

Silver Valley High School  
Athletic Department  
**HOME OF THE TROJANS**

Dear Student-Athlete & Parents/Guardian:

## Our Mission Statement

We believe the interscholastic athletic competition should demonstrate high standards of ethics and sportsmanship while promoting the development of good character and other important life skills. We also believe that the highest potential of sports is achieved when participants are committed to pursuing victory with honor according to the six core principles: trustworthiness, respect, responsibility, fairness, caring, and good sportsmanship. This code applies to all student-athletes, coaches, and managers involved in the Silver Valley High School Athletic Program.

Welcome to Silver Valley High School and to the Silver Valley Athletic Program. Below is a list of forms that must be completed, signed, and submitted to the coach before the student-athlete can begin practice for any sport in addition to your **OK to Post FORM.**

1. Athletic Clearance Form: Catastrophic Clause, Certificate of Student Insurance, and Parent Co-Curricular Consent Agreement.
2. Athletic Code of Ethics: From the office of the California Interscholastic Federation.
3. Silver Valley Sports Website Consent: Allows student's name to appear on school website.
4. Consent for Student Participation in Off-Campus Practices: Optional for each coach.
5. \*\*Medical History and Certificate of Physical Examination: The medical history form is to be completed by a parent/guardian *before* the Certificate of Physical Examination. The Certificate of Physical Examination form must be signed by a physician indicating that the student is physically fit to engage in Silver Valley High School Athletics.
6. Athletic Emergency Form: Must be kept with coach at all times.
7. 14 Year Old Waiver: Optional for each coach.

***\*\*Please make sure the Silver Valley High School's Athletic/Activity Card packet is filled out completely. It is very important the Physician who is completing the physical signs and completes their portion on this form. Please do not use any other physical form that the physician or physician's office staff may want to use. This is the approved form through Silver Valley Unified School District and for liability reasons this is the form that is required to participate in any sports at Silver Valley High School.***

***Please return all forms to the main office***



# Silver Valley Unified School District

## Athletic Clearance Form

Part 1: Catastrophic Clause  
Part 2: Certificate of Student Insurance  
Part 3: Parent Consent of Co-Curricular Agreement

Active Sport(s):  
Fall: \_\_\_\_\_  
Winter: \_\_\_\_\_  
Spring: \_\_\_\_\_

You must complete all sections of this form before you, the student-athlete, can participate in interscholastic practices and contests.

### Please print all information

Name \_\_\_\_\_ Grade 9 10 11 12

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

School Attended Last Year \_\_\_\_\_ Sex M F

Name of Doctor \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

### 1. Warning to Student-Athletes & Parents (Catastrophic Clause)

By nature, competitive athletics may put students in a situation where SERIOUS, CATASTROPHIC, and perhaps, FATAL accidents may occur. By granting permission for your student-athlete to participate in athletic competition, you, the parent/guardian, acknowledge that such risks exist.

Student-Athlete's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

### 2. Certificate of Student Insurance

It is the responsibility of the parent/guardian to secure insurance coverage prior to participation in athletics. Sections 32220-32224 of the Education Code require that each member of an athletic team have insurance. I certify that my student is covered by insurance as required and further, said coverage will be in force for the entire school year.

Name of Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

### 3. Parental Consent of Co-Curricular Activity Agreement

I hereby give consent for my student to participate in Interscholastic Athletics in the SVUSD. In case of injury to my student, you are authorized to have her/him treated. I further understand that in case of injury, the school staff and Associated Student Body is relieved of all liability from medical or hospital bills sustained in participation in interscholastic athletic competition. I hereby give my consent for my student to compete in sports and go with a representative of the school on any trip(s). I have also read the co-curricular policy regarding requirements for participation in school activities and agree to abide by the rules and regulations. (See "Notice of Rules, Regulations, & Responsibilities")

Student-Athlete's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_



Silver Valley High School  
Department of Athletics

**Athlete's Code of Ethics (CIF)**

Athletics is an integral part of the school's total education program. All school activities, curricular and extra-curricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social, and moral development of its students. It is within this context that the following Code of Ethics is presented. **Athletes must be in attendance at least three periods the day of an athletic event in order to participate.**

As an athlete, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials, and coaches.
3. Respect the integrity and judgment of game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field
5. Maintain a high level of safety awareness.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids, ephedrine or any other substance to increase physical development of performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States, or American Associate.
10. The CIF bylaws and district policy require all student athletes and his/her parent/guardian to sign a statement that the student will not use steroids or dietary supplements banned by the U.S. Anti-Doping Agency.
11. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
12. Win with character, lose with dignity.

Student-Athlete's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_



**Athlete's Bill of Rights**  
EC 271

The following list of rights, which are based on the relevant provisions of the federal regulations implementing Title IX of the Education Amendments of 1972 (20 U.S.C. Sec. 1681 et seq.), may be used by the department for purposes of Section 270:

- (a) You have the right to fair and equitable treatment and you shall not be discriminated against based on your sex.
- (b) You have the right to be provided with an equitable opportunity to participate in all academic extracurricular activities, including athletics.
- (c) You have the right to inquire of the athletic director of your school as to the athletic opportunities offered by the school.
- (d) You have the right to apply for athletic scholarships.
- (e) You have the right to receive equitable treatment and benefits in the provision of all of the following:
  - (1) Equipment and supplies.
  - (2) Scheduling of games and practices.
  - (3) Transportation and daily allowances.
  - (4) Access to tutoring.
  - (5) Coaching.
  - (6) Locker rooms.
  - (7) Practice and competitive facilities.
  - (8) Medical and training facilities and services.
  - (9) Publicity.
- (f) You have the right to have access to a gender equity coordinator to answer questions regarding gender equity laws.
- (g) You have the right to contact the State Department of Education and the California Interscholastic Federation to access information on gender equity laws.



### **Athlete's Bill of Rights EC 271 (continued)**

(h) You have the right to file a confidential discrimination complaint with the United States Office of Civil Rights or the State Department of Education if you believe you have been discriminated against or if you believe you have received unequal treatment on the basis of your sex.

(i) You have the right to pursue civil remedies if you have been discriminated against.

(j) You have the right to be protected against retaliation if you file a discrimination complaint.

(Added by Stats. 2005, Ch. 386 Sec. 2.)

Reference:

Education Code 270

20 USC 1681

### **Website Consent**

<http://www.silvervalley.k12.ca.us/>

For the purpose of giving recognition to student-athletes, roster listing and overall administrative organization, I hereby consent to allow the Silver Valley High School Athletic Department to use my student-athlete's name and photograph on Silver Valley High School's website or on MaxPreps.com. This is also to be used in connection with any athletic recognition, game and banquet photos, as well as other links that show a student's likeness as associated with his/her name in caption.

Student-Athlete's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_



Silver Valley High School

Medical History  
TO BE COMPLETED BY PARENT/GUARDIAN  
BEFORE PHYSICIAN'S PHYSICAL EXAM

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_ Sport \_\_\_\_\_

Please circle "Y" for yes, and "N" for no. (If yes, please explain)

1. Has the student-athlete had a medical illness or injury since his/her last check-up or sports physical? Y N

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2. Is the student-athlete currently taking any prescription or non-prescription (over-the-counter) medication, or using an inhaler? Y N

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3. Does the student-athlete have any allergies? (pollen, food, stings, etc) Y N

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4. Has the student-athlete ever had a seizure? Y N

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5. Has the student-athlete ever become ill from exercising in the heat? Y N

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6. Is there any pertinent information that coaches or physicians should know about this student-athlete? Y N

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7. Does the student-athlete wear glasses, contacts, or dental braces? Y N

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Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_



# Silver Valley High School

## CERTIFICATE OF PHYSICAL EXAMINATION

Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_/\_\_\_\_

Please put a “√” as either Normal or Abnormal for all findings below. Please describe, in detail, all abnormal findings.

	Normal	Abnormal	Comments
Heart			
Pulses			
Lungs			
Neck			
Back			
Shoulder/Arm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle/Foot			
Other pertinent medical findings			

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

List any restrictions and durations: \_\_\_\_\_

\_\_\_\_\_

I hereby certify that the above-named student was examined by me on \_\_\_\_\_ (date)  
and found to be physically fit to engage in athletics.

Physicians Signature \_\_\_\_\_

Stamp name of offices here





**Silver Valley High School**  
**CONSENT FOR STUDENT PARTICIPATION IN OFF-CAMPUS ACTIVITY**

Dear Parents & Guardians:

Your student-athlete is enrolled in an athletic program that may conduct practices and/or conditioning sessions off the Silver Valley High School campus. Due to our growing student population and increased number of athletic teams, we cannot provide practice space for all of our groups on campus. Some sports that practice on campus have their athletes run off campus to provide variety, different terrain and more space. While off campus, students remain under the supervision of their coach or his/her adult designee. In order to have our student-athlete participate in these off-campus workouts, please sign the agreement below.

I understand and consent to the fact that my child will participate in workouts off the Silver Valley High School campus as part of his/her participation on an athletic team. My student-athlete understands that in case of off-campus conditioning, s/he is expected to follow traffic rules, run only on sidewalks, cross only at intersections, and represent Silver Valley High School in an honest, positive manner.

Student-Athlete's signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



# Silver Valley High School

## ATHLETIC EMERGENCY FORM

Name \_\_\_\_\_ Grade \_\_\_\_\_  
LAST FIRST MIDDLE

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Father's Cell # \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Cell # \_\_\_\_\_ Work Phone \_\_\_\_\_

In an emergency, if parents cannot be reached, please notify:

1. \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

2. \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

4. \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone # \_\_\_\_\_

**NOTE:** Please state any pertinent medical information that coaches or physicians should know about the student-athlete. (Allergies, medication, or conditions that require immediate emergency treatment such as Epi-Pen, Glucagon, inhalers, etc.)

Permission is hereby granted to the attending physician to proceed with any major or minor surgical treatment, x-ray examination or immunizations for the above-named student. In the event of an emergency arising out of serious illness, significant accidental injury, or the need for major surgery, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest and health of the above-named student may be given.

Permission is also granted to the Athletic Trainer to provide the needed first aid treatment prior to the student's admission to any medical facility.

Parent/Guardian's signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Attention Athletes!! This form will remain in the Athletic Director's files for the current school year. A new athletic packet must be completed each school year.**



# Silver Valley High School Fourteen Year Old Football Participation Waiver

## **PARENT/GUARDIAN STATEMENT FOR ATHLETES UNDER AGE FIFTEEN (15)**

As the parents/guardians of \_\_\_\_\_, a 14 year  
Student's Name Printed  
old freshman at Silver Valley High School, we hereby give our permission for this child to  
play on the Varsity Football Team under the direct supervision of the coaching staff.

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## **PHYSICIANS STATEMENT**

The above named student-athlete is physically fit to participate at the Varsity Football level at Silver Valley High School.

Physician's Printed Name \_\_\_\_\_

Physician's signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Revised 12/15/09 jn

Board Approved: 1-12-10

Silver Valley Unified School District