

Student Name: \_\_\_\_\_

High School Sport: \_\_\_\_\_ Year: \_\_\_\_\_

\_\_\_ Day or \_\_\_ PSP (Check one)

## RVC High School Student Athlete Checklist

Note: Athletes will not be able to participate in any practice or game without completed paperwork, health physical, and official clearance from Mrs. Pitman. This process will take time; students who turn in completed paperwork may not be able to participate until days later. Please complete everything weeks before the start of official practice.

Official Practice Starts: 8/15/16 (fall), 11/7/16 (winter) and 2/6/17 (spring)

### Instructions:

Students & Parents: fill out all applicable forms and turn in to Mrs. Guevara (Day) or Mrs. Hoffman (PSP).

Mrs. Guevara & Mrs. Hoffman: Verify Academic Eligibility and forward completed forms to Mrs. Pitman.

Mrs. Pitman: Update official rosters and forward to appropriate coaches.

**Checklist:** (Athletes who play in more than one sport should make copies of below forms)

\_\_\_ RVC Interscholastic Sports Participation Permission

\_\_\_ RVC Athletic Emergency Information

\_\_\_ Sign Athletic Contract, Uniform Contract, Ejection Policy and Concussion Information Forms

\_\_\_ Health History

\_\_\_ Health Examination Form (May be substituted by physician)

\_\_\_ Driver Authorization Form (For parents/vehicles that will be used to drive other players)

\_\_\_ RVC Academic Eligibility

\_\_\_ 14-Year-Old Varsity Football Signature Form (Football only, if 14 Years Old, must be signed by Parent, Coach and Principal before submitting packet)

Parents: Each sport requires its own Athletic packet. You may want to make copies of the above forms for future sports.

# RVC Interscholastic Sports Participation Permission Form

This form is to be completed by players and parents/guardians.

First Name of Student: \_\_\_\_\_

Last Name of Student: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

Student Grade between July 1st and June 30th of year participating in sports: \_\_\_\_\_

## Permission to Participate (To be completed by Parent/Guardian)

I hereby give my consent for the above named student to 1) represent his/her school in athletic activities checked on this form by the examining physician, provided that such athletic activities are approved by the State Associations; 2) accompany any school team of which he is a member on any of its out-of-town trips. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become necessary for the student in the course of such athletic activities or such travel. I also agree not to hold the school or anyone acting in its behalf responsible for any injury occurring to the above named student in the course of such athletic activities or such travel.

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

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

Date: \_\_\_\_\_

Address of Parent Giving Permission: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number of Parent Giving Permission: \_\_\_\_\_

# RVC Athletic Emergency Information

(This form will be given to coaches in case of the need for emergency medical services)

## Family Information:

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Father Mobile: \_\_\_\_\_ Mother Mobile: \_\_\_\_\_

Father Employer \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Athlete Allergies and/or Medical Issues: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Emergency Contacts (other than parents):

Name: Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Name: Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Insurance and Group Name/ID Number: \_\_\_\_\_

## Emergency Authorization:

When neither Parent/Guardian can be reached in case of a medical emergency, we authorize the administration, representative or coach of Rincon Valley Christian School to give the attending doctor authority to use his/her professional judgment in treating the above athlete.

By signing below, you agree to the above statement:

Father Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# RVC ATHLETIC CONTRACT

In an effort to emphasize the importance of keeping commitments to the athletes at RVCS, the athletic department of the school has developed the following policy to be agreed upon by the student and his/her parents before trying out for a sport. The policy for excusing players from practices and/or games is as follows: 1. Illness, injury, death in the family - excused. For illness and injury, however, if a student is in school they are expected to be at practice, even if it is just to watch. A student with an injury should have a doctor's excuse after two missed days. 2. Doctor or dentist - not excused unless it is for emergency procedures. 3. Church activities - taken on an individual basis, but generally not excused. Players are expected to make prior arrangements with coaches. 4. Homework - not excused. 5. Vacations - not excused. 6. Work - not excused.

## Player Commitment:

By signing my name below, I agree to keep the commitments of all practices and games, and understand that an unexcused absence may result in reduced playing time or being dropped from the team.

(No refunds for players dropped mid-season)

## Parent/Guardian Commitment:

By signing my name below, I agree to help my child keep the commitments of the games and practices and understand that an unexcused absence may result in my child being dropped from the team. (No refunds for players dropped mid-season):

Student Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Father Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mother Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# RVC UNIFORM CONTRACT

Parents and Students are responsible for the care and prompt return of uniforms at the end of the season. The uniform must be returned one (1) week after the final game of the season to the Athletic Office. If not returned a \$20 fee per week will be applied to your school bill until it is returned. It must be returned clean and dried. If it is not, then a \$10 charge per item will be billed for cleaning. If it is not returned for any reason, another uniform will not be issued for other sports until it is returned or a new replacement is paid. Also if the uniform is damaged through any negligence, the student's parents will be responsible to pay for the replacement. This could cost as much as \$250 due to special printing and shipping costs. This is a game uniform and therefore should only be worn when playing games. It should not be worn as a practice uniform or as casual dress item.

The following directions must be followed in order to assure proper care for the uniform. It must be washed in warm water with a mild soap. NO BLEACH is to be used. When drying the uniform, it must be by air only, NO HEAT at all. Hang drying would be best. With proper care this uniform can be used by future high school teams for years to come.

Student Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Father Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mother Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ATHLETE  
EJECTION POLICY NOTIFICATION FORM**

(North Coast Section Ejection Policy)

Rincon Valley Christian School

The following rules and minimum penalties are applicable to players as adopted by the NCS Board of Managers on April 21, 1995. This policy will be in effect beginning with the 201314 school year, (and will include nonleague, league, invitational tournaments/events, postseason; league, section or state playoffs, etc.).

1. Ejection of a player from a contest for unsportsmanlike or dangerous conduct.

Penalty: The player shall be ineligible for the next contest (nonleague, league, invitational tournament, post season {league, section or state} playoff, etc.). Additional penalty for any player ejected for fighting: Player(s) ejected for fighting shall complete the NFHS online sportsmanship course. The student may not participate until the course has been completed. (BOM 4/15)

2. Illegal participation in the next contest by a player ejected in a previous contest.

Penalty: The contest shall be forfeited and the ineligible player shall be ineligible for the next contest.

3. Second ejection of a player for unsportsmanlike or dangerous conduct from a contest during one season.

Penalty: The player shall be ineligible for the remainder of the season.

4. When one or more players leave the bench to begin or participate in an altercation.

Penalty: The player(s) shall be ejected from the contest in question and become ineligible for the next contest (nonleague, league, invitational tournament, postseason {league, section or state} playoff, etc.).

I have read and understand the rules and regulations of the Ejection Policy. Athletes may not participate in any contest until this document is filed with the school.

Student Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Rincon Valley Christian

## Concussion Information Sheet

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:

- Headaches
- "Pressure in head"
- Nausea or vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns
- Amnesia
- "Don't feel right"
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More emotional
- Confusion
- Concentration or memory problems (forgetting game plays)
- Repeating the same question/comment

### Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can't recall events prior to hit
- Can't recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

# Rincon Valley Christian

## Concussion Information Sheet Continued

### What can happen if my child keeps on playing with a concussion or returns to 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 athlete 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 health care 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 its 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 Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Father Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mother Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Student Health History (To be completed by student or parent)

Have you ever been hospitalized? If so, when? Why? \_\_\_\_\_

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Have you ever had an operation? If so, when? Why? \_\_\_\_\_

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Do you have asthma? If yes, is it aggravated by exertion? \_\_\_\_\_

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Do you think of yourself as healthy? \_\_\_\_\_

Do you take medicine regularly? If so, what? \_\_\_\_\_

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Does anybody in your family have Diabetes? \_\_\_\_\_

Have any near relatives died of a heart attack before age 50? \_\_\_\_\_

Have you ever fainted? \_\_\_\_\_

Have you ever been knocked out? \_\_\_\_\_

Have you ever had an injury of the muscle, bone, joint, ligament or tendon? Did you see a doctor? \_\_\_\_\_

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Name and phone number of player's doctor: \_\_\_\_\_

Health Insurance and Policy Number: \_\_\_\_\_

Name and phone number of player's dentist: \_\_\_\_\_

Dental Insurance information: \_\_\_\_\_

# RVCS Preseason Health Examination Form

(To be completed by Physician)

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Contact lenses: \_\_\_\_\_ Full Time: \_\_\_\_\_ Near Vision Only: \_\_\_\_\_

Significant past or present illness, injury or allergies: \_\_\_\_\_

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System	Normal	Abnormal	Remarks
EENT			
Vision			
Hearing			
Lungs			
Heart			
Abdomen			
Neuro Muscular			
Genitalia			

On the basis of this examination, I certify this student physically qualified for all sports EXCEPT the following:

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Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

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Physician Stamp:

# Rincon Valley Christian School -- Driver Authorization Request Form

All drivers transporting students at the request of RVCS must:

1. Attach copies of your driver's license, vehicle registration, insurance declaration page.
2. Not be taking any drugs, prescription or other, that have a warning about operating a vehicle or are known to impair mental alertness or cause physical impairment including but not limited to drowsiness and dizziness.
3. Understand that their insurance is primary and any insurance carried by RVCS that may be applicable is secondary.
4. Be a school parent, or at least 25 years of age. We may accept drivers between 21 & 24 provided they have no accidents or violations on their DMV record.
5. Have \$100,000/300,000 of liability insurance. Please return this form to the main office. Approved drivers will be added to the school's approved driver list. Please print neatly or type.

## Driver Information

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Driver's License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Driver's License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

## Vehicle Information

Registered Owner \_\_\_\_\_ Year and Make \_\_\_\_\_

License Plate # \_\_\_\_\_ Seating Capacity with Seat Belts \_\_\_\_\_

Registration Expires \_\_\_\_\_

## Insurance Information

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Liability Limits \_\_\_\_\_

Driver's License     Vehicle Registration     Insurance Policy

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## Section II -- Certification

I/We certify that from today's date, \_\_\_\_\_,

1. I/we will maintain insurance coverage for the vehicles(s) listed in Section I, and that my liability coverage provides at least \$100,000/\$300,000 in insurance coverage.
2. The driver's licenses listed above are current, and I/we will notify Rincon Valley Christian School if these licenses are not renewed for any reason.
3. That I/we will not drive for any school sponsored trip until I/we have received notification of driver authorization from the Rincon Valley Christian School office.
4. That all students riding in my/our vehicle(s) will be seated and secured with seatbelts (one student per seatbelt). I/we understand that children under the age of 8 years OR under 4 feet 9 inches in height must be secured in a car seat or booster seat. Additionally, children under age 8 must be secured in the back seat (Effective January 1, 2012, State of California Vehicle Code 27360).
5. I/we understand that State of California Vehicle Code 23123 prohibits all drivers from using a handheld wireless telephone while operating a motor vehicle.
6. That I/we will advise Rincon Valley Christian School of any change in information provided on this form, including, but not limited to, termination of license, change of insurance company, change in amounts of coverage, and/or change in vehicles.
7. That I/we will notify the Rincon Valley Christian School main office if I/we no longer wish to drive or wish to be removed from the Approved Driver's list.

Signature: \_\_\_\_\_

# RVC Academic Eligibility

(Students must submit an Academic Eligibility form for each sport)

Step 1: Fill out the following and turn in to Mrs. Guevara (Day) or Mrs. Hoffman (PSP)

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Grade: \_\_\_\_\_

RVC Program (Circle One):    Day    PSP

Sport: \_\_\_\_\_

Step 2: Mrs. Guevara or Mrs. Hoffman, please determine eligibility and forward to Mrs. Pitman

Please initial one of the following and sign below:

\_\_\_\_\_ The above student is eligible for the sport indicated.

\_\_\_\_\_ The above student is not eligible for the sport indicated.

Administrator Signature: \_\_\_\_\_

# 14-Year-Old Varsity Football Signature Form

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Parent:**

I consent and allow my child to compete at the varsity level.

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

**Medical:**

Please attached a signed letter from a licensed medical professional stating the above student is able to compete at the varsity level.

**Coach:**

The above student has the physical and mental ability to compete at the varsity level.

Coach Signature: \_\_\_\_\_

**Principal:**

All signatures and forms are completed and documents are on file at our school.

Principal Signature: \_\_\_\_\_