

MOUNTAIN VIEW MIDDLE SCHOOL ATHLETIC PACKET

Dear Parents/Participants,

Attached you will find important information regarding Mt. View Activities. Please take special care to read the enclosed information, and sign and return any necessary paperwork.

The following items need to be returned to Mrs. Angstadt prior to participating in any games/activities:

(*Items with an asterisk must be turned in)

1. *Mt. View Student Activities Guidelines*
2. AB 1639: Sudden Cardiac Arrest Prevention Act
3. *AB 1639: Sudden Cardiac Arrest Prevention Information Sheet* – **Signatures required**
4. *Acknowledgement of receipt of Opioid Fact Sheet* - **Signatures required**
5. * *Emergency Medical Information* – **Signatures required**
6. * *Acknowledgment and Assumption of Potential Risk Form (2 pages)* – **Signatures required**
7. * *Parent & Spectator Sport Code of Conduct* - **Required**
8. * *Permission Slip for Private Transportation* – **Riding with a non-parent to games**
 - a. Fill in your student's name
 - b. You may write "As Needed" for the date and Driver (this will allow your student to ride with another **insured** driver if necessary)
 - c. Sign your name and indicate a phone number where you can be reached.

Thank you,

Shannon Angstadt

MVMS Principal/Athletic Director

MVMS STUDENT ACTIVITIES GUIDELINES

PHILOSOPHY

Mountain View Middle School and the Columbia Elementary School District are committed to the philosophy that the **TEAM** is the primary focus of our activities programs. Our long term goal is that our students are productive citizens now and in the future. Our students are expected to make a **season-long** commitment to attend all practices and games/performances except for illness and family emergencies. **If a student makes a school team/group, those practices and games/performances take priority over outside organizations.** Our students must accept the responsibility for being role models for their peers and represent our school with pride and dignity.

ELIGIBILITY

NOTE: Eligibility requirements for participation in the district's extracurricular and co-curricular activities are the same as those set by the district for participation in interscholastic athletics.

Participating in after school activities is a privilege, not a right. Our students will demonstrate a high level of academic and behavioral performance. Administration has the final say in participation for extracurricular and co-curricular activities. In order to try out and maintain eligibility, each student must meet the following criteria:

1. Maintain a minimum (2.0) "C" average grade point (with no F's or I's) as established by grade checks and quarterly grades.
 - a. A "weekly" grade check will be conducted. Any student receiving a failing grade will have two weeks to make it up. (During this time, students may practice but not play in a game or participate in a performance.) If the grade improves, the student is reinstated to regular status. If the student fails to meet the 2 week requirement or is placed on contract due to grades for a second time during that same season, he/she will be dropped from the team/group. GPAs will be based on core subjects.
 - b. Grade checks will be done one day prior to each game and tournament by 4:00 p.m. Any student who has less than a 2.0 and/or an 'F' or 'I' at 4:00 p.m. the day before a game, tournament or performance will not be allowed to participate. Eligibility for tournaments (all games) or performances will be determined by the grade check done on the day prior to the start of the tournament or performance.
2. At MVMS we are committed to giving the health and safety of our students the highest consideration in planning and conducting extracurricular and co-curricular activities. For this reason, ***we strongly encourage all students planning to participate in extra-curricular programs to obtain a medical clearance before they participate.***
3. Students are expected to make a **season-long commitment** to the team/group. Attendance at all practices and games/performances is mandatory except for illness or family emergencies. Each athlete/participant is personally responsible for notifying his or her coach/group leader prior to an absence whenever possible. Any unexcused absence for a practice and/or a game/performance may result in a limitation or suspension of playing/performance time. A pattern of unexcused absences from practices and/or games/performances will ultimately result in the student being removed from the team/group.
4. Students must demonstrate personal responsibility and good citizenship throughout the season. Disciplinary consequences for a student's violation(s) of the school's student behavior plan will be subject to the following action(s):
 - a. After School Detentions
One (1) Detention

A player may continue to practice but not play in a game or participate in a performance until the detention has been served.

Two (2) Detentions

A student receiving a second after school detention during the season of sport/performance will be given a mandatory suspension for a minimum of 1 game/performance. Additional consequences may be assigned at the discretion of the Athletic Director or coach/group leader.

b. Suspension from School/Saturday School

Any student receiving a suspension or a Saturday School during the season of sport/performance will be suspended for a minimum of two games or performances. Any student who already has **1 suspension or Saturday School** in the season of sport/performance and receives **another suspension, Saturday School or an after school detention may be removed from the team/group for the remainder of the season.**

5. Students must be in attendance for at least 4 periods on a game/performance day to be eligible to participate; Dr.'s appointments excluded.
6. Students with modified/limited PE will be allowed to participate in extracurricular activities at coach's discretion, but students with medical documentation stating that they are unable to participate in PE will not be allowed to participate in any extracurricular activities requiring similar physical activity to that of the PE class.
7. Special circumstances or issues may arise where the Administration has the discretion to remove a child from a team.

Uniforms are to be worn for games only! Please do not wear your uniform to school or anywhere else.

Each player (and his or her parents) is responsible for storage and care of their "home" and "away" uniforms valued at \$60.00 each. Please follow washing instructions carefully and store the uniforms in an orderly manner. Each uniform has been formally issued to each player. **Players will be responsible for the replacement of the uniform if it is lost or damaged due to improper care.**

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 or other health benefits that cover medical and hospital expenses.

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 the Healthy Families and Medical Programs Information Line at 1-800-880-5305.

PARENTS OF PARTICIPANTS/ATHLETES

Parents are expected to show respect and sportsmanship towards coaches, players, officials, school representatives, other parents, and teams both **on** the court/field and **off**. When attending games/tournaments, whether home or away, we also expect you to treat facilities with proper care. The actions of parents may affect the status of team members, as officials and directors consider repercussions for schools based on negative parental behavior. Please conduct yourselves appropriately and enjoy the season in which your child is participating. Any parent that is asked to leave a school activity as a result of their behavior will not be allowed to attend any other school activity for the period of 1 week. If you need to discuss a game decision with the coach, we ask that you wait at least 24 hours before you speak with the coach. If you are still unsatisfied after contacting the coach, please contact the Athletic Director.

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 each year, as it is the #1 killer of student athletes and the leading cause of death on school campuses.

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.

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 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.

FAINTING
is the
#1 SYMPTOM
OF A HEART CONDITION

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.

Recognition of Sudden Cardiac Arrest



Victim is collapsed, unresponsive & not breathing, even if gasping gurgling, exhibiting breathing noises or seizure-like activity.

Call 9-1-1



Follow emergency dispatcher's instructions. Call any on-site Emergency Responders.

Hands-Only CPR



Begin CPR immediately. Hands-only CPR involves fast & continual two-inch chest compressions – about 100 per minute.

Defibrillation



Immediately retrieve and use an automated external defibrillator to restore the heart to its normal rhythm. Follow step-by-step audio instructions from the AED.

Advanced Care



Designate a bystander to direct EMS to the victim for quick transfer to the hospital.

Recognize the Signs & Risk Factors

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

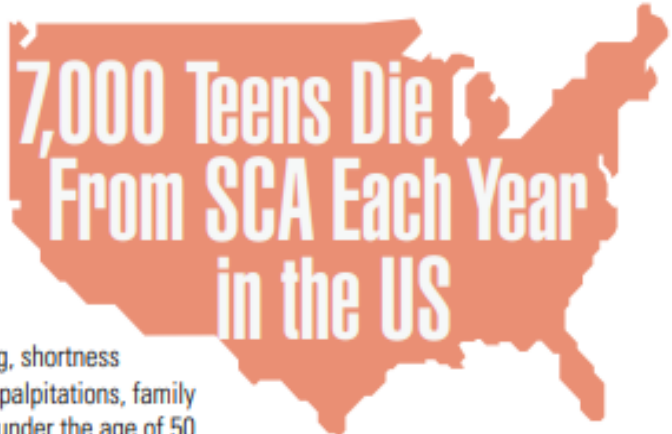
- Family history of known heart abnormalities or sudden death before age 50
- Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- Family members with unexplained fainting, seizures, drowning or near drowning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

SCREEN YOUR TEEN SAVE A LIFE

The EP Save A Life Foundation is committed to preventing SCA in young people through awareness, education and action. Saving lives is paramount to our mission and prevention is our goal.

What Is Sudden Cardiac Arrest?

Sudden Cardiac Arrest (SCA) is not a heart attack. It's an abnormality in the heart's electrical system that abruptly stops the heartbeat. It's caused by an undetected congenital or genetic heart condition.



First Symptom May Be Death

Possible Warning Signs: Unexplained fainting, shortness of breath, lightheadedness, chest pain, heart palpitations, family history of SCA or unexplained sudden death under the age of 50.

1 in 100 Youth At Risk

SCA is the #2 killer of youth under 25. These youth could've been saved with a simple EKG, but EKGs are not a part of a well-child or pre-sports exam.



1 Athlete Dies Every 3 Days

SCA is 60% more likely to occur during exercise or sports activity, so athletes are at greater risk. SCA is also the leading cause of death on school campuses.

60% More Susceptible

Time Critical

If not properly treated within minutes, SCA is fatal in 92% of cases.



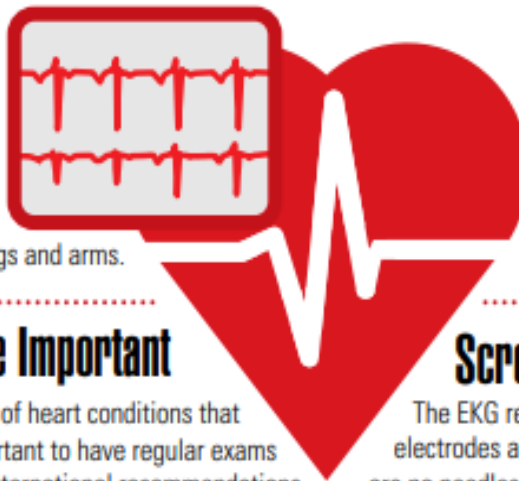
An Automated External Defibrillator Can Save Lives



An automated external defibrillator (AED) used within the first five minutes is the only way to restore normal heart activity to an SCA victim. The average arrival time for EMTs is six to 12 minutes. We need more AEDs and training so anyone can react quickly.

What Is An EKG?

An EKG measures your heart rate and electrical activity through electrodes attached via small patches with a mild adhesive to the chest, legs and arms.



Screening Results

Always follow up with your family doctor and add this baseline EKG to your child's medical chart. If the EKG is abnormal, be sure to see your doctor within two weeks for follow-up testing and treatment.

Regular Exams Are Important

An EKG can only detect 60% of heart conditions that put teens at risk, so it's important to have regular exams with your family physician. International recommendations are to repeat the EKG every other year through age 25.

Screenings Are Painless

The EKG reads your heartbeat from electrodes attached to your body. There are no needles or x-ray exposure. It takes just a few minutes and is completely painless.



Keep Their Heart in the Game

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

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.

What are we doing to help protect student-athletes?

The State of California passed the Eric Paredes Sudden Cardiac Arrest Prevention Act in 2016 to protect K-12 students participating in school-sponsored athletic activities. New policy adds sudden cardiac arrest (SCA) training to coach certification, and new protocol that empowers coaches to remove from play a student-athlete who exhibits fainting – the number one warning sign of a potential heart condition, and potentially for other conditions if they are believed to be cardiac related. 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 involved in athletic activities are urged to dialogue with student-athletes about potential warning signs and risk factors and be familiar with the cardiac chain of survival so they are prepared in the event of a cardiac emergency.

A pupil who faints during or following participation in an athletic activity must be removed from play and may not return to play until they are evaluated and cleared by a physician and surgeon, nurse practitioner or physician’s assistant. I have reviewed and understand the symptoms and warning signs of SCA and the new protocol to incorporate SCA prevention strategies into my/my student’s sports program or activity.

STUDENT-ATHLETE SIGNATURE

PRINT STUDENT-ATHLETE’S NAME

DATE

PARENT/GUARDIAN SIGNATURE

PRINT PARENT/GUARDIAN NAME

DATE

For more information about Sudden Cardiac Arrest visit

California Department
of Education
cde.ca.gov

Eric Paredes Save A
Life Foundation
epsavealife.org

California
Interscholastic
Federation (CIF)
cifstate.org

National Federation of High Schools
(20-minute training video)
nfhslearn.com/courses/61032



PROMOTING SAFER AND MORE EFFECTIVE PAIN MANAGEMENT

Understanding Prescription Opioids

Opioids are natural or synthetic chemicals that relieve pain by binding to receptors in your brain or body to reduce the intensity of pain signals reaching the brain. Opioid pain medications are sometimes prescribed by doctors to treat pain.

Common types include:

- Hydrocodone (e.g., Vicodin)
- Oxycodone (e.g., OxyContin)
- Oxymorphone (e.g., Opana), and
- Morphine

Opioids can have serious risks including addiction and death from overdose.

Opioids and Chronic Pain

Many Americans suffer from chronic pain, a major public health concern in the United States. Patients with chronic pain deserve safe and effective pain management. At the same time, our country is in the midst of a prescription opioid overdose epidemic.

- The amount of opioids prescribed and sold in the US quadrupled since 1999, but the overall amount of pain reported hasn't changed.
- There is insufficient evidence that prescription opioids control chronic pain effectively over the long term, and there is evidence that other treatments can be effective with less harm.

- **PRESCRIPTION OPIOID OVERDOSE IS AN EPIDEMIC IN THE US** Learn more @ www.cdc.gov/drugoverdose/prescribing/guideline.html



As many as 1 in 4 people receiving prescription opioids long term in a primary care setting struggles



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

IMPROVE DOCTOR AND PATIENT COMMUNICATION

The Centers for Disease Control and Prevention's (CDC) *Guideline for Prescribing Opioids for Chronic Pain* provides recommendations to primary care doctors about the appropriate prescribing of opioid pain medications to improve pain management and patient safety:

- It helps primary care doctors determine when to start or continue opioids for chronic pain
- It gives guidance about medication dose and duration, and on following up with patients and discontinuing medication if needed
- It helps doctors assess the risks and benefits of using opioids



Doctors and patients should talk about:

- How opioids can reduce pain during short-term use, yet there is not enough evidence that opioids control chronic pain effectively long term
- Nonopioid treatments (such as exercise, nonopioid medications, and cognitive behavioral therapy) that can be effective with less harm
- Importance of regular follow-up
- Precautions that can be taken to decrease risks including checking drug monitoring databases, conducting urine drug testing, and prescribing naloxone if needed to prevent fatal overdose
- Protecting your family and friends by storing opioids in a secure, locked location and safely disposing unused opioids

GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN

CDC developed the *Guideline for Prescribing Opioids for Chronic Pain* to:

- Help reduce misuse, abuse, and overdose from opioids
- Improve communication between primary care doctors and patients about the risks and benefits of opioid therapy for chronic pain
- **LEARN MORE** | www.cdc.gov/drugoverdose/prescribing/guideline.html

****I acknowledge that my student athlete and I have received the opioid fact sheet.**

Student Signature

Parent/Guardian Signature



MOUNTAIN VIEW MIDDLE SCHOOL
EMERGENCY MEDICAL INFORMATION CARD



Student Name: _____ Home Phone (____) _____

Parent/Guardian: _____ Bus. Phone (____) _____

Alternate Contact Person: _____ Phone (____) _____

Family Doctor: _____ Phone (____) _____

Hospital Preferred: _____ Phone (____) _____

Medical Insurance: _____ Policy Number _____

Health Conditions/Drug Allergies _____

Date of Last Tetanus Vaccination ____ / ____ / ____
Month Day Year

I hereby give my consent for my son, daughter or ward as named above to participate in extra-curricular activities. In case the student named above becomes ill or is injured, medical treatment by qualified individuals is hereby authorized.

Parent/Guardian Signature _____

As a legal custodian of _____, a minor,
I hereby authorize the principal or his/her 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.

I understand that the Columbia School District, and its Board assume no liability of any nature in relation to the transportation or treatment of the said minor. I further understand that all cost of paramedic transportation, hospitalization and any examination, X-ray or treatment provided in relation to this authorization shall be my responsibility.

***PLEASE NOTE: Columbia School District cannot give medication to your child without a Medication Release Form signed by a doctor and parent/guardian. Please contact the school office.**

Parent/Guardian Signature: _____ Date: _____

**MOUNTAIN VIEW MIDDLE SCHOOL
ATHLETICS / SPORTS VOLUNTARY ACTIVITIES PARTICIPATION
ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK FORM**

Each member of a school athletic team shall be covered by an insurance policy for medical and hospital expenses resulting from accidental bodily injury.

Pursuant to Education Code 32220, “member of an athletic team” also includes:

Members of school bands or orchestras, cheerleaders and their assistants, pompon girls, team managers and their assistants, and any student or pupil selected by the school or student body organization to directly assist in the conduct of the athletic event. Such members shall be covered only while they are being transported by or under the sponsorship or arrangements of the district or a student body organization, to or from a school or other place of instruction and the place at which the athletic event is being conducted.

Pursuant to Education Code 32221, the insurance shall provide the following coverage:

At least one thousand five hundred dollars (\$1,500) for all medical and hospital expenses.

The insurance shall provide for coverage during the student's:

1. Participation in athletic events sponsored by the district or student body organization.
2. Participation in practice for an athletic event.
3. Transportation provided by the school district, or under its sponsorship, to and from the school and place for the athletic event.

The insurance required by this policy and Education Code 32221 shall not be required of those students who have insurance or a reasonable equivalent of health benefits provided them through other means.

The Governing Board shall make an insurance plan available for purchase by students participating in athletic events as provided by Education Code 32221.

The Board shall authorize the expenditure of district or student body funds for the purchase of insurance for those students whose parents/guardians are unable to pay for the cost of the insurance. (Education Code 32221).

Under State law, school districts are required to ensure that all members of the 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 or other health benefits that cover medical and hospital expenses.

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 Medi-Cal at 800-541-5555 or Healthy Families Program at 888-599-7056.

**ATHLETICS / SPORTS VOLUNTARY ACTIVITIES PARTICIPATION FORM
ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK**

CONSENT TO PARTICIPATE

Athlete's Name: _____ Sport/s: _____

Address: _____

Home Phone: _____ Cell Phone _____ Work Phone _____

Parent/Guardian Name: _____

Address (if not living with student): _____

In case of emergency, contact: _____ Phone: _____

By its very nature, this sport, including tryouts, may put students in situations in which serious catastrophic and perhaps fatal accidents may occur. Students and parents must assess the risks 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 the risk of injury. Just as driving an automobile involves the risk of injury; participation in this sport by students involves some inherent risk. The importance of your awareness of these risks in determining whether or not to allow your child to participate cannot be overstated. There have been accidents in this sport, resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairments as a result of athletic participation.

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

No amount of instruction, precaution, and supervision can eliminate all risk of injury, including serious, injury. Some of the injuries/illnesses which may result from participating in these activities include, but are not limited to, the following:

- | | |
|-----------------------------|----------------------------|
| 1. Sprains/strains | 7. Loss of eyesight |
| 2. Fractured bones | 8. Communicable diseases |
| 3. Unconsciousness | 9. Internal organ injuries |
| 4. Head and neck injuries | 10. Brain damage |
| 5. Neck and spinal injuries | 11. Death |
| 6. Paralysis | |

By signing this waiver, you acknowledge that you understand and accept such risk and authorize the student named above to participate in this sport/s. By choosing to participate, you acknowledge that such risks exist.

ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

I authorize my son/daughter, _____, to participate in the District sponsored Sport/s activities of _____.

I have read this form in its entirety and understand its contents. I understand that it is my obligation to ask questions about anything I do not understand.

I understand and acknowledge that participation in this sport is completely voluntary and as such is not required by the District for course credit or for completion of graduation requirements.

I agree to assume financial responsibility for any medical costs and expenses incurred as a result of any injury that may be sustained by my child while participating in this sport.

I understand, acknowledge and agree that the Columbia School District, its elected or appointed officials, employees, agents or volunteers 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, inaction, or negligence, of the released parties to the fullest extent allowed by law.

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand and agree to the terms.

Parent/Guardian Signature

Date

Student Signature (if age 18 or older)

Date

A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM and AUTHORIZATION & CONSENT FOR MEDICAL TREATMENT AND HEALTH INSURANCE VERIFICATION FORM must be on file with the Columbia School District before a student will be allowed to participate in the above extra-curricular activities.

North Valley Athletic Conference

Parent & Spectator Sport Code of Conduct

Children's sports are supposed to be fun—for the children. Unfortunately, many parents, fans, and coaches don't realize that their actions, whether verbal or nonverbal, can have a lasting emotional effect on children. Too many children are leaving sports activities because adults unfairly take the fun away.

The following Code of Conduct for parents and spectators has been adapted from the National Youth Sports Foundation. We expect all parents, spectators, and coaches to abide by this simple code and help reinforce what sports are all about...BEING FUN FOR EVERYONE.

The essential elements of character building and ethics in sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship. The highest potential of sports is achieved when competition reflects these "six pillars of character."

As a parent or spectator:

1. I will remember that children participate to have fun and that the game is for youth, not adults.
2. ***I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials, and spectators at every game, practice or other sporting event.***
3. ***I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.***
4. I will not encourage any behaviors or practices that would endanger the health and well-being of the athletes.
5. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, gender, or ability.
6. I will respect the officials and coaches and their authority during games and will never question, discuss, or confront officials or coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
7. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.
8. I understand playing time is based on performance at practice and sportsmanship.
9. I will not approach the official scorebook or clock operator.
10. I understand that unsportsmanlike behavior will not be permitted, and those who engage in this behavior will be asked to leave the field or gymnasium. Continued poor sportsmanship or a refusal to leave will result in our school forfeiting the game.

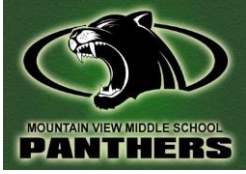
I also agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action that could include, but is not limited to the following:

- Verbal warning by official, head coach, Athletic Director, and or school administrator
- Written warning
- Parental game suspension with written documentation of incident kept on file by the school
- Game forfeit through the official
- Parental season suspension
- Student/athlete dropped from the team

Athlete's Name: _____

Parent/Guardian Signature: _____

*This form must be signed and returned in order for your child to participate in any games for the season.



Mountain View Middle School
Private Driver Transportation
Permission Slip



Dear Parent/Guardian,

All athletes must have a note if they plan to ride to or from a game with anyone other than their parent/guardian. The note must be signed by the parent/guardian, and have a telephone number where the parent can be reached.

Sincerely,

Shannon Angstadt, Principal/Athletic Director

My student, _____, will ride to/home from

the game on _____, with _____.

(Date) (Driver's name)

Parent/Guardian Signature

Phone Number

I release from liability and waive my right to sue Columbia Elementary School District, their employees, officers, volunteers and agents (collectively "District") from any and all claims, including claims of the District's negligence, resulting in any physical injury, illness (including death) or economic loss I may suffer or which may result from my participation in this Activity, travel to and from the Activity (including air travel), or any events incidental to this Activity".