



Middle School Athletic Packet

Items that need to be turned into Mrs. Cordova

- Current Sports Physical
- Vanguard Athletic Guidelines
- Emergency Contact Form
- Media Release
- Denver Metro League Paperwork
- Sports Fee
- COVID Waiver

All items need to be turned in by: _____

Athletic Director:

Mrs. Cordova- vcordova@vanguardclassical.org

Mr. Menke- jmenke@vanguardclassical.org

Sport of choice: _____

Athlete Name: _____



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.

1. Grade checks for eligibility will be made on Monday by the Athletic Directors, a student is ineligible because he/she **has two F's**.
 - **MS Eligibility Process:** Grades will be checked Monday afternoon, any athletes that are ineligible will have until Friday 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 - 4:30 pm.
2. 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.**
3. COVID Protocols require that all athletes who are 12 years and older and are not vaccinated will need to be COVID tested. They must present a negative test result in order to play in that week's game.
4. 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.
5. Coaches will not drive athletes to the games in their personal vehicles. If there are not enough players, **the game will be forfeited.**
6. 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.
7. 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.
8. 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. All fees must be paid in order to practice and play.
 - a. **Middle School Sports Fee: \$60.00**
 - b. Any Free and Reduced Students, their sports fees will be waived or discounted

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:

Denver Metro League

Code of Conduct

Spectators/Parents

- Appropriate behavior is expected at all times.
- Cheer for your kid and your team
- Be respectful to the officials. They are people too.
- Please be considerate and respectful to the facilities and abide by their rules.

*Each individual school reserves the right to eject any spectators whose conduct is detrimental to good sportsmanship.

Expectations of Student Participants

- Treat opponents with respect
- Respect judgment of contest officials, abide by the rules of the contest, and display no behavior that could incite fans.
- Cooperate with officials, coaches, and fellow participants to conduct a fair contest.
- Accept the responsibility and privilege of representing your school and community; display positive public action at all times.
- Live up to high standards of sportsmanship established by the league.

Expectations of Coaches

- Always set a good example for participants and fans to follow, exemplifying the highest moral standards.
- Instruct participants in proper sportsmanship responsibilities and demand that they make sportsmanship the first priority.
- Respect judgment of contest officials, abide by the rules of the event and display no behavior that could excite fans.
- Treat opposing coaches, participants and fans with respect. Shake hands with officials and opposing coaches in public.
- Develop and enforce penalties for participants who do not abide by sportsmanship standards.

Code of Conduct Agreement

I/We have received and read the Denver Metro League Code of Conduct. I understand the Rules, Regulations, and Policies and promise to give my full commitment to the athletics program.

Parent/Guardian Name: _____ Signature: _____

Student Athlete Name: _____ Signature: _____

Liability Waiver and Permission

1. ACKNOWLEDGMENT AND ASSUMPTION OF RISK. I understand that any and all DML activities may be hazardous and may result in severe injury, loss, damage, or death. I understand that, depending on their nature, DML activities may involve inherent, serious risks, and dangers that are impossible to predict, including but not limited to slippery or steep terrain, lightning, cold weather, dangerous water, equipment malfunction or failure, travel by motor vehicles, acts or omissions by DML, its employees, agents, volunteers, and/or others. I understand and have considered and evaluated the nature, scope and extent of the risks involved, and I voluntarily and freely choose to assume such risks.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

2. RELEASE FROM LIABILITY. I fully and forever release and discharge DML, its employees, agents, volunteers, instructors, donors, or potential donors, members, guides, officers, directors, representatives, owners or operators of DML from any and all injuries, of or to me, my property, or any other person, directly or indirectly arising out of or in connection with my participation in or attendance at any DML activity, including transportation related to DML activities.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Exención de responsabilidad civil y permiso

Mi hijo desea participar en deportes organizados por las Escuelas Preparatorias STRIVE (DML), incluidos los empleados, voluntarios, y/u otros. A cambio de la capacidad de participar en esta actividad, por mi/nuestra firma en este niño/a nosotros mismos y mis/nuestros herederos, inmobiliarias, aseguradoras, sucesores y cesionarios de la siguiente manera:

1. RECONOCIMIENTO Y ACEPTACIÓN DE RIESGO. Yo entiendo que cualquiera y todas las actividades de DML pueden ser peligrosos y pueden causar lesiones graves, pérdida, daño o la muerte. Entiendo que, dependiendo de su naturaleza, las actividades de DML pueden implicar riesgos serios e inherentes y peligros que son imposibles de predecir, incluyendo pero no limitado a terrenos resbaladizos o empinados, relámpagos, tiempo frío, aguas peligrosas, mal funcionamiento del equipo o averías totales, los viajes en vehículos de motor, actos u omisiones por parte de DML, sus empleados, agentes, voluntarios, y / u otros. Entiendo y he considerado y evaluado la naturaleza, el alcance y la magnitud de los riesgos implicados, y yo voluntariamente y libremente elijo asumir tales riesgos.

Firma del estudiante: _____ Fecha: _____

Firma del padre: _____ Fecha: _____

2. EXONERACIÓN de responsabilidad. Yo totalmente y para siempre descargo y libero a DML, sus empleados, agentes, voluntarios, instructores, donantes o posibles donantes, miembros, guías, funcionarios, directores, representantes, propietarios u operadores de DML de cualquier y todas las lesiones, para mi, mi propiedad, o cualquier otra persona, directa o indirectamente derivados de o en conexión con mi participación o asistencia a cualquier actividad de DML, incluyendo el transporte relacionado con las actividades de DML.

Firma del estudiante: _____ Fecha: _____

Firma del padre: _____ Fecha: _____



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.

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
MEDICAL		Vision R 20/	L 20/
		Corrected <input type="checkbox"/> Y <input type="checkbox"/> N	
		NORMAL	ABNORMAL FINDINGS
Appearance			
• Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperextaity, 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

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): _____