

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

CONSENT TO PARTICIPATE

Athlete's Name: _____ Sport: _____
Address: _____
Home Phone: _____ Cell Phone _____ Work Phone _____
Parent/Guardian Name: _____
Address (if not living with student): _____
In case of emergency, contact: _____ Phone: _____
Please list all allergies and important medical information _____

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**. 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** 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 Lassen View Union Elementary 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

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 Lassen View Union Elementary School District before a student will be allowed to participate in the above extra-curricular activities.

**AUTHORIZATION & CONSENT FOR MEDICAL TREATMENT
AND HEALTH INSURANCE VERIFICATION**

HEALTH INSURANCE:

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.

I have health insurance that meets the requirements under the California Education Code Section 32221.

Athletic Team/Sport: _____

Student's Name: _____

Insured (Subscribers) Name: _____

Insurance Company: _____

Policy/I.D. Number: _____

California Education Code 32221.5: Some students 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.

AUTHORIZATION & CONSENT FOR MEDICAL TREATMENT

In the event of an injury or illness to _____ while participating on the athletic team, I do hereby authorize the Lassen View Union Elementary School District, as agent for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any physician and/or surgeon, whether such diagnosis or treatment is rendered at the office of said physician or at any medical facility.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization shall remain effective through the conclusion of the sport season, including any playoff or championship competition, unless revoked in writing and delivered to said agent.

Parent/Guardian Signature: _____ **Date:** _____

Student Signature (if over 18): _____ **Date:** _____

CONCUSSION AND HEAD INJURY INFORMATION SHEET

Student:	Parent:
School:	Grade:
DOB:	Phone:

Pursuant to Education Code Section 49475, before a student may try-out, practice, or compete in any district-sponsored extracurricular athletic program, excluding physical education courses for credit, the student and parent/legal guardian must review and sign a Concussion and Head Injury Information Sheet. Once signed, this sheet is valid for one academic year (Fall through Spring) and is applicable to all athletic programs in which the student may participate.

IMPORTANT INFORMATION REGARDING CONCUSSIONS

If a student is suspected of sustaining a concussion or head injury during an athletic activity, the student shall be immediately removed from the activity. The student will not be allowed to resume any participation in the activity until he/she has been evaluated by a licensed health care provider who must affirmatively state (1) that he/she has been trained in concussion management and is acting within the scope of his/her licensed medical practice, and (2) the student has been personally evaluated by the health care provider and has received a full medical clearance to resume participation in the activity. By law, there can be no exceptions to this medical clearance requirement.

Depending on the circumstances of a particular practice or game, a supervising referee/umpire or coach/assistant coach may determine that a student should be removed from an activity based on a suspected or potential concussion or head injury. For the safety and protection of the student, once a supervising individual makes a determination that a student must be withdrawn from activity due to the potential existence of a concussion or head injury, no other coach, player, parent, or other involved individual may overrule this determination.

Student-Athlete Signature

Date

Parent/Guardian Signature

Date

Original to be held on file for a period of one (1) year after the end of the academic year

Recognize the Warning Signs & Risk Factors of Sudden Cardiac Arrest (SCA)

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 or performance-enhancing supplements

What is CIF doing to help protect student-athletes?

CIF amended its bylaws to include language that adds SCA training to coach certification and practice and game protocol that empowers coaches to remove from play a student-athlete who exhibits fainting—the number one warning sign of a potential heart condition. 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 are urged to dialogue with student-athletes about their heart health and everyone associated with high school sports should be familiar with the cardiac chain of survival so they are prepared in the event of a cardiac emergency.

I have reviewed and understand the symptoms and warning signs of SCA and the new CIF protocol to incorporate SCA prevention strategies into my student's sports program.

STUDENT-ATHLETE SIGNATURE

PRINT STUDENT-ATHLETE'S NAME

DATE

PARENT/GUARDIAN SIGNATURE

PRINT PARENT/GUARDIAN'S NAME

DATE

For more information about Sudden Cardiac Arrest visit

California Interscholastic Federation
<http://www.cifstate.org>

Eric Paredes Save A Life Foundation:
<http://www.epsavealife.org>

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



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 200,000 cardiac arrests outside hospitals each year, with nine out of 10 resulting in death. Thousands of sudden cardiac arrests occur among youth, as it is the 72 cause of death under 25 and the #1 killer of student athletes during exercise.

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 primary care 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

#1 SYMPTOM OF A HEART CONDITION

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 directions instruct 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.



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.

Early Recognition of Sudden Cardiac Arrest



Collapsed and unresponsive.
Gasping, gurgling, snoring, moaning or labored breathing noises.
Seizure-like activity.

Early Access to 9-1-1



Confirm unresponsiveness.
Call 9-1-1 and follow emergency dispatcher's instructions.
Call any on-site Emergency Responders.

Early CPR



Begin cardiopulmonary resuscitation (CPR) immediately. Hands-only CPR involves fast and continual two-inch chest compressions—about 100 per minute.

Early Defibrillation



Immediately retrieve and use an automated external defibrillator (AED) as soon as possible to restore the heart to its normal rhythm. Mobile AED units have step-by-step instructions for a bystander to use in an emergency situation.

Early Advanced Care



Emergency Medical Services (EMS) Responders begin advanced life support including additional resuscitative measures and transfer to a hospital.

Center for Sudden Cardiac Arrest Research

LASSEN VIEW UNION ELEMENTARY SCHOOL DISTRICT
PRIVATE VEHICLE TRANSPORTATION RELEASE

The undersigned hereby acknowledges and understands that Lassen View Union School district is **NOT** providing transportation to this school sponsored activity and it is the responsibility of the undersigned to arrange for transportation.

****If you do NOT want your child to be transported by anyone other than their parent or guardian, please complete this portion and sign--**

Player Name _____

Parent Signature _____ Date _____

****Only sign one portion based on your preference****

****If your child will be allowed to be transported by a District approved driver, please complete this portion and sign--**

As a parent/legal guardian, I hereby authorize and give permission for my child, _____, to ride as a passenger in a vehicle driven by another student's parent/grandparent or coach.

The undersigned acknowledges that the driver is not driving on behalf of, or as an agent of, Lassen View Union School District. Further, the undersigned understands that the District has not verified the driving record of the driver or the mechanical condition of the vehicle.

It is fully understood that the District is in no way responsible, nor does the District assume liability, for any injuries or losses resulting from this non-district sponsored transportation. Although the district may assist in coordinating the transportation and/or recommend travel time, routes, or caravanning to or from this event, I fully understand that such recommendations are not mandatory.

Parent/Guardian Signature

Date

***Lassen View Union
Elementary School District***

10818 Hwy 99E
Los Molinos, CA 96055
Phone (530) 527-5162 Fax (530) 527-2331

Title IX information

Title IX is a comprehensive federal law that prohibits discrimination on the basis of sex in any federally funded education program or activity. The Lassen View Union Elementary School District and its Board of Education is dedicated to upholding the rules and regulations as they pertain to Title IX. For more information on Title IX including your student's rights, complaint procedures, and statute of limitations, please visit <https://www.justice.gov/crt/overview-title-ix-education-amendments-1972-20-usc-1681-et-seq>.

Lassen View Title IX Coordinator- Gerard Walker (530) 527-5162



*Lassen View Union
Elementary School District*
10818 Hwy 99E
Los Molinos, CA 96055
Phone (530) 527-5162 Fax (530) 527-2331

PRIVATE DRIVER APPLICATION (Volunteers Driving Personal Vehicle)

For School Year 2022/2023

A. PERSONAL USE DRIVER INSTRUCTIONS

Drivers and private vehicles being operated for Lassen View Union Elementary School District purposes must meet or exceed the following guidelines:

1. All drivers must be approved by the school or site administrator.
2. The driver must be at least age 21 to drive for business purposes and age 25 if transporting students, possessing a valid California driver's license, and have been continuously licensed for a minimum of 3 years.
3. Driver must be free of any medical condition that may affect his/her ability to operate a vehicle.
4. No alcohol or drugs will be consumed prior to, or while operating the vehicle.
5. The vehicle will be in excellent condition and repair.
6. The number of passengers shall not exceed the capacity for which the vehicle was designed.
7. No one may transport more than nine passengers plus the driver in any vehicle.
8. All occupants must wear seat belts whenever the vehicle is in motion.
9. All students who are less than 8 years of age or under 4'9" tall must be properly secured in a rear seat, in a child passenger restraint system, meeting applicable federal motor vehicle safety standards.
10. The use of cell phones, walkmans, pagers or other electronic devices while driving is prohibited.
11. Smoking a pipe, cigar or cigarette/electronic cigarette in the vehicle is prohibited.
12. The driver accepts the added responsibility that comes from carrying extra individuals and, therefore, will be conscientious in obeying all driving rules and regulations in accordance with federal, state and local laws. The California Supreme Court has eliminated the protection of the former California Guest Law; therefore, a guest passenger may sue his/her host owner/driver.
13. The driver must provide a MVR (Motor Vehicle Report / Driver Record) dated within 30 days of this application and have an acceptable driving record as determined by the Lassen View Union Elementary School District policy. The Lassen View Union Elementary School District reserves the right to require a current H6 Motor Vehicle Report (10 year MVR) and/or accident reports for determination of driver eligibility.
14. Driver must have an automobile liability insurance policy and assume all responsibility for all physical damage to the vehicle. When driving a personal vehicle while on Lassen View Union Elementary School District business and involved in an accident, by law your liability insurance policy is used first. The Lassen View Union Elementary School District liability policy would be used only after your policy limits have been exceeded.

Minimum liability limits of insurance required are:

Bodily Injury	<u>\$100,000 each person; \$300,000 each occurrence</u>
Property Damage	<u>\$ 50,000 each occurrence</u>

or

Combined Single Limit	<u>\$300,000 each occurrence</u>
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15. If the above conditions change and/or cannot be met, I will no longer participate as a driver until the requirements can be met.

B. DRIVER INFORMATION
 Driver Name _____ Date of Birth _____
 Address _____ License # _____
 _____ Expiration Date _____
 Home Phone _____ Cell Phone _____

C. VEHICLE INFORMATION
 Make & Model _____ Vehicle Year _____
 Registered Owner Name _____ License Plate No. _____
 Number of Seatbelts _____ Registration Expiration Date _____
 Number of Booster/Child Restraint Seats, if applicable _____

D. INSURANCE FOR VEHICLE LISTED ABOVE
 Insurance Company _____ Policy No.: _____
 Expiration Date of Policy _____
 Bodily Injury Limit \$ _____ each person and \$ _____ each occurrence
 Property Damage Limit \$ _____ each occurrence
 ~OR~
 Bodily Injury and Property Damage Liability, Combined Single Limit \$ _____ each occurrence

E. DRIVING RECORD
 1. Have you had a valid California Driver's License during the past 3 years? Yes No
 2. Age when first licensed? _____
 3. Based on the Driving Record Table below, does your driving record meet the criteria of an "**Acceptable Driver**"? Yes No

Minor Violations (within past 3 Years) include any moving violation that is not a major/serious violation as shown in this Table. (Examples of minor violations include, but are not limited to speeding, failure to yield, illegal passing, stop sign/light violation, improper turn, following too close, any other moving violation where DMV points are assessed).

Number of Minor Violations Within Last 3 Years	Number of At-Fault Accidents Within Last 3 Years			
	0	1	2	3 or more
0	Acceptable	Acceptable	Borderline	Unacceptable
1	Acceptable	Acceptable	Borderline	Unacceptable
2	Acceptable	Borderline	Unacceptable	Unacceptable
3 or more	Unacceptable	Unacceptable	Unacceptable	Unacceptable

License Suspension or Revocation (within past 3 Years)	Unacceptable
Major/Serious Violations (within past 5 Years)	Unacceptable
<ul style="list-style-type: none"> • Failure to stop in the event of an accident (Hit and Run) • Driving under the influence of alcohol or drugs or with open container • Refusing to take a substance/chemical test • More than one dismissal of a conviction relating to controlled substances • Reckless/Careless Driving • Homicide or Manslaughter or using vehicle in connection with a felony • Evading a Peace Officer or resisting arrest • Driving the wrong way or in the incorrect lane on a divided highway • Driving in excess of 100 mph • Racing/Speed contests • Passing a stopped school bus 	

F. ATTACH
 1. Copy of Drivers License
 2. Copy of Current Auto Insurance Policy or Auto ID Card
 3. MVR (Motor Vehicle Record / Driver Record) dated within past 30 days.
<https://www.dmv.ca.gov/portal/dmv/detail/online/dr>

G. DRIVER ACKNOWLEDGEMENT

I certify the above information is correct and agree to advise the Lassen View Union Elementary School District, in writing, of any changes in the above information. I have read and understand the Personal Use Driver Instructions.

Print Driver Name _____ Driver Signature _____
Date _____

H. ACKNOWLEDGEMENT BY REGISTERED OWNER:

As the registered owner, I certify the above insurance information is correct. I understand I must have liability insurance coverage in force and agree to advise the Lassen View Union Elementary School District, in writing, of any changes in the above information. I further certify that to the best of my knowledge, the above vehicle is mechanically safe. If an accident occurs, my auto liability policy is primary and used first for losses or claims for damage. The Lassen View Union Elementary School District does not cover, nor is it responsible for, comprehensive and collision (physical damage) coverage to my vehicle.

Print Registered Owner Name _____ Date _____
Owner's or Authorized Representative Signature _____
Authorized Driver's Name (if different from registered owner) _____

For District Use Only:

Approved Driver and Vehicle: _____
(Designated District Official)
Date: _____