

BAIRD ATHLETIC GUIDELINES

<i>Circle Sport(s):</i>	<u>Quarter 1</u>	<u>Quarter 2</u>	<u>Quarter 3</u>	<u>Quarter 4</u>
	Girls Volleyball	Boys Basketball	Girls Basketball	Boys Volleyball
	Golf	Girls Soccer	Boys Baseball	Girls Softball
	Cross Country	Boys Soccer		Track & Field
		Wrestling		Boys & Girls Tennis

Baird Middle School participates in the Middle School Sports Division and therefore does not offer an elementary sports program. Every child that attends Baird may try out for a sport, although not every child is assured a spot on a roster.

Athletic Eligibility Requirements

Academic:	Maintain a 2.0 Grade Point Average.
	Maintain satisfactory citizenship in all classes and school activities.
Citizenship:	Signed "Athletic Insurance Information and Permission Slip form.
Insurance:	Signed AB 25 Concussion Requirements for Athletics form FUSD Emergency Card
	Signed "FUSD <u>Student Expectations</u> for Extra-Curricular Activities"
Code of Ethics:	Student Responsibility
Practice:	Attend all practices, Monday-Friday 3:30-5:00. In the event of an absence, student must notify the coach as early as possible.
Equipment:	Maintain and care for equipment and uniforms provided by the school. Students are responsible for all damaged or lost issued items for the sport.
Academics:	All students are responsible to complete all assignments that are missed due to athletic participation.
	Work is due upon returning to class.

Parent Responsibility

Transportation: Bus routes and transportation schedules are still being finalized. FUSD anticipates offering a late bus for students at the end of practice (schedule and drop-off locations are TBA).

Parents are encouraged to drive students to and from practices and games due to limited capacity on FUSD buses. Parents are expected to pick-up athletes within 15 minutes of practice ending.

Spectators: Demonstrate positive sportsmanship at all sporting events.

Sports Tryouts

Non-cut sports include cross country, wrestling and track & field. All other sports are limited by the player positions. There may be one or two cuts considering how many students that are trying out. The selection process involves the students' ability to demonstrate the skills unique to each sport.

Student Name (please print) : _____ Parent Signature: _____

****In signing this form, I accept the coach's decision in selecting a team and in determining the amount of playing time that each player receives.****

EXTRACURRICULAR ACTIVITIES

STUDENT PARTICIPATION

CONSENT AND WAIVER-RELEASE FORM

In giving my permission for my Student to participate in the Activity (identified below), I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the Fresno Unified School District, its Governing Board of Trustees, officers, employees, and agents for liability based on any and all claims including, but not limited to, for personal injury, bodily injury, property damage or wrongful death occurring to my Student arising in any way whatsoever as a result of engaging in the Activity or any incidental activities wherever or however the same may occur and from whatever period said activities may continue.

I understand that my Student has been advised of all safety rules pertaining to the Activity and the use of protective equipment, if any, by participants. I fully understand that participants are to abide by all rules governing conduct during the Activity and that reasonable efforts are made to avoid the potential for accidents and injuries.

I acknowledge that participants will engage in various physical and practical training, competitive athletics, or interactions with others involving a variety of indoor and outdoor environments, physical interactions, physical contact, and other mobile activities. The specific risks vary from one activity to another, but the risks range from, for example: 1) minor injuries such as scratches, bruises, and sprains, 2) major injuries such as fractures, dislocations, back injuries, heart attacks, heat stress, and concussions, 3) injury, illness, or death due to being exposed to or infected by contagious diseases, including COVID-19, and 4) catastrophic injuries including paralysis and death. I know and appreciate that these and other risks are inherent to the Activity in which my Student will engage and/or to the environment where interactions will occur.

If they are sued by a third party, I agree to indemnify and hold harmless the Fresno Unified School District, its Governing Board of Trustees, officers, employees and agents from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought against them as a result of my Student's participation in the Activity indicated. I further agree that this document is intended to be as broad and inclusive as is permitted by the laws of the State of California and that if any portion is found not to be valid, I agree that the remaining provisions shall continue in full legal force and effect.

Those signing below also knowingly, voluntarily, and expressly assume all risks of personal injury, bodily injury, property damage or wrongful death occurring to the Student arising in any way whatsoever as a result of engaging in the Activity indicated or any incidental activities wherever or however they may occur and for whatever period the activities may continue.

I have read this wavier of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I am signing this document freely and voluntarily, and by my signature below am completely releasing liability to the greatest extent allowed by law.

Student Name: _____ Activity: _____

Student Signature: _____ Date: _____

Parent/Guardian Name: _____ Relationship to Student: _____

Parent/Guardian Signature: _____ Date: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event my student should require emergency medical attention due to illness or injury, I consent to any transportation, x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care deemed necessary by health care professionals for the safety and welfare of my student. I further understand that, as parent/guardian of student, I will be responsible for any and all resulting and related expenses.

Parent/Guardian Signature _____ Date _____

**FRESNO UNIFIED SCHOOL DISTRICT
ATHLETIC INSURANCE INFORMATION AND PERMISSION SLIP
MIDDLE SCHOOL SPORTS**

2022-2023

In order for your son/daughter to participate in athletics, he/she must be covered for the following:

MEDICAL AND HOSPITAL INSURANCE FOR AT LEAST \$1500.00

Please indicate below which of the insurance plans available through the school you wish to purchase and fill out the attached insurance envelope. If you have your own insurance, fill in #2.

1. All Interscholastic Sports (Tackle Football Excluded)

	<u>Low</u>	<u>Mid</u>	<u>High</u>
School Hours	\$14.00	\$28.00	\$43.00
24 Hours	\$82.00	\$105.00	\$210.00

2. Own Insurance:

Medical _____

Company Name and group or Policy Number _____

I, as parent or guardian of _____, a student at _____ Middle School give my permission for him/her to participate in the following activities: _____.

I hereby acknowledge that I have been informed that pursuant to the provisions of Education Code Sections 322 20-24, et.al. amended by the 1981 State Legislature, the governing boards of the various school districts shall NOT require that each member of an athletic team have \$1500.00 for accidental death. At least \$1500 hospital coverage arising while such members are engaged in, or preparing for, an athletic event promoted under the sponsorship or arrangements for the educational institution or a student body organization IS required.

It is my understanding that my child must be protected by insurance in order to participate as a member of an athletic team. It is further my understanding that I may purchase, through the school, a special insurance policy for football and a special student accident policy which will protect my child for all other sports under the provisions of the law, but that in lieu of purchasing a special insurance policy I, as parent or guardian, may provide insurance for my child.

This is to certify that my child is protected under insurance, and that I hereby agree to indemnify and hold the Fresno Unified School District harmless against responsibility for insurance coverage required under a forementioned legal sections.

→PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

INFORMED CONSENT

There have been many improvements in coaching techniques and the National Rules Federation reviews game rules annually to make appropriate changes for the athlete's safety. Advances in Sports Medicine in recent years also contribute to that end. It is the utmost importance to you, the player, to know the rules and play within the spirit of those rules for your own safety.

It is also important, however, for the player and the parents to realize that injuries can occur and occasionally they can be catastrophic. Catastrophic means permanent, serious injury such as paralysis-partial or total, and even death. It is possible for this to happen to you and it is important for you to fully understand this before participating in this sport.

I HAVE READ THE ABOVE STATEMENT AND FULLY UNDERSTAND ITS IMPLICATIONS. AS A PARENT/GUARDIAN, I ALSO GIVE MY PERMISSION TO TRANSPORT MY SON/DAUGHTER TO ATHLETIC CONTESTS ON DISTRICT APPROVED TRANSPORTATION.

→PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

→STUDENT SIGNATURE: _____

DATE: _____

**DO NOT MAIL THIS FORM – INTERNAL DOCUMENT – TO BE KEPT ON FILE AT
SCHOOL**

California Interscholastic Federation
Central Section
134 S. Villa Porterville, CA 93257
Phone (559) 781-7586 Fax (559) 781-7033

ETHICS IN SPORTS

I. Policy Statement

The Central Section, CIF is committed to the exhibition of sportsmanlike and ethical behaviors in and around all athletic contests. All contests must be safe, courteous, fair, controlled and orderly for all athletes and fans alike.

It is the intent of the CIF that violence, in any form, not be tolerated. In order to enforce this policy, the Central Section has established rules and regulations which set forth the manner of enforcement of this policy and the penalties incurred when violation of the policy occurs. The rules and regulations shall focus upon the responsibility of the coach to teach and demand high standards of conduct and to enforce the rules and regulations set forth by CIF.

The Central Section requires the following Code of Ethics be issued each year and requires signing by student athletes, parent/guardian and coaches prior to participation as a guide to govern their behavior.

II. Code of Ethics

- A. To emphasize the proper ideas of sportsmanship, ethical conduct and fair play.
- B. To eliminate all possibilities which tend to destroy the best values of the game.
- C. To stress the values derived from playing the game fairly.
- D. To show cordial courtesy to visiting teams and officials.
- E. To establish a happy relationship between visitors and host.
- F. To respect the integrity and judgment of sports officials.
- G. To achieve a thorough understanding and acceptance of the rules of the game and the standards of eligibility.
- H. To encourage leadership, use of initiative and good judgment by the players on a team.
- I. To recognize that the purpose of athletics is to promote the physical, mental, moral, social and emotional well-being of the individual players.
- J. To remember that an athletic contest is only a game, not a matter of life and death for a player.

I have read and I understand the **Policy Statement**, the **Code of Ethics** and the violations and **Minimum Penalties** of the "Ethics in Sports" policy. I agree to abide by the related consequences while participation in interscholastic athletics, regardless of context, site or jurisdiction.

ATHLETE

Student Signature

Printed Name

Date

Parent Signature

Coach Signature

Date

FRESNO UNIFIED SCHOOL DISTRICT
STUDENT EXPECTATIONS FOR EXTRA-CURRICULAR ACTIVITIES
INTERSCHOLASTIC ATHLETICS

It is a privilege to represent FUSD in your chosen field. The benefits from participating in extra-curricular and interscholastic activities are as important as your academic endeavors. Good character, sportsmanship, ethics, and integrity are priorities in our programs. Remember, you are constantly in the public eye; a leader of today; and a source of pride for family, friends, and the community.

1. Be courteous and have fun.
2. Always exercise self-control.
3. Players will not use abusive language.
4. Exemplify fairness and good sportsmanship.
5. Win with character, lose with dignity, and never quit.
6. Play hard, but play within the rules.
7. Respect officials and accept their decisions without gesture or argument.
8. Respect opponents. Taunting and baiting will not be tolerated.
9. Hazing and Bullying will not be tolerated.
10. Have good health habits and abide by the training rules.
11. The use of intoxicants, tobacco, illegal and non-prescription drugs, anabolic steroids or any substance to increase physical development or performance, or the sale or possession of them, will not be tolerated.
12. Students must comply with the Board of Education Policies, District Regulations, the State Education Code, and rules and regulations established by the appropriate bodies of their activity.

"GOOD THINGS HAPPEN TO GOOD PEOPLE"

ENFORCEMENT OF EXPECTATIONS

1. Students who fail to comply with the expectations may be declared ineligible to participate in school activities by the administration.
2. Each school will establish an Appeal Review Panel and students may seek a hearing before this panel. The administration reserves the right to prohibit a student from participation in other school activities when deemed appropriate. Violations, which occur when a student is not under the supervision of the school, may be considered for penalties.

Violation	Penalties
1. Not meeting student expectations	Conference
2. Not meeting student expectations	Probation
3. Minor violation-not suspended from school but not meeting student expectations	Suspended from all activities 1-14 days
4. Major violation-suspended from school	Suspended from all activities 14 consecutive days and not more than one calendar year
5. Ejection from contest	Automatic suspension one contest
6. Second ejection from contest during same season	Automatic suspension two contests

PHYSICAL ASSAULT

Any student who physically assaults a game or event official shall be banned from inter-scholastic athletics for the remainder of the student's eligibility. A game or event official is defined as a referee, umpire, or any other official assigned to interpret or enforce rules of competition at an event or contest. A student may, after a lapse of 18 calendar months from the date of the incident, apply for reinstatement of eligibility to the State CIF Commissioner.

PLEASE NOTE

This agreement must be signed by BOTH the parent and student. I have read and understand all of the items in the Student Expectations.

My residence and that of my son/daughter is: _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

STUDENT SIGNATURE _____ DATE _____

Fresno Unified School District
Student Emergency Card

COMPLETE BOTH SIDES OF THIS CARD

Student ID: _____ Grade: _____

Student's Name: _____ Birthdate: _____ Male _____ Female _____

Home Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

IN CASE OF ILLNESS OR ACCIDENT CONTACT:

1. Name of Mother: _____ Home Phone: _____ Email Address: _____

Place of Employment: _____ Work Phone: _____ Cell Phone: _____

2. Name of Father: _____ Home Phone: _____ Email Address: _____

Place of Employment: _____ Work Phone: _____ Cell Phone: _____

3. Name of Guardian: _____ Home Phone: _____ Email Address: _____

Place of Employment: _____ Work Phone: _____ Cell Phone: _____

4. Additional Contact: _____ Relationship _____ Phone: _____

5. Additional Contact: _____ Relationship _____ Phone: _____

If an emergency should arise which requires immediate medical attention and we, as parents/guardians cannot be contacted, you are authorized to take whatever steps are needed to protect the health of this child. ☐ Yes ☐ No

I understand that if an emergency medical or dental treatment is needed and the listed emergency contacts cannot be reached, 911 will be called. I realize the school district cannot assume responsibility for the payment of medical fees or expenses incurred, including the cost of emergency transportation. I understand and agree that the District, its officers, and its employees assume no liability of any nature in relation to the emergency transportation of my child. I also agree that the principal/designee may transport my child between school and home when, in his/her discretion, it is deemed necessary.

Parent/Guardian Signature: _____ Date: _____

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MEDICAL INFORMATION

My child has the following health condition (s) that may affect him/her in school. Please check all that apply to this student.

☐ Vision: glasses/contacts ☐ Heart condition ☐ Cancer ☐ Leukemia
☐ Hearing: loss/aid ☐ Asthma ☐ Diabetes ☐ Seizures

Food allergies: List _____

Other allergies: List _____

Other health conditions, please explain : _____

List other siblings attending this school:

1. _____
2. _____
3. _____
4. _____

Family Doctor/Clinic: _____ Health Insurance Plan: _____

The parent/guardian of any public school student on a continuing medication regimen shall inform the school nurse or principal/designee of the medication being taken, dosage, time schedule and name of prescribing physician. If medication is necessary, a written statement from a physician and parent authorization (signature) is required. Ca. Ed. Code 49423

Name of Medication: _____ Dosage: _____

Name of Prescribing Physician: _____ Phone #: _____

EMERGENCY/CRISIS COMMUNICATION:

In case of a **DECLARED EMERGENCY** by the Superintendent during school hours, all students will be required to remain at school or at an alternate safe site under the supervision of District personnel until a safe dismissal time is determined or until an authorized adult picks up the student. Fresno Unified has instituted an automated telephone system that will enable school/district personnel to notify all parents and legal guardians within minutes of an emergency or unplanned event that causes early dismissal or school cancellation.

Fresno Unified provides communication in English and other primary languages. Please circle which language you would prefer to receive communication from school/district: English Spanish Hmong

CALIFORNIA INTERSCHOLASTIC FEDERATION CENTRAL SECTION



Counties: Fresno Kern Kings Madera Tulare

313. CONCUSSION PROTOCOL

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 for the remainder of the day. A student-athlete who has been removed from play may not return to play until the athlete is evaluated by a licensed health care provider trained in education and management of concussion and receives written clearance to return to play from that health care provider.

(Approved May 2010 Federated Council)

Q: What is meant by "licensed health care provider?"

A: The "scope of practice" for licensed health care providers and medical professionals is defined by California state statutes. This scope of practice will limit the evaluation to a medical doctor (MD) or doctor of osteopathy (DO).

I have examined _____ and feel he/she is fit to return to athletic practice/competition following his/her concussion, per CIF by law 313.

Print Name

Signature