



# Athletic/Activity Eligibility & Proof of Insurance

Must be completed for each sport/activity

Current Grade:  6  7  8  9  10  11  12

What year did you enter grade 9? \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

How many subjects did you pass in your most recent semester/trimester? \_\_\_\_\_ How many classes taking now? \_\_\_\_\_

Did you attend school last semester/trimester?  Yes  No What school? \_\_\_\_\_

With whom do you live? \_\_\_\_\_

Do you live in the Central Valley School District?  Yes  No

Have you transferred schools in the last 12 months?  Yes  No If "Yes," from where? \_\_\_\_\_

## Emergency Medical Information and Authorization:

Father/Guardian/Custodian Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Mother/Guardian/Custodian Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Name of person to notify if parent/guardian/custodian can't be reached: \_\_\_\_\_ Phone \_\_\_\_\_

Permission to treat if necessary:  Yes  No

Permission to transport to nearest medical facility if unable to reach parent/guardian/custodian:  Yes  No

### To: Emergency Medical Personnel

I, the undersigned parent/guardian/custodian of (student's name: \_\_\_\_\_), a minor, authorize accompanying school personnel to consent in any emergency situation to any x-ray examination, laboratory test, anesthetic, medical or surgical procedure or hospital care required on the above minor while in their custody, and for which I am unable to be reached to provide consent. Such care must be recommended by and performed under the supervision of a physician licensed to practice medicine in the United States. I understand that if transportation by ambulance is necessary, I must assume the financial responsibility. My student may be released to school personnel following completion of treatment and in my absence. I understand that Central Valley School District, its employees and its Board assume no liability of any nature in relationship to transportation or treatment of the said minor including but not limited to paramedic transportation, hospitalization, examination, x-ray or treatment.

Please list any allergies your student may have, medications being taken, and anything else we should know to assist in your student's safety.

Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Other considerations \_\_\_\_\_

**X** \_\_\_\_\_  
Signature of Parent/Guardian/Custodian Print Name Date

## Insurance Information:

CVSD does not provide accident medical insurance for the participants of clubs/activities, however, you may purchase accident and sickness insurance through Myers/Stevens/Toohey (contact your school for information). CVSD School Board policy requires participants to have medical insurance coverage. The following information must be on file with the school district prior to any participation in a club/activity program.

Student's Current Medical Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

Your signatures indicate that you have read, agree to, and accept all of the information above and in the accompanying *Pride & Honor Activities Code*. Incomplete or false information to any statement could jeopardize eligibility.

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
Signature of Parent/Guardian/Custodian Date Student Signature Activity in which you wish to participate

## **Non-School Participation**

During any athletic season after joining a school squad, students may not participate on college and/or professional teams in that sport.

Students are not to be given special treatment or privileges on a regular basis to enable them to participate in non-school athletic activities, such as reduced practice times, special workouts, late arrivals, or early dismissals.

Students shall not compete in the uniform of the school at non-school events.

## **Academic Requirements for Participation in CVSD Activities/Programs**

In order to be eligible to participate, students **must** pass all subjects and maintain a 2.0 GPA (minimum). If a student fails to meet district standards, he/she may maintain eligibility for competition by attendance and active participation in a school sponsored academic remediation program. A student who falls below WIAA standards will be removed from competition in accordance with WIAA rules. (18.0.0)

## **Philosophy Statement**

The Central Valley School District Board recognizes the value of a program of activities as an integral part of the total school experience. Therefore, Central Valley School District shall provide an activities environment that fosters mutual respect, human dignity, and fair and equal opportunities for all.

This activity environment shall include the opportunity to develop individual potential with a concerted effort to stimulate the development of physical, mental, and social excellence. An academic educational learning environment is the primary goal for students; participation in the activities program is a privilege that should enhance these scholastic endeavors. The development of self-esteem, individual growth, and the positive attitude needed for achieving participants' potential shall be emphasized.

The development of citizenship, respect for rules and authority, ethical conduct, sportsmanship, and self-discipline shall be encouraged for all participants. Consistent rules and authority are essential in this effort. Coaches/instructors shall model and promote a high level of self-discipline, in addition to teaching fundamental skills. The safety, health, and general welfare of all participants shall be a priority.

Effective and responsible communications shall occur between advisors, coaches, instructors, participants, administrators, and parent/guardian/custodians to facilitate cooperation. Activity participation shall promote community values.