

# Wiseburn / Da Vinci Student Athletic Contract



Each student at Wiseburn / Da Vinci Charter Schools (Science, Design & Communications) who wishes to engage in Athletics is required to read and sign the following statement before participating in any after school Athletics program.

To participate, each student must make a commitment to maintain his/her grades, maintain good citizenship, and maintain good attendance and punctuality.

## Academic Requirements: (Also see Article 20 of the CIF Southern Section Blue Book Constitution & Bylaws)

- In order to be eligible to play a sport at Wiseburn / Da Vinci, students must have a **GPA of 2.0** or higher as well as **no current incompletes** in any of his/her classes based on their progress and report cards.
- If any participating student does not maintain his/her grades, he/she will be placed on temporary athletic probation. Failure to improve will result in dismissal from the team.

## Attendance and Punctuality Requirements: (Also see Article 20 of the CIF Southern Section Blue Book Constitution & Bylaws)

- Students must be present in school in order to participate in any after school practice or games.
- Any student with repeated unexcused absences and/or unexcused tardies to school may not be permitted to participate in athletics.
- Any student who has 3 or more unexcused absences from practice may be dismissed from the team.
- Any student who has 4 or more unexcused tardies or absences from practice will be dismissed from the team.

## Citizenship Requirements: (Also see Article 20 of the CIF Southern Section Blue Book Constitution & Bylaws)

- As a representative of Wiseburn / Da Vinci, students are expected to stand above the average high school student, so their citizenship must be reflected by their behavior on and off the field / court.
- Proper language must be used at all times, i.e. cursing is not allowed.
- Any student who is exhibiting poor citizenship in class or outside of class may be dismissed from the team at any time.

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Student Name

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Student Signature

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Date

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Student Email Address

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Students Phone Number

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Parent / Guardian Name

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Parent / Guardian Signature

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Date

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Parent / Guardian Email Address

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Parent / Guardian Phone Number



## Code of Ethics - Athletes

Athletics is an integral part of the school's total educational program. All school activities, curricular and extra-curricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Code of Ethics is presented.

As an athlete, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials and coaches.
3. Respect the integrity and judgment of game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
5. Maintain a high level of safety awareness.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. Win with character, lose with dignity.

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Article 523).

By signing below, both the participating student athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We recognize that under CIF Bylaw 202, there could be penalties for false or fraudulent information.

We also understand that the \_\_\_\_\_ (school/school district name) policy regarding the use of illegal drugs will be enforced for any violations of these rules.

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

\_\_\_\_\_  
Signature of Student Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Caregiver

\_\_\_\_\_  
Date

A copy of this form must be kept on file in the athletic director's office at the local high school on an annual basis and the Principal's Statement of Compliance must be on file at the CIF Southern Section office.



**Wiseburn / Da Vinci Schools**  
**Athlete Uniform & Equipment Contract**

You are being issued the uniform and/or equipment items at no cost to you. You are responsible for the maintenance, laundry and/or care of these items. All uniform items must be kept neat and clean and in good condition at all times.

**REPLACEMENT OF ITEMS**

- In the event of a lost, destroyed or damaged uniform or equipment, you are responsible for the cost of the replacement items.
- In the event of uniform normal wear and tear, items should be exchanged for the replacement items. You will not be charged for the cost of replacing items due to normal wear and tear to uniform items.

**RETURN OF ITEMS**

Upon the completion of the season, the following terms will be applied:

- All uniform or equipment items issued are considered Wiseburn/Da Vinci owned property and must be returned in good and usable condition no later than \_\_\_\_\_.
- If the issued uniform or equipment items are not returned \_\_\_\_\_ or the items are returned damaged and unusable, you will be held accountable for the cost of replacing these items.

**CLEANING OF UNIFORMS**

- All uniform items have noted washing instructions. General instructions are to wash the item in cold water and may be dried under the low heat setting.

*I thoroughly understand the above Agreement and agree to abide by the indicated terms.*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

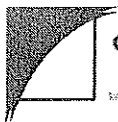
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_





**EMERGENCY INFORMATION CARD  
AUTHORIZATION TO TREAT A MINOR**

I (we) the undersigned parent, parents, or legal guardian of \_\_\_\_\_  
Last Name (please print) First Name

a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical treatment rendered by any member of the medical or emergency room staff licensed under the provisions of the Medicine Practice Act, or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care deemed advisable by the aforementioned physician in the exercise of his best judgment. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that none of the above treatment will be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 258 of the Civil Code of California.

**EMERGENCY INFORMATION**

STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
City State Zip

**MEDICAL INSURANCE PROVIDED BY:**

Insurance Co. \_\_\_\_\_ Subscriber Name \_\_\_\_\_

MediCal / Medicaid \_\_\_\_\_

\_\_\_\_\_  
Signature of Mother/Legal Guardian

\_\_\_\_\_  
Signature of Father/ Legal Guardian

\_\_\_\_\_  
Print name of Mother/Legal Guardian

\_\_\_\_\_  
Print name of Father/ Legal Guardian

**Emergency Contact Phone Numbers**

Mother \_\_\_\_\_  
Home # Cell # Work #

Father \_\_\_\_\_  
Home # Cell # Work #

Other \_\_\_\_\_  
Home # Cell # Work #

DISCLAIMER: This material is for informational purposes only. It is not intended to give specific legal or risk management advice, nor are any suggested checklists or actions plans intended to include or address all possible risk management exposures or solutions. You are encouraged to retain your own expert consultants and legal advisors in order to develop a risk management plan specific to your Charter School.

## ATHLETIC COMPETITION HEALTH SCREENING FORM

Name _____ School _____ Age _____ Grade _____ DOB _____ Sex _____ Health History Parent Guardian Answer "yes" or "no" <div style="text-align: right;">                     Yes    No                 </div>	Family Physician _____ Phone _____ Address _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">Vitals</th> <th style="width: 15%;">Satisfactory</th> <th style="width: 15%;">Physical Evaluation</th> <th style="width: 15%;">Comments</th> <th style="width: 15%;">Recommended Follow-up</th> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">Yes    No</td> <td></td> <td></td> <td></td> </tr> </thead> <tbody> <tr> <td>Ht</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Wt</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>BP</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>General</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Head</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eyes</td> <td></td> <td></td> <td>Acuity</td> <td></td> <td></td> </tr> <tr> <td>Ent</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dental</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Chest</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Heart</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Abdomen</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Genitalia</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Skin</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Extremities</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Back/Neck</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Allergy</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Vitals	Satisfactory	Physical Evaluation	Comments	Recommended Follow-up			Yes    No				Ht						Wt						BP						General						Head						Eyes			Acuity			Ent						Dental						Chest						Heart						Abdomen						Genitalia						Skin						Extremities						Back/Neck						Allergy					
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The above information is current and correct to the best of my knowledge.  Signature of Parent/Guardian _____ Date _____
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