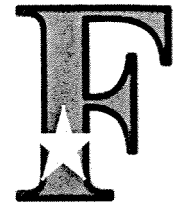


FREEDOM ELEMENTARY SCHOOL  
INSURANCE VERIFICATION FORM



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.

Eimear O'Farrell, Ed. D.  
District Superintendent

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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: \_\_\_\_\_

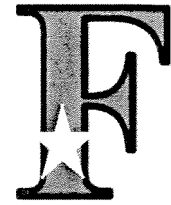
Teacher signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 2016-2017 SPORTS SEASON

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

**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.

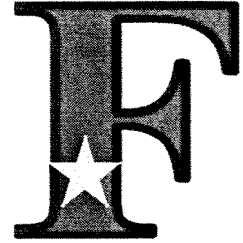
Printed Name (Parent/Guardian): \_\_\_\_\_

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

## 2017-2018 Sports Loan Agreement for Uniform and/or Other Items

Student Name: \_\_\_\_\_

Address/ City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

By signing below, I agree to the loan of Freedom sports uniforms and other items related to sports to the student listed. I agree to see that the uniform and/or sports equipment loaned is properly cared for and maintained. I further agree that this/these item(s) is/are received in good condition unless documented with athletic director. Pursuant to Educational Code Section 48904, in the event that this/these item(s) is/are damaged beyond normal wear and tear, altered, lost, or stolen, I agree that I am financially responsible and will be required to pay Freedom Elementary School of the Clovis Unified School District for the full cost of repairs or replacement. The assessed value and/or damage shall be determined by Freedom Elementary School and/or by the maker of the item(s). I further agree to return this/these item(s) at any time upon request of the school. Uniform pricing and equipment policies on back page.

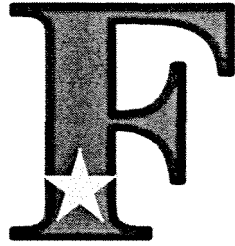
Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Athletic Director: \_\_\_\_\_

Freedom Elementary School Copy  
Parent/Guardian Copy



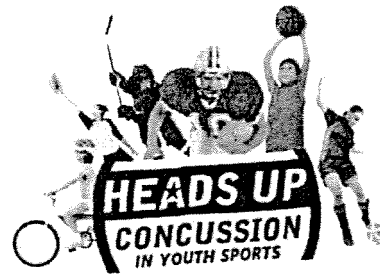
## Freedom Athletics

### Uniform and Equipment Policies

Students and parents/guardians must agree to return uniforms and equipment in the condition they received it. When uniforms and equipment is returned it must be washed and dried according to the instructions, folded, and placed into a plastic bag with the student's first and last name. If the uniform is damaged, student and parent /guardian will be responsible for the cost to replace the uniform and equipment. Students will not be allowed to participate in the next athletic season until the uniform and equipment has been turned in or paid for.

Approximate replacement costs for damaged or lost uniforms and equipment are as follows.

Boys' Basket ball	Girls' Basket ball
Jersey \$45.00	Jersey \$45.00
Shorts \$30.00	Shorts \$30.00
Boys' Volleball	Girls' Volleyball
Jersey \$37.00	Jersey \$35.00
Shorts \$20.00	Shorts \$20.00
Baseball	Softball
Jersey \$50.00	Jersey \$50.00
Pants \$30.00	Shorts \$30.00
Wrestli ng	Cross CountrvLTrack
Singlet \$70.00	Jersey \$25.00
Headgear \$25.00	Shorts \$20.00
Football	
Hel met \$150.00	
Jersey \$50.00	
Belt \$2.00	
Shoulder pads \$75.00	
Pants \$30.00	
Girdle/Pads \$40.00	



# 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?

- Most concussions occur *without* loss of consciousness.  
Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

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	SYMPTOMS REPORTED BY ATHLETES
Appears dazed <i>or</i> stunned	Headache <i>or</i> "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems <i>or</i> dizziness
Is unsure of game, score, <i>or</i> opponent	Double <i>or</i> blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness ( <i>even briefly</i> )	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior; <i>or</i> personality changes	Concentration <i>or</i> memory problems
Can't recall events <i>prior</i> to hit or fall	Confusion
Can't recall events <i>after</i> hit or fall	Just not "feeling right" or "feeling down"

## CONCUSSION DANGER SIGNS

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, 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).

### *Remember*

Concussions affect people differently. While most athletes with a concussion recover and some will have symptoms that last for or even weeks. A more serious concussion can last for months *or* longer.

## 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.

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

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date