Joaquín Moraga Jaguary After School Sports Registration Form 6th Grade Fall Volleyball

My child,	, who is in the	grade has permission to participate in JMIS'	
sports including the possibility of varying of	legrees of physical inj	grade has permission to participate in JMIS' risks and hazards involved in participating in uries. I hereby release and hold harmless JMIS, fields and facilities used for the program, against	
		ement in the After School Sports Program. I also	
		eensed Doctor of Medicine or Doctor of Dentistry.	
This care may be given under whatever corchild.	nditions are necessary	to preserve the life, limb or well-being of my	
Parent/Legal Guardian Signature		Date	
Primary Phone ()	Seco	ndary Phone ()	
Email address			
<u> </u>	Medical Inform	<u>aation</u>	
Doctor's Name: Phone:		Phone:	
Dentist's Name:		Phone:	
Insurance Carrier:		Policy#:	
Medical Conditions/Allergies:			
Alternate Local Emergency Contact:			
Name:	_ Phone:	Relationship:	
Spe	ort(s) Participa	ating In:	
	District Payment	Link	
6th grade Volleyball (\$115.0	00)		

JOAQUIN MORAGA INTERMEDIATE SCHOOL PARENT CODE OF CONDUCT FORM

Responsibilities of the Parents:

Parent's Signature

1.	Attend as many	games as	possible	and to	support	their	child	and the	e sch	ool in
	athletic events									

2. Transportation to and from practices and games.
3. To volunteer to help the team whenever necessary.
4. Help athletes care for their uniforms and return them in the same condition that they were received
5. 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.
8. 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:

- 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 a	above.
Student Athlete's Signature	
Student Athlete's Signature	Date



Moraga School District

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

CONFIDENTIAL

	e: Student's Name: (Last)		(First)	
(Last)			(Middle)	
1.			Ora da	
(Full Name of Scho	ol)		_ Grade:	
Address:				Phone:
s):				
All sections of this form CAN BE ISSUED EQUIPM TO MAY RESULT IN THE IOSS THIS DOCUMENT APPLIS VALID THROUGH JUN PRINTER Weight:	MENT, PARTICIPATE IS OF Eligibility. PRE-PAES TO ALL ACTIVITIE IE OF THE CURRENT Date of Birth: _S	N PRACTICE, OR COMI RTICIPATION MEDICAL S AND SPORTS UNLES SCHOOL YEAR.	PETE IN CONTES EXAMINATION A SS SPECIFICALLY	STS. Failure to do AND CLEARANCE: Y EXCLUDED AND
Medical Examination	on Normal	Abnormal Fir	ndinas Plaasa da	scribe and explain findin
Appearance:	on Horman	Abiloillaiii	ildings i lease de	Scribe and explain illiain
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 medi the student or their family student's ability to participa	that might impact the			
7 1 1	, ,	T BE DATED JULY 1 OR	LATER TO BE V	/ALID
I hereby certify that the engage in sports.	above named student was	s examined by me on	20and	found physically fit to
		THE FIRST WEEK OF JUN	E 2024.	
Physician's stamp	and datemust be pla	ced here		
<u> </u>		'		

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

	ames as Scheduled for school year_	
School:	Grade:	
sponsored field trip on the date s	ove named student, I give permission hown and to the place indicated. I ful d instructions regarding safety and profession from this activity.	ly understand that students are to
	receive any emergency medical treati	ment that may be necessary.
My child has no special needMy child has a special health	ds the staff should be aware of, and N	NO medication is required on this trip. ent forms are on file in the school office. ge to administer as necessary:
	rmation be kept confidential, except a	any responsible adults connected with
the	alth nood	
trip will be made aware of this he I request that my child be re	eaith need. eased before school from the school'	s day care program to attend this
fieldtrip.		
District its officers, agents, an arise out of or in connection w		nd that I hold the Moraga School and all liability or claims, which may activity. Please initial acceptance of
this section		
Emergency Phone Numbers:		
Mother's work #	 Mother's cell #	Mother's pager
#		
Father's work #	Father's cell #	Father's pager #
Medical Insurance Information		
Primary (Parent Name):		0
insurance Company:	Policy or	Group #
Secondary (Parent name):		
Insurance Company:	Policy or	Group #
Transportation:		
Private Automobile: Other		Descrite accept consequent for the consequent time for an
school to home.	nool after end of regular school day.	Parents must arrange for transportation from
Parent's Signature/Date		