

SUMMIT PUBLIC SCHOOLS K2
2016-2017 ATHLETICS DEPARTMENT



Dear Families,

Thank you for your interest and participation in Summit Public Schools K2. The 2016-2017 athletics program at Summit K2 would like to welcome the following sports to our community:

Fall Season

- o Volleyball (girls - competitive and recreational)
- o Outdoor U16 CO-ED Soccer (boys and girls)
- o Spirit/Cheer Team (boys and girls)

Winter Season

- o Basketball (boys and girls)
- o Spirit/Cheer Team (boys and girls)
- o Indoor Futsal (boys and girls)

Spring Season

- o Outdoor Soccer (boys and girls)
- o Boxing Skills and Techniques (boys and girls)

All students must complete the entire athletic form packet along with a copy of the student's current medical clearance before participating in any sports. If your family did not receive forms or received an incomplete packet, please visit our website for another copy: <http://k2.summitps.org/> Please note that a complete packet requires a physical clearance from a doctor.

***All athletes must return the completed packet including physical/clearance to the school before participating in sports directly to:

**Summit Public School K2
Attn: Athletics Department
1800 Elm Street
El Cerrito, CA 94530**

Currently, we are still looking for coaches for some of our teams including:

- Runners Club

If you would like to coach, please send an email to summitK2athletics@gmail.com

If you have any additional questions or concerns, please contact Keith Seales (415) 573-6602 or Kristina Shapona at (510) 381-2874 or email at summitK2athletics@gmail.com.

Thank you,
Keith Seales and Kristina Shapona



SUMMIT PUBLIC SCHOOLS K2
2016-2017 ATHLETICS DEPARTMENT

Athletic Director

DONATION AND FUNDRAISERS

DONATIONS

Our sports program relies mostly on contributions to pay for coaches, uniforms, league fees, tournament entry fees, clinics, workshops, gym upkeep, equipment and end of season celebrations. With your generous contributions of \$150 per child per sport, we would be able to meet our budget and keep the programs operating. If you would like to contribute more, we thank you for your generosity.

Please make your check made payable to **Summit Public School K2** and turned into the main office. Thank you for making the sports program at Summit K2 possible!

Go DRAGONS!

Summit Athletic Committee

PLEASE TURN IN YOUR CONTRIBUTION WITH YOUR SPORTS PACKET ATTACHED.

Additional copies of this packet can be requested by contacting summitK2athletics@gmail.com

Print Parent's Name _____

Student Athlete Name: _____ Grade _____

Sport(s) _____

Number of Sports This Year _____ x \$150 per sport = _____

Other Donation \$ _____

TOTAL AMOUNT ENCLOSED: \$ _____



SUMMIT PUBLIC SCHOOLS K2
2016-2017 ATHLETICS DEPARTMENT
PARENT VOLUNTEER FORM

Parents of all student-athletes are required to participate in a minimum of three (3) volunteer events for each of the student's sport team(s). Volunteer participation will count towards your Summit K2 volunteer required hours. Please let us know which of the following you or your family can assist in (*select one or more*):

_____ Liaison to Summit Public Schools Athletics – The parent(s) agrees to attend bi-monthly Summit Athletic meetings and give regular meeting updates to coach.

_____ Work in Home Game Concession Booth (Participation in home game bake-sales or concession stands) – The parent(s) agrees to work in the concession booth. (EACH TEAM IS REQUIRED TO RUN HOME CONCESSIONS STANDS FOR ALL HOME GAMES).

_____ Team Fundraising Coordinator – The parent(s) agrees to facilitate fundraising efforts for the team. This parent will work with the coach to determine what fundraising is needed. (EACH TEAM IS REQUIRED TO HAVE AT LEAST ONE FUNDRAISING COORDINATOR). There is potential for CAL and SF GIANTS CONCESSION STAND fundraising, see the Athletic Director for more information.

_____ Bake-sale donations- The parent(s) donate home baked items, store bought items, refreshments, and/or items to sell.

_____ Team Parent - The parent(s) agrees to facilitate communication between the coach, students, parents and actively updates TEAMSnap information.

_____ Team Photographer

_____ Head Coach

_____ Coordinate Team Donations Collections

_____ Assistant Coach

_____ Coordinate Post-Game Team Refreshments

_____ Score Board Duties

_____ Gym Floor and Bleacher Cleanup Team

Student-Athlete Name: _____

Summit K2 Sport(s): _____

Parent Volunteer Name: _____

Parent Volunteer Name: _____

Phone(s): _____

Preferred Email (print clearly): _____



SUMMIT PUBLIC SCHOOLS K2
2016-2017 ATHLETICS DEPARTMENT
EMERGENCY CONTACT FORM:

Student-Athlete Name: _____

Student-Athlete Date of Birth: _____ Age: _____

Student-Athlete Address: _____

Student-Athlete City/State/Zip: _____

Student-Athlete Cell #: _____ Receive texts: Yes or No

***If the event of an emergency, do you authorize school authorities, including its coaches/assistant coaches, to obtain medical aid or ambulance services at your expense?

YES _____ NO _____

If you do not authorize such treatment, please indicate instructions: (without specific instructions the answer to the above question will be YES regardless of what is marked)

Student-Athlete Health Insurance: _____ Policy #: _____

Student-Athlete **Allergies (PCN, Bee Sting, etc.):** _____

Student-Athlete Medical Conditions: _____

Student-Athlete Medications: _____

*****A copy of the student athlete medication instructions should be on file in the main office along with the medication. Please verify the expiration date of the medication on file.**

PARENTS/GUARDIAN Names: _____

Email for PARENTS: _____

PARENTS Home #: _____

PARENTS Work #: _____

PARENT'S Cell #: _____

If parent(s) cannot be reached, contact: _____



SUMMIT PUBLIC SCHOOLS K2
2016-2017 ATHLETICS DEPARTMENT

PARENT CONSENT FOR PARTICIPATION AND TREATMENT

I hereby give my consent for the above named student to participate in the athletic program at Summit Public School: K2. In the case this student is injured, you are authorized to have her/him treated. I/we realize emergency medical personnel will be called when deemed necessary.

I give _____ permission to participate in ALL athletic activities at Summit Public School K2 for the 2016-17 year at the discretion of the school administration.

IF MY CHILD OR WARD IS **NOT** ALLOWED TO PARTICIPATE IN A SPECIFIC ATHLETIC ACTIVITY, I HAVE PRINTED THAT **PROHIBITED** ATHLETIC ACTIVITY AT THE BOTTOM OF THIS FORM.

I am aware of the fact and agree that Summit Public School K2 and its coaches/assistant coaches/volunteers are in no way responsible for any injuries that my child or ward might incur as a result of such participation.

Parent's or Guardian's signature _____

WARNING: PLEASE BE ADVISED THAT, BY THEIR NATURE, SPORTS/ATHLETIC ACTIVITIES CAN BE A DANGEROUS ACTIVITY THAT COULD RESULT IN A SERIOUS INJURY, OR IN AN EXTREME CASE, DEATH.

California law requires each athletic team member to have at least \$1,500 of medical and hospital insurance to cover a student for bodily injury while engaged in, training for, and being transported to or from an athletic event under school or student organization sponsorship. This is to confirm that the insurance in force on the above student meets or exceeds the requirements outlined above.

I hereby grant permission for my son/daughter to travel in a private vehicle to and from all athletic activities. I understand that Summit K2 Public School does not support students transporting other students to and/or from athletic events. I have advised my child or ward of such policy and not to ride with or drive other students to and/or from athletic activities. In the event my child disobeys this policy, I take full responsibility for the actions of my child or ward and will hold harmless Summit K2 Public School, its officers, directors, agents, employees, coaches, assistant coaches, volunteers, and servants from any damage caused thereby.

I shall indemnify and hold harmless Summit K2 Public School, its officers, directors, agents, employees, coaches, assistant coaches, volunteers, and servants from all claims, suits, or actions of every name, kind, and description, brought for, or on account of, injuries to or death of any person or damage to property resulting from the performance of any activity permitted or required by this agreement.

Parent's or Guardian's signature _____



SUMMIT PUBLIC SCHOOLS K2
2016-2017 ATHLETICS DEPARTMENT

INSURANCE: REQUIRED

Student must have medical minimum set by the State of California. The above-named student has the following insurance, which covers her/him: (Please indicate which insurance and write the policy #)

If your student does not have insurance, please visit www.coveredca.com. If you need additional assistance, the Covered California website has a directory of people who are able to assist you in finding coverage.

Medical Insurance Carrier Name _____ Policy # _____

Parent's or Guardian's Initials _____ Student Athlete's Initials _____

ATHLETIC INJURY WARNING WAIVER

Participation in competitive athletics may result in severe injury, including paralysis or death. Changes in rules, improved conditioning, and improvements in equipment have reduced these risks. It is impossible to totally eliminate such occurrences from athletics. Students will be instructed in proper techniques to be used in athletics competition and in the proper utilization of all equipment worn or 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 or supervision will totally eliminate all risks of injury. By granting permission for your daughter/son/guardian to participate in athletic competition, you, the parent/guardian, acknowledge that such risk exists.

Parent's or Guardian's Initials _____ Student Athlete's Initials _____

MEDIA RELEASE

Summit Public Schools is proud of the work of its students and may wish to showcase this work on the District or School web pages. However, student home addresses and home phone numbers will NEVER be posted on web pages.

Throughout the school year, staff members or members of the media may come to our classrooms or to school events to photograph students for district publication, video, displays, websites, new stories or other such purposes. Your son/daughter may also appear in a photograph, school/district TV channel and video, have their voice recorded for radio or have their name in a news article.

In order to verify that you have been notified of these possible activities and to ensure that we know your preference should your son/daughter be published, televised, recorded or photographed, please complete this form and return it to your school office. Thank you for your cooperation.

Please check one of the below:

- ☐ I have reviewed this information and give permission to have my son/daughter included in any or all of the activities mentioned above.
- ☐ I have reviewed this information and refuse permission to allow my son/daughter to be included in any of the activities mentioned above.

Parent's or Guardian's Initials _____ Student Athlete's Initials _____

SUMMIT PUBLIC SCHOOLS K2
2016-2017 ATHLETICS DEPARTMENT



CONCUSSION INFORMATION SHEET

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | | |
|--|---------------------------------|-----------------------------------|
| - Headaches | - “Pressure in head” | - “Pressure in head” |
| - Nausea or vomiting | - Balance problems | - Neck pain |
| - Blurred, double, or fuzzy vision | - Sensitivity to light or noise | - Feeling sluggish or slowed down |
| - Feeling foggy or groggy | - Drowsiness or dizziness | - Change in sleep patterns |
| - Amnesia | - “Don’t feel right” | - Fatigue or low energy |
| - Sadness | - Nervousness or anxiety | - Irritability |
| - More emotional | - Confusion | - Concentration or memory |
| - Repeating the same question or comments problems | | |

Signs observed by teammates, parents and coaches include:

- | | | |
|---|---|-----------------------------|
| - Appears dazed | - Vacant facial expression | - Confused about assignment |
| - Forgets plays | - Answers questions slowly | - Slurred speech |
| - Can’t recall events prior to hit | - Moves clumsily or is not coordinated | |
| - Seizures or convulsions | - Is unsure of game, score, or opponent | |
| - Loses consciousness | - Shows behavior or personality changes | |
| - Any change in typical behavior or personality | | |

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.



SUMMIT PUBLIC SCHOOLS K2
2016-2017 ATHLETICS DEPARTMENT

CONCUSSION INFORMATION SHEET CONTINUED

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years.

CIF Bylaw 313.CONCUSSION PROTOCOL

A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time for the remainder of the day. A student-athlete who has been removed from play may not return to play until the athlete is evaluated by a licensed health care provider trained in education and management of concussion and receives written clearance to return to play from that health care provider.

(Approved May 2010 Federated Council)

Q: What is meant by "licensed health care provider"?

A: The "scope of practice" for licensed health care providers and medical professionals is defined by California state statutes. This scope of practice will limit the evaluation to a medical doctor (MD) or doctor of osteopathy (DO).

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out. For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

Please check:

[] We have read the following Concussion Information Sheet:

Student-Athlete Signature

DATE

STUDENT-ATHLETE PRINT NAME: _____

Parent/Guardian Signature

DATE

PARENT/GUARDIAN NAME PRINTED: _____



SUMMIT PUBLIC SCHOOLS K2
2016-2017 ATHLETICS DEPARTMENT

SUMMIT ACADEMIC ELIGIBILITY GUIDELINES

ACADEMIC ELIGIBILITY REQUIREMENTS

In order to participate in Summit K2 athletics, students **MUST** meet the following academic eligibility requirements:

- All past projects are turned in
- All current projects are up to date (no missing steps)
- All power focus areas are up to date or "on track"
- Complete the athletic tracker form daily

OFF TRACK

When a student is marked "OFF TRACK", the student is **NOT** on track to graduate their current grade level due to incomplete, below average scores, or missing assignments. Students in this situation **MUST** attend office hours daily until the student is back on track. If a student is "OFF TRACK" for more than two (2) weeks, a student-athlete could be suspended from playing sports at their Mentors' and Executive Director's discretion.

OFFICE HOURS

Office hours are supervised and assisted homework support rooms, designed to guide students towards getting back on track with academic and peer support. If your student is "OFF TRACK" and REQUIRED to attend office hours, your student will need to:

- Be present for the entire time
- Be working productively and making progress
- Be an active supporter of the learning environment
- Attend the entire duration of scheduled office hours

NON COMPLIANCE

If the student-athlete is unable to comply with the above academic guideline, he/she may be suspended from the Summit K2 athletic program.

By signing below I am acknowledging that I understand and accept the academic eligibility requirements.

Student-Athlete Signature _____ Date _____

Student-Athlete Name Printed: _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name Printed: _____



SUMMIT PUBLIC SCHOOLS K2
2016-2017 ATHLETICS DEPARTMENT

SUMMIT PUBLIC SCHOOLS ATHLETE'S CONTRACT

Please read through the following and initial at each section as agreement and acknowledgement of the requirements of Summit Public Schools K2..

1. All athletes are expected to have at least **90% attendance at games and practices** starting with the 1st day of practice.
2. All athletes who are participating on a Summit Public Schools Athletic Team are expected to practice with their Summit Public Schools team and not with an outside coach or organization in lieu of practicing with the Summit Public Schools Athletic Team.
3. Being on the team **does not guarantee playing time in contests.**
4. We recognize that playing time, position, and strategy are determined only by the coach and not subject to discussion.

Parent's or Guardian's Initials _____ Student Athlete's Initials _____

PARENT/GUARDIAN CODE OF ETHICAL CONDUCT & EXPECTATIONS

Inappropriate behavior on the part of the parent or guardian will lead to suspension of the parent or guardian from all home and away contests and may lead to suspension or removal of their son or daughter from the Summit Public Schools Athletic team.

Playing time is up to the discretion of the coach. Being a member of a Summit Public Schools athletic team does not guarantee minimum amount of playing time. Questions about playing time are inappropriate and will not be entertained by the coach, Athletic Director, or School Administrators. Questions about what the athlete may do to improve to should be directed to the coach.

We have read in the Summit Public Schools Athletic Code of Conduct and Requirements for Participation and agree to the policies stated in the Parent's' Code of Ethics regarding the conduct of parents/guardians of Summit Public Schools students participating in athletics. We agree that these rules are important in helping our students become good citizens with a high sense of moral integrity, a competitive spirit, and the ability to be honest and forthright in all endeavors. We agree to abide by these rules for athletic participation at Summit Public Schools.

Parent's or Guardian's Initials _____ Student Athlete's Initials _____



SUMMIT PUBLIC SCHOOLS K2
2016-2017 ATHLETICS DEPARTMENT

**SUMMIT PUBLIC SCHOOLS ATHLETIC CODE OF CONDUCT
and REQUIREMENTS FOR ATHLETIC PARTICIPATION**

I accept the policies of the school, which prohibit the use of alcohol, tobacco, steroids, and drugs (except those legally prescribed). My child will not use or possess alcohol, tobacco, steroids and illegal drugs at any time during the school year, on or off campus, including weekends, holidays and evenings. I also understand that my child's behavior at school and school events can affect their athletic eligibility. I completely understand the school's attendance policy in relation to athletic participation.

Before signing below we verify that we have read thoroughly all provisions and requirements for participating in athletics at Summit Public Schools and agree to abide by all rules, provisions, requirements, and policies for participating in athletics at Summit Public Schools.

Student-Athlete Signature _____ Date _____

Student-Athlete Name Printed: _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name Printed: _____

SUMMIT PUBLIC SCHOOLS K2
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SUMMIT K2 UNIFORM CONTRACT

Athletes are responsible for the care of athletic equipment issued to them and are expected to maintain it. (Wash in cold water and dry on low) All equipment is to be returned at the end of each season or the student athlete who the equipment was assigned to may be expected to pay \$100.00+ for any lost or damaged equipment or uniform. Athletes who fail to turn in their equipment upon completion of the sports season may be denied eligibility to participate in future sport activities at Summit K2. The following guidelines, if adhered to, will reduce the chances for lost or stolen equipment.

1. Do not exchange or loan any of the equipment checked out to you to another teammate. If exchange is warranted, clear it with your coach prior to making the exchange.
2. Any loss of equipment should be reported immediately to the head coach. Do not wait until the end of the season to report lost equipment.
3. It is against school policy to sell or rent any equipment to individuals. Therefore, any equipment you may see out of the school environment not belonging to the individual(s) should be reported to a coach or the athletic director. By doing so, you are not only helping the athletic department, but also the individual who must pay for the stolen item.
4. At the end of the season, uniforms must be turned in within one week after the end of the season. This is absolutely mandatory. If it is not turned in, you will be charged for the cost of the uniform and will remain ineligible for any athletic or co-curricular participation. In addition, your grades, diploma, and transcript may be withheld.

I agree to the above terms and conditions of the loan and return of the sports uniform.

Student-Athlete Signature _____ Date _____

Student-Athlete Name Printed: _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name Printed: _____