

April 2017

# ATTENTION ALL CHEERLEADERS!



It's that time of the year! If you are interested in trying out for the 2017-2018 Cole Elementary Cheer Squad, this notice is for you!

## Try Out Information:

- Clinic (mandatory) days are: Friday, April 21<sup>st</sup>; Monday, April 24<sup>th</sup>; Tuesday, April 25<sup>th</sup>; and Wednesday, April 26<sup>th</sup> from 7:30am to 8:10am. We will meet in the cafeteria for our practices. Practices and tryouts are closed to parents. No videotaping allowed. **All paperwork must be completed in order to participate in Clinics and Try-outs. Potential cheerleaders must attend all clinics.**
- Potential 2017-2018 Cole Cheerleaders will be selected based on talent, current teacher recommendation (form to be completed by teacher), attendance to clinic, attitude, appearance, and submission of paperwork.
- Girls are to have hair up in a ponytail and tennis shoes for clinic and tryout. **No Jewelry.**
- Try-outs are on Wednesday, April 26<sup>th</sup> at 2pm in the cafeteria. The cheer coaches **will not** be one of the judges. Parents are not permitted inside the MPR during try-outs. Results will be posted after 6pm

## If your child makes Game Squad or Competition Squad:

- Attire such as bundies are about \$10, and bows \$10, these are approximate prices. White turtle necks and white tennis shoes can be purchased where parents prefer. Purchasing these items is not mandatory and you child's participation will not be adversely affected.
- Cheer Uniforms can either be borrowed from the school, or purchased. If you decide to purchase the cheer uniform, the cost is \$110.
- Cheer Camp will be held at Buchanan High School. It is a two day event and this is mandatory. A \$30 dollar (estimated) donation is requested for attendance. Dates have not yet been announced, but it is usually in August.
- A mandatory parent meeting will be held after try-outs for the official 2017-2018 Cheerleaders on Monday, May 1 at 5:00 p.m. in the Cole Multipurpose Room (Cafeteria).
- Practices next year will be on Wednesday afternoons from 3:00pm until 4:30pm. Cheerleaders will get an updated monthly calendar at the beginning of each month with cheer events for that month.

I have read the above information and give my child, \_\_\_\_\_, permission to try out for the 2017-2018 Cole Elementary Cheer Squad.

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

\_\_\_\_\_  
Print Parent Name

\_\_\_\_\_  
Contact Phone Number

**Cheer candidate is required to bring all completed/signed forms to the first day of clinics in order to participate in try-outs. Questions? Contact Mrs. Marcial at LolitaVelez@cusd.com**





## INSURANCE VERIFICATION FORM

Dear Parents:

The California Education Code, Sections 32220 and 32221, requires that any student of *any* "Educational Institution" who practices for or participates in any inter-school athletic event *MUST* be insured for \$1,500 of insurance covering the medical expenses of accidental injuries. This applies to all sports and to all participants of any age.

This *mandatory* insurance requirement is also extended to students who accompany an athletic team to an extramural athletic event and while performing their function as a member of the band, song leaders, yell leaders, etc.

Consequently, students must be excluded from the team and from activities relative to an athletic event unless they have either purchased the school's regularly offered plan, or their parents can assure the District that adequate insurance is in force which meets the requirements of this law.

If you have not purchased the accident plan offered through the school for your child, please fill in the following form and return same to the school principal. Your child will not be allowed to practice or participate until this form has been completed and returned, or you have purchased the insurance plan offered by the school. Enrollment forms will be available on or after August 1st at your child's school.

Janet Young, Ed.D.  
Superintendent

### INSURANCE VERIFICATION AND PARENT PERMISSION

1. This is to verify that my son/daughter \_\_\_\_\_  
is covered under \_\_\_\_\_  
\_\_\_\_\_
- STUDENT'S NAME*
- NAME OF INSURANCE COMPANY*
- EXPIRATION DATE*
- POLICY NUMBER*

Benefits indicated in my policy are equal to or broader than those required in the above notice.

2. I give my son/daughter permission to participate in \_\_\_\_\_  
\_\_\_\_\_
- NAME OF ACTIVITY IES*

(Multi-sport athletes must list every sport or fill out a new form prior to each seasonal sport.)

3. I certify that my son/daughter has no medical conditions or disabilities that would cause participation in the above mentioned sport(s) to be dangerous or harmful.

\_\_\_\_\_  
Date

\_\_\_\_\_  
PARENT GUARDIAN SIGNATURE

# FOR THE HEALTH OFFICE

## Clovis Unified School District Illness and Accident Procedure Card

**\*\*NOTE:** This card must be completed and signed by the student's Father, Mother or Guardian\*\*

SID# \_\_\_\_\_ Grade \_\_\_\_\_ Room/Counselor \_\_\_\_\_

STUDENT'S  
NAME

\_\_\_\_\_ Last Name First Name Middle Name

Birthdate \_\_\_\_\_ Male  Female

HOME ADDRESS \_\_\_\_\_ Street City Zip Home Phone \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

### IN CASE OF SUDDEN ILLNESS OR ACCIDENT TO THIS STUDENT

1<sup>st</sup> Contact \_\_\_\_\_ Name of Father, Mother or Guardian (please circle one) Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_\_ Place of Employment Work Hours Cell Phone Pager \_\_\_\_\_

2<sup>nd</sup> Contact \_\_\_\_\_ Name of Father, Mother or Guardian (please circle one) Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_\_ Place of Employment Work Hours Cell Phone Pager \_\_\_\_\_

3<sup>rd</sup> Contact \_\_\_\_\_ Name of Step-Father or Step-Mother (please circle one if applicable) Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone Pager \_\_\_\_\_

4<sup>th</sup> Contact \_\_\_\_\_ Name of Other Relative or Neighbor (please circle one) Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_

**MEDICAL INFORMATION - This student has the following health condition(s):** (Check all that apply to this student.)  
 ADD/ADHD  Asthma  Bleeding Disorder  Diabetes  Epilepsy/Seizure Disorder  Heart Condition  
 Glasses/Contacts  Hearing Difficulty  Medication Allergy to \_\_\_\_\_  Food Allergy to \_\_\_\_\_  
 Serious Accident/Illness \_\_\_\_\_ on (date) \_\_\_\_\_  Other Health Concerns \_\_\_\_\_

Please explain any conditions checked: \_\_\_\_\_  
School nurse may notify school personnel of medical concerns of any checked (✓) information.

**PLEASE SIGN CARD ON BACK**

### CONTINUING MEDICATION REGIMEN FOR NONEPISODIC CONDITION: REQUIRED NOTICE TO SCHOOL EMPLOYEES (Ed. code 49480)

The parent or legal guardian of any public school pupil on a continuing regimen for a nonepisodic condition, shall inform the school nurse or other designated certificated school employee of the medication being taken, the current dosage, and the name of the supervising physician. With the consent of the parent or legal guardian of the pupil, the school nurse may communicate with the physician and may counsel with the school personnel regarding the possible effects of the drug on the child's physical, intellectual, and social behavior, as well as possible behavioral signs and symptoms of adverse side effects, omission, or overdose. The superintendent of each school district shall be responsible for informing parents of all pupils of the requirements of this section.

#### IF YOUR CHILD IS TAKING MEDICATION REGULARLY, PLEASE FILL OUT THIS SECTION

My child \_\_\_\_\_ is taking \_\_\_\_\_  
Name of Child Name of Drug Dosage

ordered by \_\_\_\_\_  
Name of Supervising Physician Telephone Number

The school nurse may confer with the doctor and notify school personnel regarding the child's condition and the effects of this medication when necessary.

### AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

The undersigned, legal custodian of \_\_\_\_\_, a minor, hereby authorizes the principal or designee into whose care the aforementioned minor pupil has been entrusted, to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist.

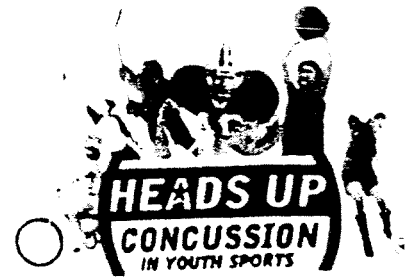
It is understood that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary.

This authorization is given pursuant of the provisions of Section 6910 of the California Family code, and shall remain effective for the full school year unless revoked in writing and delivered to said agent(s). I understand that Clovis Unified School District, its officers and its employees assume no liability of any nature in relation to the transportation of the said minor. I further understand that all costs of paramedic transportation, hospitalization, and any examination, x-ray or treatment provided in relation to this authorization shall be borne by the undersigned.

I understand that Clovis Unified School District does not provide medical or accident insurance for students for school related injuries. I have received and read the student accident insurance information sent home for my child.

I authorize the release of medical information by the school district to its billing agency and to my insurance company as necessary to process a claim or request reimbursement for medical service rendered to my child. Any shared information will be limited to service documentation only.  YES  NO

Family Physician: \_\_\_\_\_ Telephone \_\_\_\_\_ PLEASE CHECK ONE:  
Health Insurance/MEDI-CAL: \_\_\_\_\_  My child is currently insured.  I will insure my child.  
Group/Policy No./MEDI-CAL ID No.: \_\_\_\_\_  I choose not to insure my child.



# Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

## WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow, or jolt to

### Did You Know?

- Concussion is a leading cause of sports-related injury in youth sports.
- Concussion is a medical emergency. If you suspect a concussion, stop play immediately and seek medical attention.
- Concussion can be life-threatening if not treated properly.
- Concussion can cause long-term health problems if not treated properly.

the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

### SIGNS OBSERVED BY COACHING STAFF

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (*even briefly*)
- Shows mood, behavior, or personality changes
- Can't recall events *prior* to hit or fall
- Can't recall events *after* hit or fall

### SYMPTOMS REPORTED BY ATHLETES

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or "feeling down"

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

### WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal.*

It's better to miss one game than the whole season. For more information on concussions, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

\_\_\_\_\_  
Student-Athlete Name Printed

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

### WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.



RELEASE OF STUDENT TO PARENT/GUARDIAN  
AFTER FIELD TRIP OR ACTIVITY  
FORM 3204-2

I request that \_\_\_\_\_ at \_\_\_\_\_  
*Student Name School*  
be released to my custody after \_\_\_\_\_ on \_\_\_\_\_  
*Trip/Activity Date*

at Century, Dry Creek, Tarpey, Garfield, Woods, AH  
*Location of Event/Pick up Point BHS, Clovis East*  
rather than returning to school in the transportation provided by Clovis Unified School District  
(District).

The following are additionally authorized individuals (also listed on *Form 11-S Student Release Authorization* on file at school site) to whom the above-referenced child may be released:

_____	_____
Name	Relationship
_____	_____
Name	Relationship
_____	_____
Name	Relationship

**Waiver of Claims:**

I agree that once my son/daughter is released to my custody, I assume full responsibility for his/her health, safety and welfare and as provided for in California Education Code Section 35330. I agree to waive all claims against the District and hold the District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the District, its employees or agents.

\_\_\_\_\_  
*Printed Name (Parent/Guardian) Approval Signature (Parent/Guardian)*

\_\_\_\_\_  
*Home Phone Number Other Phone Number Date*

**It is the responsibility of the designated school official to ensure all students are properly accounted for before transportation to or from a school activity occurs.**

Adopted: 3/24/10  
Revised: 9/20/10

# Cole Athletics

## Code of Ethics

Participation as a member of a team is a privilege. Those on teams serve as a model for all children at school. To insure that student athletes maintain themselves as examples to other students, we are setting the following standards, which must be met if the student is to play:

### Academic Qualifications

- The student-athlete must maintain a "C" average (2.0 GPA) with no "F's" on their report card to participate in our co-curricular program.
- Any student falling below a "C" average at the end of a grading period will be placed on the academic probation for the following grading period. Any student placed on the academic probation list for two consecutive grading periods will be ineligible to participate in any co-curricular program until they can reestablish a "C" average at the end of the grading period.

### Attendance

- The student must be in attendance the day of performance unless verified by principal
- Students must be consistently picked up immediately after practices and/or games. Students that are frequently not picked up on time may be removed from participation on the team.

### Citizenship

- Citizenship is to be satisfactory as judged by Cole Administration. Students with serious discipline referrals may not participate in practice and/or subsequent games. The Cole administration will have discretion to suspend game practice and/or game privileges.
- If a student is suspended from school, there are five non-privilege days in which they cannot attend sports. More than one suspension and the student will automatically be removed from the team.

### Uniforms and Equipment

- It is the player's responsibility to return all uniforms and equipment issued to him/her at the end of the participation or they are responsible for the payment of the items not returned.

### Participation

- A student will abide by the Cole Athletic Code of Ethics for the duration of the sports season.
- An unexcused absence from school will disqualify an athlete from participation in the subsequent game or event.
- The student will submit the following items prior to practice with the team:
  - Insurance Verification Form/Illness Accident Procedure Card
  - Student Release Authorization
  - Signed Statement for Code of Ethics
  - Parent/Athlete Concussion Information Sheet

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Student Signature

Date

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Parent Signature

Date