

FREEDOM ELEMENTARY SCHOOL
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.

The mandatory insurance requirement is also extended to students who accompany an athletic team to an extra-mural 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 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 through the school. Enrollment forms are available on the CUSD website.

Janet L. Young, Ed. D.,
District Superintendent

INSURANCE VERIFICATION AND PARENT PERMISSION

This is to verify that my son/daughter _____

STUDENT'S NAME

is covered under _____

NAME OF INSURANCE COMPANY

EXPIRATION DATE

POLICY NUMBER

Benefits in my policy are equal to or broader than those required in the above notice. I give my son/daughter permission to participate in:

NAME OF ACTIVITY. MULTI-SPORT ATHLETES, PLEASE LIST ALL SPORTS FOR THE YEAR

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

DATE

PARENT/GUARDIAN SIGNATURE

FREEDOM ELEMENTARY SCHOOL CODE OF CONDUCT



Freedom Elementary School provides opportunities for 4th, 5th, and 6th grade students to be involved in an athletic program. Our athletes compete in the Clovis East Area League. Our athletic program goals are to teach and develop proficiency in the skills associated with each sport, to develop the personal qualities of self-discipline, team commitment and sportsmanship, and to exhibit school pride.

All students must have apparent permission, insurance verification, and abide by the Freedom Elementary Code of Conduct to participate. The insurance policy may be a family policy or purchased through the school. All teams are coached by Freedom staff members and/or walk-on coaches. Practice times are from 3:05 pm – 4:05 pm. Game schedules and directions to participating schools are located on the Freedom website. Game days are subject to change.

As a participant in Freedom's co-curricular program I recognize that I have assumed certain responsibilities and obligations to the coach/advisor, to the other members of the activity, and to myself. As such, I understand and agree with the requirements of this code of participation.

- I. I must maintain a certain level of scholarship (2.0 GPA and have no academic areas with an "F") and demonstrate satisfactory behavior and citizenship.
- II. I will abide by all practice, meeting, rehearsal, and game schedules for the activities I participate in during the school year. I will attend at least half the practice hours each week in order to be eligible to participate (make-up hours not allowed). I will inform my coach in advance when possible if I am going to miss a practice, meeting, and/or game.
- III. I will participate in the activity with a positive attitude and strive to learn the skills necessary to contribute to the effort of my team and or group.
- IV. I will respect and care for all property and/or equipment issued (A fee will be charged for lost or damaged items.).
- V. I will not quit an activity that I have started. (A one week grace period is allowed from the start of the activity for a student to drop an activity without conditions). After that time, if a student chooses to quit any time before the end of the season, participation points will be rewarded.

Student signature: _____ Date: _____

Parent signature: _____ Date: _____

In case of emergency please contact: _____

1. Name / relationship: _____ Phone: _____

2. Name / relationship: _____ Phone: _____

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



I request that _____ during _____
STUDENT NAME SPORT SEASON: FALL, WINTER, SPRING

sports away games, be released to the custody of myself or any one listed below, after away games, rather than returning to school in the transportation provided by Clovis Unified School District. I have added all persons listed below to the emergency card located at school site office.

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

NAME RELATIONSHIP PHONE

NAME RELATIONSHIP PHONE

NAME RELATIONSHIP PHONE

WAIVER OF CLAIMS:

Waiver of Claims: I agree that once my son/daughter is released to their 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 connections 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: _____

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

FREEDOM ELEMENTARY SCHOOL
TEAM MANAGER
AGREEMENT OF RESPONSIBILITY



A Team Manager is an important part of any team. As a team manager, you are responsible for being the assistant to the coach. Only 4th graders are allowed to be Team Managers. Not only will you receive Block F points, but it also gives you the opportunity to see firsthand, what you can expect when you are able to participate as an athlete. The right team manager can make any school sports program more enjoyable for both the coach and team players and provides a wonderful, life-enriching opportunity for any student.

The following requirements must be met in order to qualify for the position.

- Must be a responsible, 4th Grade student in good standing Eligibility – Meeting the required 2.0 GPA with no academics areas with an “F”, obligations, and behavior criteria. (Teacher signature required)
- Must fill out Insurance Verification/ Code of Conduct Team Manager
- Will receive a team uniform top to wear on game days. To be returned at the end of the season.
- Will attend all practices, games and assist coach in the following areas:
 - o Help coach pass out/collect uniforms
 - o Bring out and put away equipment
 - o Take attendance
 - o Lead the daily conditioning. The first 10 minutes of practice. Both Varsity and JV
 - o Help coach w/ drills
 - o Game Day prep, (fill water bottles, get first aid kit, help set up equipment @ first recess.
 - o Attend away games
 - o Ride the bus to and from away games to assist with equipment. This is very important.

Please sign and return to coach.

I have read the above and I will do my best to follow all the responsibilities of the position as Team Manager.

STUDENT NAME (Print)

SIGNATURE

ROOM #

PARENT NAME (Print)

SIGNATURE

_____ meets all above requirements to hold the position of Team Manager.

Teacher signature: _____