

Cali Calmécac Language Academy

2022-2023 ATHLETIC PARTICIPATION REQUIREMENTS

The following information must be completed and turned in to the Athletic Director no less than 24 hours before the first practice or tryout date. Students will not be allowed to participate without clearance from the Athletic Director. If you have any questions, please contact Kristine Behrens at kbehrens@wusd.org.

_____ PHYSICAL (REQUIRED) YEARLY BY CERTIFIED PHYSICIAN OR PHYSICIAN'S ASSISTANT ONLY. CHIROPRACTIC EXAM NOT ACCEPTABLE. (page 2 or copy of document provided by physician)

_____ EMERGENCY INFORMATION (page 3)

_____ PARENT AND STUDENT ATHLETE SIGNATURES FOR CODE OF CONDUCT, ACADEMIC AND CITIZENSHIP REQUIREMENTS, UNIFORM POLICY AND MEDICAL INSURANCE (pages 4 & 5)

_____ COMPLETED MEDICAL INSURANCE INFORMATION (page 5)

_____ PARENT AND STUDENT ATHLETE SIGNATURES FOR ATHLETIC PARTICIPATION WARNING (page 6)

_____ PARENT AND STUDENT ATHLETE SIGNATURES FOR CONCUSSION INFORMATION (pages 7 & 8)

_____ PARENT AND STUDENT ATHLETE SIGNATURES FOR SUDDEN CARDIAC ARREST INFORMATION SHEET (pages 9 & 10)

_____ PARENT AND STUDENT ATHLETE SIGNATURES FOR COVID-19 ASSUMPTION OF RISK (page 11)

_____ DRIVER AUTHORIZATION FORMS (page 12 is required, other driver forms are optional)

_____ DONATION REQUEST FORM (page 13)

Information about practices and game times can be found on the wusd.org website. In addition, student athletes will be reminded about upcoming practices and games during PE class and Google classroom.

ATHLETIC PARTICIPATION PHYSICAL FORM

WUSD Board Policy 5141.3 states that physical clearances must be obtained
by a Physician or Physician's Assistant
Chiropractic Exam is not acceptable

Student's Name: _____

I hereby certify that the above named student is physically fit to engage in sports.

Physician or Physician's Assistant Signature

Physician or Physician's Assistant Name

Date

State Certification Number

Medical Office Name and Phone Number

Sport (s): _____

2022-2023 CCLA ATHLETICS EMERGENCY CONTACT INFORMATION

Student Name: _____ Grade: _____

Address: _____

Home phone: _____

In case of illness or accident to the student named above the school is authorized to proceed as indicated below. Number each item 1, 2, 3, 4 in order of desired action.

_____ Contact Guardian _____ Phone: _____
(Name) (mobile phone preferred)

Email: _____

_____ Contact Guardian _____ Phone: _____
(Name) (mobile phone preferred)

Email: _____

_____ Other Contact _____ Phone: _____
(Name) (mobile phone preferred)

_____ Other Doctor _____ Phone: _____
(Name)

I request that my child receive first aid services whenever such services are deemed necessary. I authorize that my child be attended by a licensed physician and/or taken to the nearest hospital in the event that his/her/they condition deems it necessary. I will accept the judgment of the person in charge. This permit is effective until I give a written notice of cancellation.

Please list any significant health problems that might be significant to a physician evaluating your child in case of an emergency.

Signature of Parent/Caregiver

Date

Athletic Director

Date

STUDENT/PARENT AUTHORIZATIONS AND ACKNOWLEDGEMENTS

Code of Conduct:

Athletes and parents are expected to contribute to school pride and spirit by representing themselves, the team and Cali Calmécac Language Academy (CCLA) in a positive manner at all times by following these guidelines:

- Show respect for administration, faculty, coaches and other students/athletes (including opponents and visitors) at all times
- Show respect for the integrity and judgment of game officials at all times
- Show respect for all private, public and personal property at all times
- Live up to the sportsmanship standards established by school administration and the coaching staff
- Refrain from making any kind of derogatory remarks to opponents or visitors before, during, and after the game, especially comments that are ethnic, racial or sexual in nature
- Win with humility; lose with grace. Do both with dignity.

Participation on an interscholastic team is a privilege that can be revoked at any time for improper conduct by an athlete whether at a school or in the community. Athletic participation is considered a school-related activity; as such, all school rules, regulations and consequences including this Code of Conduct, are expected and enforced.

Uniform Policy:

Students who do not turn in uniforms by the requested date established by the coach and Athletic Director will be assessed a replacement fee of \$20 per short, and \$25 per top. Any damaged uniforms will need to be replaced.

Academic and Citizenship Eligibility:

- Athletes must maintain a 2.0 GPA or higher upon academic eligibility dates.
- Athletes must not receive more than one (1) suspension per trimester. All eligibility after any suspension must be reviewed by the Principal or Assistant Principal. Suspensions related to fighting, drugs or alcohol will result in immediate removal from CCLA sports for the school year.
- Athletes who have been suspended must not receive any further disciplinary notifications, referrals, or detentions. Additional disciplinary notices will result in removal from CCLA sports for that season.
- Athletes should not have any citizenship concerns from school authorities and must not be on the CCLA-Non Participation List.
- Students must be in attendance during the school day to participate in that day's athletic event. Exceptions are period absences for medical appointments and must be signed in/out in the office for verification.

STUDENT/PARENT AUTHORIZATIONS AND ACKNOWLEDGEMENTS

Medical/Accident Insurance:

Under state law school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school district offering insurance and other health benefits that cover medical and hospital expenses.

Information about school offered insurance can be found at

<https://www.wusd.org/o/windsor-unified-school-district/page/school-start-up-information> next to the bullet point “Athletic Insurance”. Some pupils may qualify to enroll in no-cost or low-cost local, state or federally sponsored health insurance programs. Information about these programs may be obtained by calling (800) 827-4695. If you currently have medical insurance, please provide the company name and policy number below.

Company Name

Policy Number

My signature verifies that I have read all relevant athletic policies of Cali Calmécac Language Academy. I understand and accept the criteria on page 4, which includes the Code of Conduct, Academic and Citizenship Eligibility and Uniform Policy as prerequisites to being allowed to participate on an athletic team. In addition, I understand that I need medical/accident insurance in order to participate in sports. If I am unclear about any policies, it is my responsibility to contact my coach or Athletic Director prior to participating on any team.

Parent/Guardian Signature

Date

Parent/Guardian Name (please print)

Student Athlete Signature

Date

Student Athlete Name (please print)

ATHLETIC PARTICIPATION WARNING TO STUDENTS AND PARENTS

By its very nature, competitive athletics may put students in situations where serious, catastrophic and perhaps fatal accidents may occur. Many forms of athletic competition result in violent physical contact among players, the use of equipment, which may result in accidents, strenuous physical exertion, and numerous other exposures to risk of injury.

Students and parents must assess the risk involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all risks of injury. Just as driving an automobile involves choice of risk, athletic participation by middle school and high school students also may be inherently dangerous. The obligation of parents and students in making this choice to participate cannot be overstated. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent, physical impairment as a result of athletic competition.

By granting permission for your student to participate in athletic competition, YOU, THE PARENT OR GUARDIAN, ACKNOWLEDGE THAT SUCH RISKS EXIST. By choosing to participate, YOU, THE STUDENT, ACKNOWLEDGE THAT SUCH RISKS EXIST.

Students will be instructed in proper techniques to be used in athletic competition and in the proper utilization of all equipment worn or used in practice or competition. Students must adhere to that instruction and utilization and MUST refrain from improper uses and techniques.

As previously stated, no amount of instruction, precaution, and supervision will totally eliminate all risk of serious, catastrophic, or even fatal injury. IF ANY OF THE FOREGOING IS NOT COMPLETELY UNDERSTOOD, PLEASE CONTACT YOUR SCHOOL PRINCIPAL FOR FURTHER INFORMATION.

This verifies that the undersigned have carefully read and understand the above warning to students and parents.

Parent/Guardian Signature Date

Parent/Guardian Name (please print)

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:

- | | |
|--|--|
| <ul style="list-style-type: none">• 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 | <ul style="list-style-type: none">• 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:

- | |
|---|
| <ul style="list-style-type: none">• 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 |
|---|

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 athletes 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, it's 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:

https://www.cdc.gov/headsup/pdfs/youthsports/Parent_Athlete_Info_Sheet-a.pdf

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

Keep Their Heart in the Game

A Sudden Cardiac Arrest Information Sheet for Athletes and Parents/Guardians

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the victim to collapse. The malfunction is caused by a congenital or genetic defect in the heart's structure.

How common is sudden cardiac arrest in the United States?

As the leading cause of death in the U.S., there are more than 300,000 cardiac arrests outside hospitals each year, with nine out of 10 resulting in death. Thousands of sudden cardiac arrests occur among youth, as it is the #2 cause of death under 25 and the #1 killer of student athletes during exercise.

Who is at risk for sudden cardiac arrest?

SCA is more likely to occur during exercise or physical activity, so student-athletes are at greater risk. While a heart condition may have no warning signs, studies show that many young people do have 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 they're out of shape and need to train harder, or they simply ignore the symptoms, assuming they will "just go away." Additionally, some health history factors increase the risk of SCA.

FAINTING
is the
#1 SYMPTOM
OF A HEART CONDITION

What should you do if your student-athlete is experiencing any of these symptoms?

We need to let student-athletes know that if they experience any SCA-related symptoms it is crucial to alert an adult and get follow-up care as soon as possible with a primary care physician. If the athlete has any of the SCA risk factors, these should also be discussed with a doctor to determine if further testing is needed. Wait for your doctor's feedback before returning to play, and alert your coach, trainer and school nurse about any diagnosed conditions.

What is an AED?

An automated external defibrillator (AED) is the only way to save a sudden cardiac arrest victim. An AED is a portable, user-friendly device that automatically diagnoses potentially life-threatening heart rhythms and delivers an electric shock to restore normal rhythm. Anyone can operate an AED, regardless of training. Simple audio direction instructs the rescuer when to press a button to deliver the shock, while other AEDs provide an automatic shock if a fatal heart rhythm is detected. A rescuer cannot accidentally hurt a victim with an AED—quick action can only help. AEDs are designed to only shock victims whose hearts need to be restored to a healthy rhythm. Check with your school for locations of on-campus AEDs.



The Cardiac Chain of Survival

On average it takes EMS teams up to 12 minutes to arrive to a cardiac emergency. Every minute delay in attending to a sudden cardiac arrest victim decreases the chance of survival by 10%. Everyone should be prepared to take action in the first minutes of collapse.

Early Recognition of Sudden Cardiac Arrest



Collapsed and unresponsive.
Gasping, gurgling, snorting, moaning or labored breathing noises.
Seizure-like activity.

Early Access to 9-1-1



Confirm unresponsiveness.
Call 9-1-1 and follow emergency dispatcher's instructions.
Call any on-site Emergency Responders.

Early CPR



Begin cardiopulmonary resuscitation (CPR) immediately. Hands-only CPR involves fast and continual two-inch chest compressions—about 100 per minute.

Early Defibrillation



Immediately retrieve and use an automated external defibrillator (AED) as soon as possible to restore the heart to its normal rhythm. Mobile AED units have step-by-step instructions for a bystander to use in an emergency situation.

Early Advanced Care



Emergency Medical Services (EMS) Responders begin advanced life support including additional resuscitative measures and transfer to a hospital.

Keep Their Heart in the Game

Recognize the Warning Signs & Risk Factors of Sudden Cardiac Arrest (SCA)

Tell Your Coach and Consult Your Doctor if These Conditions are Present in Your Student-Athlete

Potential Indicators That SCA May Occur

- ☐ 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

Factors That Increase the Risk of SCA

- ☐ Family history of known heart abnormalities or sudden death before age 50
- ☐ Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- ☐ Family members with unexplained fainting, seizures, drowning or near drowning or car accidents
- ☐ Known structural heart abnormality, repaired or unrepaired
- ☐ Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks or performance-enhancing supplements

What is CIF doing to help protect student-athletes?

CIF amended its bylaws to include language that adds SCA training to coach certification and practice and game protocol that empowers coaches to remove from play a student-athlete who exhibits fainting—the number one warning sign of a potential heart condition. A student-athlete who has been removed from play after displaying signs or symptoms associated with SCA may not return to play until he or she is evaluated and cleared by a licensed health care provider. Parents, guardians and caregivers are urged to dialogue with student-athletes about their heart health and everyone associated with high school sports should be familiar with the cardiac chain of survival so they are prepared in the event of a cardiac emergency.

I have reviewed and understand the symptoms and warning signs of SCA and the new CIF protocol to incorporate SCA prevention strategies into my student's sports program.

STUDENT-ATHLETE SIGNATURE

PRINT STUDENT-ATHLETE'S NAME

DATE

PARENT/GUARDIAN SIGNATURE

PRINT PARENT/GUARDIAN'S NAME

DATE

For more information about Sudden Cardiac Arrest visit

California Interscholastic Federation
<http://www.cifstate.org>

Eric Paredes Save A Life Foundation
<http://www.epsavealife.org>

CardiacWise (20-minute training video)
<http://www.sportsafetyinternational.org>



**ATHLETIC / EXTRACURRICULAR ACTIVITY
COVID-19 ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION
AGREEMENT**

In consideration of allowing the below identified minor to participate in _____ (“Activity”) offered by _____ School District (“District”) and related events and activities, including transportation associated with such Activity, the undersigned acknowledges and agrees that:

1. I understand, acknowledge and agree that the District, its employees, officers, agents or volunteers (“Releasees”) shall not be liable for any injury/illness suffered by my son/daughter which is incident to and/or associated with preparing for and/or participating in this Activity and I voluntarily assume all risk, known or unknown, of injuries, howsoever caused, even if caused in whole or in part by the action or inaction of the released parties to the fullest extent allowed by law; and,
2. Participation in Activity includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
3. I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my child’s participation; and,
4. I willingly agree to comply with the stated and customary terms and conditions for participation as it relates to protection against infectious diseases. I have reviewed the most recent directives from the Centers for Disease Control (CDC), the California Department of Public Health and Sonoma County Health Services regarding the risks associated with COVID-19 exposure and safe practices to follow. I have informed and discussed the dangers of participation in Activity and the required rules and regulations to allow participation in Activity to my child and he/she acknowledges a full understanding of such; and,
5. I, for myself and on behalf of my child, heirs, assigns, personal and representatives hereby release and hold harmless the District, its officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the Activity, with respect to any and all illness, disability, death, loss or damage to person or property, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, AND I ACKNOWLEDGE THAT I FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Minor Child: _____

Parent/Guardian signature: _____ Print Name _____

Date signed: _____

Windsor Unified School District

PARENT/GUARDIAN PERMISSION FOR STUDENT PASSENGER IN VEHICLE DRIVEN BY ANOTHER ADULT

_____ (student name) has my permission to ride as a
passenger from Cali Calmécac Language Academy (CCLA) to other school sites for after-school
athletic events for the school year August 11, 2022 through June 2, 2023 in a vehicle driven by a
fingerprinted and verified volunteer at CCLA.

I fully understand that my student is to abide by all applicable District policies and regulations during
the trip and designated event. (BP 6153) I have instructed my student that he/she is required to wear a
safety belt during the trip.

I grant permission for my son/daughter to be a passenger in any CCLA fingerprinted and verified
driver's vehicle as outlined on this form. In granting permission, I understand that I waive all claims
and hold the Windsor Unified School District, its officers, agents and employees, and the State of
California harmless from any and all liability or claims which may arise out of or in connection with
my son's/daughter's participation in this activity.

Parent/Guardian Signature

Date

Printed Name

Student Name

For Office Use Only:



Cali Calmécac Language Academy

9491 Starr Rd. Windsor, CA 95492 • T: 707-837-7747 • x4165

July 2022

Dear Parents,

The sports program at Cali Calmécac Language Academy (CCLA) relies heavily upon donations to allow all interested students to participate. We ask for \$40.00 *per student per sport* so that we may pay our coaches, all referees, league dues, and replenish uniforms and equipment.

During the 2021-2022 school year, a large percentage of 6th - 8th grade students benefited from participation in our after-school sports program. We value being able to continue offering the level of program we currently do. Without these donations our sports program would suffer.

If you have contributed to the sports program, thank you! If you have not, we would greatly appreciate your contribution, so that we may maintain the quality of our program. Please send the bottom portion of this letter to the Athletic Director, with checks made payable to **CCLA - Athletics**. You may also make your donation tax deductible.

Thank you so much in advance for your support. If you have any questions or concerns regarding this letter, please contact our athletic director Kristine Behrens at 837-7747 x4165 or kbehrens@wusd.org.

With gratitude,

Kristine Behrens
Athletic Director

Student Name: _____ Grade: _____

Name of sport (s): _____

_____ Please accept my donation of \$ _____ to support the CCLA sports program.

_____ We will not be donating at this time.