



# High School Athletic Packet

**Items that need to be turned into Mr. Menke or Mrs. Cordova**

- |  |   |
|--|---|
| <input type="checkbox"/> Current Sports Physical                   | <input type="checkbox"/> Emergency Contact Form |
| <input type="checkbox"/> Vanguard Athletic Guidelines              | <input type="checkbox"/> Sports Fee             |
| <input type="checkbox"/> Student & Parent Guardian Code of Conduct | <input type="checkbox"/> Media Release Form     |
| <input type="checkbox"/> Covid Liability Waiver                    |   |

All items need to be turned in by: \_\_\_\_\_

**Athletic Directors:**

**Athletic Director: Mr. Menke- [jmenke@vanguardclassical.org](mailto:jmenke@vanguardclassical.org)**  
**Co- Athletic Director: Ms. Cordova- [vcordova@vanguardclassical.org](mailto:vcordova@vanguardclassical.org)**





## Parent & Student Athletic Participation Guidelines

One major objective of athletics is to instill the idea of *commitment* and *responsibility* in our student-athletes. Both athletes and parents should take into consideration the time demands and responsibilities involved before committing to a sport.

Therefore, students and parents are required to read, sign, and follow the requirements set forth below.

- Grade checks for eligibility will be made on Monday by the Athletic Directors, a student is ineligible because he/she **has two F's**.
  - **HS Eligibility Process:** Grades will be checked Monday afternoon, any athletes that are ineligible will have until Wednesday that week to raise their grades. If the student is still ineligible, they will be unable to participate in the following week's games. During the time of ineligibility, athletes are required to attend the after school study hall in the Media Center from 3:30 - 4:45 pm.
- Athletes shall conduct themselves with courtesy, discipline, and sportsmanship both on and off the athletic fields/courts and shall recognize that their behavior is a reflection of Vanguard. **Players receiving 2 discipline referrals within the season will sit out the following game, if additional 2 detentions are received, the athlete will sit out another game.**
- Athletes who are not picked up by a parent/guardian (or other adult designated by the player's parent or guardian) within **15 minutes after the end of athletic events (practices, home/away games) MORE THAN TWO TIMES**, the athletes may face being benched for games.
- Coaches can drive athletes to away games. Coaches have been trained to drive a district Activity Bus.
- If there are not enough players, **the game will be forfeited** (Cross Country and Track are considered individual and team activities). Cross Country allows up to 7 runners for varsity per gender and track does not have a set number for a team.
- As both a player and a student of Vanguard Classical School, all athletes will be on their best behavior for both home and away games. These sports games are a school-sanctioned event. This means, as employees of the school, faculty chaperones, and faculty of opposing schools are authorized and expected to enforce Board approved policies. Everything and anything you do is a reflection of our school and community, so please make us proud by making good decisions.
- All students must be checked out by a parent/guardian at each game before being picked up. This alleviates any issues or miscommunication between coaches and parents.
- Athletes are required to pay sport dues, turn in all required forms (code of conduct & liability, Participation Contract), and complete a physical in order to participate in any Vanguard Sports.
  - High Sports Fee: \$75.00 for each sport**
  - Any Free and Reduced Students will need to provide their confirmation sheet and then their sports fees will be waived. •<https://www.payschoolscentral.com/>

*I have read the foregoing information and agree to the terms stated above.*

Athlete's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Emergency Contact Form

## Student Information:

Student-Athletes Name: \_\_\_\_\_

This information can be extremely important in the event of an accident or medical emergency. Please complete all fields below.

Emergency Contact Name (1): \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency Contact Phone (DAY): \_\_\_\_\_

Emergency Contact Phone (Evening): \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_

Emergency Contact Name (2): \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency Contact Phone (DAY): \_\_\_\_\_

Emergency Contact Phone (Evening): \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_

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

Your Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

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

Please also notes any current health conditions or injuries:

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## SECTION 4 - CODE OF CONDUCT

### STUDENT-ATHLETE CODE OF CONDUCT

- I accept responsibility for my behavior on and off the field. I understand that what I do and say affects my teammates, my school, and other people either positively or negatively.
- I lead courageously and live with integrity by speaking up against injustice and on behalf of others when it is hard or unpopular.
- I act with respect toward myself and the people and things around me, including my parents, my coaches, my teammates, my teachers, my opponents, and the spectators.
- I do not put judge people according to their race, sex, religion, neighborhood, sexual orientation, or abilities. I judge people by the content of their character.
- I act with empathy. I try to understand what is going on in the hearts and minds of others and what is causing those feelings so that I can be supportive and encouraging. I ask, "How can I help you?"
- I serve as a role model at all times by talking politely and acting courteously toward coaches, teammates, opponents, officials, and spectators. I understand that it is a privilege to represent my family, school, and community as a student-athlete
- I give 100 percent effort to practices, games, and events. I understand that this effort demonstrated my commitment to the team and my respect for my coaches and teammates.
- I display good sportsmanship. I acknowledge and applaud the efforts of others. I encourage my teammates with positive statements. I refrain from boasting to my teammates and "trash-talking" to members of other teams. I accept defeat graciously by congratulating my opponents on a game well played.

*Because I represent my family, my school, my team, and my community, I abide by the policies, rules, and guidelines of the school, team, and coaches.*

Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## PARENT/GUARDIAN CODE OF CONDUCT

- Understand and endorse the purpose of our program: *to help boys and girls become men and women of empathy and integrity who will lead, be responsible, and change the world for good.*
- Support coaches by applauding behavior in your child and his or her teammates that demonstrate characteristics of empathy, integrity, sacrifice, and responsibility.
- Acknowledge and appreciate players' growth toward maturity and their effort toward establishing stronger relationships with teammates, coaches, and themselves
- Affirm your child and his or her teammates when good character, healthy sportsmanship, and other-centered behavior are displayed. Do not affirm only your child's athletic performance or a victory.
- Serve as role models for our athletes, talking politely and acting courteously towards coaches, officials, other parents, visiting team parents, and spectators.
- Model good sportsmanship. Acknowledge and applaud the efforts of our teams as well as our opponents. Accept defeat graciously by congratulating the members of the opposing team on a game well played. Support the team regardless of how much or how little your son or daughter plays or what the win-loss record is.
- Encourage your child and his or her teammates with positive statements, even when they make mistakes.
- Refrain from boasting about your child's accomplishments
- When problems or questions arise, please have your son or daughter present the problem to their coach. We want players to develop self-advocacy and responsibility. Please don't intervene on their behalf as you are stunting their growth as a person. After meeting with the coach, if the issue requires more clarity, please contact the athletic director.

*Because I am a parent with the power and platform to make a positive difference in the life of every player, I commit to this code of conduct. When failing to live up to these standards, I will allow for accountability and take responsibility for my actions.*

Athletes Name: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

## PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ ( _____ / _____ )	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only)*		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic*		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

\*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.  
\*Consider GU exam if in private setting. Having third party present is recommended.  
\*Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_
- Not cleared
- Pending further evaluation
  - For any sports
  - For certain sports \_\_\_\_\_
- Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Signature of physician \_\_\_\_\_ MD or DO





**SPECIAL NOTICE / MEDIA RELEASE**  
**2021-2022**

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

The Family Education Rights and Privacy Act (FERPA), a federal law, requires that Vanguard Classical School, with certain expectations, obtain your written consent prior to the disclosure of personally identifiable information from your child's educational records. The school has the option, to release a student's name, date and place of birth, grade, address, phone number, participation in officially recognized activities and sports, email address, photograph, honors and awards received, parents/guardians name, and last school attended to other parents or organizations without written consent. A parent not desiring to have this information released on their child(ren) must make that fact known in writing to the school. Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside school organizations without a parent's prior written consent.

Please initial **ONE (1)** of the following preferences below for your child\*:

\_\_\_\_\_ I give permission for my child to be photographed and/or filmed for use in school publications, including, but not limited to, publications via website or technological publication, video, newspaper, radio, television, marketing purposes and yearbook.

\_\_\_\_\_ I give my permission for my student's image to be used **ONLY** for yearbook purposes.

\_\_\_\_\_ I **DO NOT** give permission for my child to be photographed and/or filmed for use in school publications, including, but not limited to, publications via website or technological publication, video, newspaper, radio, television, marketing purposes and yearbook.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please note: Signed forms not returned will be deemed as an opt in to include photos/film of your child in school publications.



### Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown, and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life threatening illness and even death.

Vanguard Classical School cannot prevent you or your child(ren) from becoming exposed to, contracting, or spreading COVID-19 while participating in District programs or programs taking place on District property. It is not possible to prevent against the presence of the disease. Therefore, if you choose to participate in school programs or activities you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

**ASSUMPTION OF RISK:** I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my children in order for me or my child[ren] to participate. I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to participate.

**WAIVER OF LAWSUIT/LIABILITY:** I hereby forever release and waive my right to bring suit against Vanguard Classical School and its officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing participation in such activities. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

**CONSENT TO MANDATORY COVID 19 TESTING:** As a condition to participation the student shall be tested for COVID 19 pursuant to a regular schedule established by Vanguard Classical School. The test shall be made available at no cost to the student. Failure to submit to testing as part of participation in the activity or a positive test shall preclude the student from further participation until a valid negative test has been completed.

**I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:**

Athlete Signature: \_\_\_\_\_

Athlete Name (printed): \_\_\_\_\_

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

Parent Signature: \_\_\_\_\_

Parent Name (printed): \_\_\_\_\_

## Exención de Responsabilidad en relación al Coronavirus/COVID-19

El nuevo coronavirus, COVID-19, ha sido declarado pandemia mundial por la Organización Mundial de la Salud. Se informa que COVID-19 es extremadamente contagioso. El estado del conocimiento médico está evolucionando, pero se cree que el virus se propaga por contacto de persona a persona y / o por contacto con superficies y objetos contaminados, e incluso posiblemente en el aire. Según los informes, las personas pueden estar infectadas y no mostrar síntomas y, por lo tanto, propagar la enfermedad. Se desconocen los métodos exactos de propagación y contracción, y no se conoce un tratamiento, cura o vacuna para COVID-19. La evidencia ha demostrado que COVID-19 puede causar enfermedades graves y potencialmente mortales e incluso la muerte.

Vanguard Classical School no puede evitar que usted o su (s) hijo (s) se expongan, contraigan o propaguen COVID-19 mientras participan en programas del Distrito o programas que tienen lugar en la propiedad del Distrito. No es posible prevenir la presencia de la enfermedad. Por lo tanto, si elige participar en programas o actividades escolares, es posible que se exponga y / o aumente su riesgo de contraer o propagar COVID-19

**ASUNCIÓN DE RIESGO:** He leído y entendido la advertencia anterior sobre COVID-19. Por la presente, elijo aceptar el riesgo de contraer COVID-19 para mí y / o mis hijos para que yo o mis hijos podamos participar. Acepto el riesgo de estar expuesto, contraer y / o contagiar COVID-19 para poder participar.

**EXENCIÓN DE RESPONSABILIDAD/RENUNCIA AL DERECHO DE DEMANDAR:** Por la presente libero para siempre y renuncio a mi derecho a entablar una demanda contra Vanguard Classical School y sus funcionarios, directores, gerentes, funcionarios, fideicomisarios, agentes, empleados u otros representantes en relación con la exposición, infección y / o propagación de COVID-19 relacionada con la utilización de la participación en tales actividades. Entiendo que esta renuncia significa que renuncio a mi derecho a presentar cualquier reclamo, incluso por lesiones personales, muerte, enfermedad o pérdidas de propiedad, o cualquier otra pérdida, que incluye, entre otros, reclamos por negligencia y renuncio a cualquier reclamo que pueda tener que presentar. daños, conocidos o desconocidos, previstos o imprevistos.

**CONSENTIMIENTO A LA PRUEBA OBLIGATORIA DEL COVID-19:** Como condición para la participación, el estudiante deberá ser evaluado para COVID 19 de acuerdo con un horario regular establecido por Vanguard Classical School. La prueba estará disponible sin costo para el estudiante. El no someterse a la prueba como parte de la participación en la actividad o una prueba positiva impedirá que el estudiante continúe participando hasta que se haya completado una prueba negativa válida.

**HE LEÍDO DETENIDAMENTE Y COMPRENDO PLENAMENTE TODAS LAS DISPOSICIONES DE ESTA RENUNCIA. DE MANERA LIBRE Y CONSCIENTE ASUMO EL RIESGO Y RENUNCIO A MIS DERECHOS RELACIONADOS CON LA RESPONSABILIDAD LEGAL SEGÚN LO QUE SE HA DESCRITO ANTERIORMENTE:**

Firma del atleta: \_\_\_\_\_

Nombre del atleta (impreso): \_\_\_\_\_

Soy el padre o tutor legal del menor mencionado anteriormente. Tengo el derecho legal de dar mi consentimiento y, al firmar a continuación, doy mi consentimiento a los términos y condiciones de este comunicado.

Firma de los padres/tutores: \_\_\_\_\_

Nombre del padre/tutor (impreso): \_\_\_\_\_