Joaquín Moraga Jaguary After School Sports Registration Form Boys Volleyball 2024

sports including the possibility of varying de its employees and associated personnel, incl any claim, damages or costs on behalf of the give consent for emergency medical care pre	, who is in the grade has permission to participate in JMIS' that there are certain risks and hazards involved in participating in egrees of physical injuries. I hereby release and hold harmless JMIS, luding owners of the fields and facilities used for the program, against e participant's involvement in the After School Sports Program. I also escribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. ditions are necessary to preserve the life, limb or well-being of my
Parent/Legal Guardian Signature	Date
Primary Phone ()	
Email address	
<u>M</u>	<u>ledical Information</u>
Doctor's Name:	Phone:
Dentist's Name:	Phone:
Insurance Carrier:	Policy#:
	<u> </u>
Alternate Local Emergency Contact:	
Name:	Phone:Relationship:
	ort(s) Participating In: se Mark Appropriate Box(s)
	pe made online at District payment link
Boys Volleyball (\$225.00)	

JOAQUIN MORAGA INTERMEDIATE SCHOOL PARENT CODE OF CONDUCT FORM

Responsibilities of the Parents:

Parent's Signature

 Attend as many games as possible and to support their child and the school in athletic events
2. Transportation to and from practices and games.
3. To volunteer to help the team whenever necessary.
 Help athletes care for their uniforms and return them in the same condition tha they were received
Conduct at practices/games should be supportive and positive towards the athletes, coaches, referees and the opposing team.
6. Take time to speak with coaches in an appropriate manner; including proper time and place if there is a concern. Be sure to follow the process of bringing concerns first to: coach, then athletic director, site administration, district administration.
7. Paying a non-refundable sports donation per sport for each athlete.
Assure that my child will attend all scheduled practices, games, special athletic events.
Encourage my child to set and work towards achieving individual and team goals.
I have read, understand, and agree to the above.

Date

JOAQUIN MORAGA INTERMEDIATE SCHOOL STUDENT CODE OF CONDUCT FORM

Responsibilities of the Student Athlete:

- 1. Accept the responsibility and privilege of representing the school and community.
- 2. Make a commitment to the team, understanding the time commitment required.
- 3. Cooperate with the coach and fellow athletes in trying to promote sportsmanship.
- 4. Bring a positive and respectful attitude towards all players and coaches during all team related activities.
- 5. Respect the judgment and strategy of the coach even if it conflicts with your athletic opinions.
- 6. Treat opponents with the respect that is due them as guests and fellow competitors.
- 7. Exercise self-control at all times including while in the classroom.
- 8. Earn a minimum grade point average of 2.0 and no unsatisfactory citizenship grades
- 9. Athletes are expected to attend all practices/games. The following attendance requirements will be enforced:
 - One (1) unexcused absence: Athlete will not start in the next game.
 - Two (2) unexcused absences: Athlete will not play in the next game but will be expected to attend the game, in uniform and sit on the bench.
 - Three (3) unexcused absences: Athlete will be removed from the team.
 - ** An excused absence is timely notification to the coach, before a practice or game.

I have read, understand, and agree to the above.		
Student Athlete's Signature	 Date	_



Moraga School District

Print This Page When Completed Athletic Clearance Form-2023-24

CONFIDENTIAL

	Student's Name:(Last)		(First)	
(Last)			(Middle)	
(Full Name of School)			Grade:	_
Address:				Phone:
s):				
All sections of this form, mu- CAN BE ISSUED EQUIPMENT SO may result in the loss of e THIS DOCUMENT APPLIES TO S VALID THROUGH JUNE OF eight:Weight: Corrected: Y or	T, PARTICIPATE IN ligibility. PRE-PART O ALL ACTIVITIES AT THE CURRENT SO Date of Birth: _Sex	PRACTICE, OR COMPETI TICIPATION MEDICAL EXA AND SPORTS UNLESS SI THOOL YEAR.	E IN CONTES AMINATION A PECIFICALLY	TS. Failure to do ND CLEARANCE: EXCLUDED AND
Medical Examination	Normal	Abnormal Findin	as Planca dos	ecribo and avalain findin
Appearance:	Normai	Abnormal Findin	gs Please des	scribe and explain findin
Eyes/Ears/Throat:				
Lymph Nodes:	+			
Heart:				
Pulse:				
Lungs:				
Abdomen:				
Genitals (males only):				
Skin:				
Neurological:				
Neck:				
Back:				
Shoulders/Arms:				
Elbow/Forearm:				
Wrists/Hands:				
Hips/Thighs:				
Knees:				
Legs/Ankles:				
Feet:				
Head/Skull:				
History Please explain any medical hi the student or their family that m student's ability to participate in a	night impact the			
PHYSICIAN'S STATEMENT:	, ,	BE DATED JULY 1 OR LAT	TER TO BE V	ALID.
engage in sports.		camined by me on		ound physically fit to
CHILE PHYSICAL MILET RI	: VALID THROUGH IF	IE FIRST WEEK OF JUNE 20	24.	
	1.4.			
Physician's stamp and	datemust be place	d here		

Physician Signature Date

Parent/Guardian and Pupil Sudden Cardiac Arrest Warning Signs and Symptoms Information and Acknowledgment Form

On July 1, 2017, Assembly Bill 1639, known as the Eric Paredes Sudden Cardiac Arrest (SCA) Prevention Act went into effect. This requires the pupil and their parent or guardian to read, sign, and return an SCA form of acknowledgement before the pupil participates in any athletic activity. Districts may use this form, a form located on the California Interscholastic Association (CIF) website, or design their own form. An SCA acknowledgment form must be signed and returned to the school site each school year.

What Is SCA?

SCA occurs suddenly and often without warning. It is triggered by an electrical malfunction in the heart that causes an irregular heartbeat. With the heart's pumping action disrupted, the heart cannot pump blood to the brain, lungs, and other organs. Seconds later, a person loses consciousness and has no pulse. Death occurs within minutes if the victim does not receive treatment.

Who Is at Risk for SCA?

Thousands of sudden cardiac arrests occur among youth each year, as it contributes to the #2 medical cause of death of youth under the age of 25 and is the #1 cause of death of student athletes during exercise. While a heart condition may have no warning signs, studies show that many young people do have warning signs or symptoms but neglect to tell an adult. This may be because they are embarrassed, they do not want to jeopardize their playing time, they mistakenly think that they are out of shape and need to train harder, or they simply ignore the symptoms, hoping the signs will go away.

Possible Warning Signs and Risk Factors

- Fainting or seizure, especially during or right after exercise
- Fainting repeatedly or with excitement or startle
- Excessive shortness of breath during exercise
- Racing or fluttering heart palpitations or irregular heartbeat
- Repeated dizziness or lightheadedness
- Chest pain or discomfort with exercise
- Excessive, unexpected fatigue during or after exercise
- Family history of sudden death or heart disease under age 50
- Use of high-caffeine supplements, energy drinks, diet pills, and drugs

Removal from Activity

A pupil who faints during or following participation in an athletic activity must be removed from play and may not return to play until they are evaluated and cleared by a physician and surgeon, nurse practitioner or physician's assistant. I have reviewed and understand the symptoms, warning signs, and risk factors associated with SCA.

Print Student-Athlete Name	Signature Student-Athlete Name	Date
Print Parent/Guardian Name	Signature Parent/Guardian	Date

The California Department of Education used information from the following sources: American Heart Association, Parent Heart Watch (https://parentheartwatch.org/), Eric Paredes Save a Life Foundation: Keep Their Heart in the Game (https://epsavealife.org/), and Sudden Cardiac Arrest Foundation (https://ebsavealife.org/), and Sudden Cardiac Arrest Foundation (https://ebsavealife.org/), and Sudden Cardiac Arrest Foundation (https://ebsavealife.org/), and Sudden Cardiac Arrest Foundation (https://ebsavealife.org/)

Moraga School District Student Permission Form for After School Sports Field Trip

Field Trip Destination: _Away Gam	nes as Scheduled for school year	
School:		
Student's Name:		
As the parent/guardian of the abov sponsored field trip on the date sho	own and to the place indicated. I fu	
may result in my child's exclusion f		
I give permission for my child to re-		tment that may be necessary.
Health Needs: (check applicable lin		
		NO medication is required on this trip. ent forms are on file in the school office.
The following medication should be		
I request that this health inforn	nation be kept confidential, except	any responsible adults connected with
the	, , , ,	,
trip will be made aware of this heal	th need.	
I request that my child be relea	ased before school from the schoo	I's day care program to attend this
fieldtrip.		
		nd that I hold the Moraga School
		nd all liability or claims, which may
	n my child's participation in this	activity. Please initial acceptance of
this section Emergency Phone Numbers:		
Linergency Friorie Numbers.		
Home #	 Mother's cell #	Mother's pager
#	Would 3 cell #	Would 3 page
Father's work #	Father's cell #	Father's pager #
Medical Insurance Information:		
Primary (Parent Name):		
Insurance Company:	Policy o	or Group #
Secondary (Parent name):		
Secondary (Parent name): Insurance Company:	Policy o	or Group #
Transportation:		
Private Automobile: Other:		
	ool after end of regular school day.	. Parents must arrange for transportation from
school to home.		
Derent's Cignoture /Dete		
Parent's Signature/Date		