they must recognize that they have assumed certain responsibilities and obligations to the coach, to the members of the team, and certainly to themselves.

Scholarship

1. The student athlete must maintain a 2.0 Grade Point Average (GPA), or "C" average and have no academic area with an "F", in order to participate in the Bud Rank Elementary Athletic Program. Grades will be based on last posted grades by the teacher.
2. Students who do not meet the standard set above will be put on Academic Probation for one week to bring grades up to the standard. After the one week, an Athletic Board Meeting will be held to determine eligibility.
3. If an athlete is placed on Academic Probation for more than two weeks they will be excused from the team for the remainder of the season.

Attendance

1. The student athlete must attend school on the day of the game or meet in order to participate.
2. The student athlete cannot have more than three (3) unexcused absences within the season. Unexcused absences will result in less playing time in the game.
3. Excused absences are school absences for illness and/or doctor's note only.
4. Students who have a PE excuse will not be allowed to practice or compete in games or meets

Citizenship

1. A student athlete's citizenship must be satisfactory as judged by the classroom teacher, the principal, GIS, or any coach
2. All classroom, school, and district rules must be followed to participate in a sport
3. Student athletes are responsible for all uniforms and equipment
4. A student athlete who is suspended from school during the season will be placed on non-privilege and an athletic board hearing will be held to determine if they will be dismissed or may return to the team.

Participation

1. Before any student athlete quits a team they must discuss it with a coach and their classroom teacher
2. Any student athlete who quits a sport after the fifth practice will not be allowed to participate in another sport for that season and may not be allowed to participate in the next season.

Discipline for Violation of the Code of Ethics

Any student athlete who violates any provision of the code will be subject to the actions below. These consequences are in addition to any consequences imposed by the school for a violation that may occur during school or a school related activity.

1. Any player not signed out properly at away games will receive a code.
2. First Offense- Five (5) school days of non-privilege or Academic Probation
 - a. An Athletic Board hearing will be conducted during the non-privilege or academic probation period. The Board will determine if the student athlete will be allowed to return to his/her sport, and, if allowed to return, under what conditions. Depending of the severity of the offense, the Board has the right to:
 1. Extend the length of the non-privilege period or Academic Probation
 2. Accept the student athlete back after the non-privileged period
 3. Suspend the student from competition for the remainder of the current season
 4. Suspend the student from competition for the remainder of the year
 - b. Second Offense- Suspension of season or remainder of the year and attend an Athletic Board Meeting.

General Sport Information

- "A" or Varsity teams are competitive teams. Athletes who desire guaranteed playing time should elect to play on "B" or "C" teams. "B" or "C" teams are designed to teach student athletes basic sports skills.
- Transportation to all games will be provided by CUSD transportation. Parents or guardians who wish to pick up their child from away games must sign out their child with a designated coach. Student athletes will not be released to anyone without a signed Release of Student to Parent/Guardian After Field Trip or Activity form (District Form 3204-2).
- Spectator Code of Conduct
 - Spectators should respect officials, coaches, and participants, and extend all the courtesies to them as guests in the community. This includes coaching from the sidelines, which interferes with the coach's game plan and confuses the student athletes.
 - Enthusiastic and wholesome cheering is encouraged. However, booing, disrespectful remarks and/or cheers which "put-down" the other team are unacceptable.
 - Profanity of any type will not be tolerated.

Bud Rank Athletics Uniform & Equipment Policies

Students and Parents/Guardians must agree to return athletic uniforms and equipment in the condition they received it. When uniforms and equipment is returned it must be washed, dried, folded and place into a plastic bag with student's first and last name on it. If the uniform is lost or damaged, students and parents/guardians will be responsible for the cost to replace the uniform and equipment.

Students will NOT be allowed to participate in the next season until the uniform and equipment has been turned in or paid for. All uniforms are due the following Thursday after the final game/match.

Approximate replacement costs for damaged or lost uniforms and equipment are as follows:

<u>Boys Basketball</u> Jersey \$50 Shorts \$35	<u>Baseball</u> Jersey \$70 Pants \$35
<u>Girls Basketball</u> Jersey \$65 Shorts \$35	<u>Softball</u> Jersey \$50 Shorts \$35
<u>Cross Country & Track</u> Jersey & Shorts Set \$70 (not allowed to separate the two)	<u>Boys & Girls Volleyball</u> Jersey \$55 Shorts \$35
<u>Football</u> Helmet \$105 Girdle \$30 Jerseys \$85 Belts \$15 Shoulder Pads \$100 Leg Pads \$25 set Pants \$65	<u>Wrestling</u> Singlet \$105 Headgear \$40

Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Did You Know?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (even briefly)	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can't recall events prior to hit or fall	Confusion
Can't recall events after hit or fall	Just not "feeling right" or "feeling down"

CONCUSSION DANGER SIGNS

In rare cases, dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

Remember

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.



Signature Page

PERMISSION TO PARTICIPATE

I give my son/daughter _____ in Room # _____ permission to participate in 2017-18 Bud Rank Athletics.

_____ I certify that my son/daughter has NO medical conditions or disabilities that would cause participation in sports to be dangerous or harmful.

_____ YES, my child has special health/medical needs: _____

Parent Signature

Date

PARENT/GUARDIAN CONTACT

Parent/Guardian Name

Cell Number

home/work number

Parent/Guardian Name

Cell Number

home/work number

ATHLETIC CODE OF ETHICS

By signing below, you agree that you have read and will abide by all elements of the Bud Rank Elementary Athletic Code of Ethics and Athletic and Uniform Equipment Policies.

Student Signature

Date

Parent Signature

Date

The following must be completed prior to student's participation in this season's athletics:

DONE

1. Signature Page (Above)
2. Student Release Authorization
3. Release of Student to Parent/Guardian (Form 3204-2)
4. Insurance Verification

Please return completed forms to the Bud Rank office. For questions, email Athletic Director at stephanietuttle@cusd.com

Bud Rank
School

CLOVIS UNIFIED SCHOOL DISTRICT
Student Release Authorization

Student Last Name	Student First Name	Student Middle Name	Teacher/Counselor	Grade
Residence Address	City	Zip	Date of Birth	M / F Gender

I, the undersigned Parent / Legal Guardian, authorize my child's school to release my child to the following individuals. If contacted by the school, the reason for the student's release will be given to the individual.

Birth Parent/Legal Guardian Name (Please circle one)	Yes / No (lives with)	Birth Parent/Legal Guardian Name (Please circle one)	Yes / No (lives with)
Home Phone	Cell phone	Home Phone	Cell phone
Work Phone	Email Address	Work Phone	Email Address
3 rd Contact Name	Yes / No (lives with)	4 th Contact Name	Yes / No (lives with)
Relationship	Home Phone	Relationship	Home Phone
Cell Phone	Work Phone	Cell Phone	Work Phone

The signature on this card of the parent/guardian acknowledges receipt of Notice of Rights of Parents or Guardians of Minor Pupils pursuant to Education Code Section 48980; Board policies regarding Student Records and Sexual Harassment; and of letters regarding emergency procedures, asbestos management and pesticide products.

Parent /Legal Guardian Signature

Date

Please notify the office with any changes that may occur during the school year.

5 th Contact Name	6 th Contact Name
Relationship	Relationship
Home Phone	Home Phone
Cell Phone	Cell Phone
Work Phone	Work Phone

7 th Contact Name	8 th Contact Name
Relationship	Relationship
Home Phone	Home Phone
Cell Phone	Cell Phone
Work Phone	Work Phone



**RELEASE OF STUDENT TO PARENT/GUARDIAN
AFTER FIELD TRIP OR ACTIVITY
FORM 3204-2**

I request that _____ at _____
Student Name School
 be released to my custody after _____ on _____
Trip/Activity Date
 at _____
Location of Event/Pick up Point

rather than returning to school in the transportation provided by Clovis Unified School District (District).

The following are additionally authorized individuals (also listed on *Form 11-S Student Release Authorization* on file at school site) to whom the above-referenced child may be released:

_____ Name	_____ Relationship
_____ Name	_____ Relationship
_____ Name	_____ Relationship

Waiver of Claims:

I agree that once my son/daughter is released to my custody, I assume full responsibility for his/her health, safety and welfare and as provided for in California Education Code Section 35330. I agree to waive all claims against the 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.

Printed Name (Parent/Guardian) Approval Signature (Parent/Guardian)

Home Phone Number Other Phone Number Date

It is the responsibility of the designated school official to ensure all students are properly accounted for before transportation to or from a school activity occurs.

*Adopted: 3/24/10
Revised: 9/20/10*



INSURANCE VERIFICATION FORM

Dear Parents:

The California Education Code, Sections 32220 and 32221, requires that any student of *any* "Educational Institution" who practices for or participates in any inter-school athletic event **MUST** be insured for \$1,500 of insurance covering the medical expenses of accidental injuries. This applies to all sports and to all participants of any age.

This *mandatory* insurance requirement is also extended to students who accompany an athletic team to an extra-mural athletic event and while performing their function as a member of the band, song leaders, yell leaders, etc.

Consequently, students must be excluded from the team and from activities relative to an athletic event unless they have either purchased the school's regularly offered plan, or their parents can assure the District that adequate insurance is in force which meets the requirements of this law.

If you have not purchased the accident plan offered through the school for your child, please fill in the following form and return same to the school principal. Your child will not be allowed to practice or participate until this form has been completed and returned, or you have purchased the insurance plan offered by the school. Enrollment forms will be available on or after August 1st at your child's school.

Janet Young, Ed.D.
Superintendent

INSURANCE VERIFICATION AND PARENT PERMISSION

- This is to verify that my son/daughter _____
STUDENT'S NAME
 is covered under _____
NAME OF INSURANCE COMPANY

EXPIRATION DATE *POLICY NUMBER*

Benefits indicated in my policy are equal to or broader than those required in the above notice.

- I give my son/daughter permission to participate in _____
NAME OF ACTIVITY/IES

(Multi-sport athletes must list every sport or fill out a new form prior to each seasonal sport.)

- I certify that my son/daughter has no medical conditions or disabilities that would cause participation in the above mentioned sport(s) to be dangerous or harmful.

Date

PARENT/GUARDIAN SIGNATURE