



July 5, 2018

Dear parents,

As part of an ongoing effort to expand the Carden sports program, this year we plan to field the following athletic teams:

Fall

Boys Flag Football (Grades 4 – 8)

Girls Volleyball (Grades 4 – 8)

Cross Country (Grades 3 – 8) * 2nd grade will be allowed to participate in practice, but not eligible for competition (same fee is applicable)

Winter

Boys Basketball (Grades 4 – 8)

Girls Basketball (Grades 4 – 8)

Spring

Boys Volleyball (Grades 4 – 8)

Track and Field (Grades 3 – 8)* 2nd grade will be allowed to participate in practice, but not eligible for competition (same fee is applicable)

We will organize these teams only if we have enough participating students. If your child is interested in participating in Carden athletics, please complete and return the sports packet for fall sports by the first day of school, August 20. Handouts for each individual sport will be given to interested students prior to the start of each season.

Thank you for your cooperation. We look forward to seeing you soon!

Sincerely,

Mr. Aalto
Carden School of Fresno

PARENT PERMISSION FOR SPORTS PARTICIPATION

TO THE PARENT/GUARDIAN: You must give permission for each child enrolled to participate in the specific event, activity, or sport indicated on this form.

Student Name _____ Date _____ Grade _____

Please check all that may apply

Fall Sports

Winter Sports

Spring Sport

___ Cross Country (Grades 3-8)*

___ Boys Basketball (Grades 4-8)

___ Track & Field (Grades 3-8)*

___ Boys Flag Football (Grades 4-8)

___ Girls Basketball (Grades 4-8)

___ Boys Volleyball (Grades 4-8)

___ Girls Volleyball (Grades 4-8)

*2nd grade will be allowed to participate in practice, but not eligible for competition (same fee is applicable).

I, the undersigned parent or guardian, do voluntarily wish to give permission for and request that my child be allowed to attend and participate in this school-sponsored athletic activity, including the related activities conducted off school grounds or outside the regular school day. My child is physically fit and capable of participation in this activity. I have told my child to follow the rules and instructions of the school, school personnel, or adult leadership of this activity.

The following forms (Parent Permission for Sports Participation, Sports Code of Ethics, and the Sports Screening Assessment form or a copy of a recent physical exam) must be completed in full. Students will not be allowed to participate until all forms have been completed and turned in to the Carden office.

***Please attach a copy of recent physical exam performed in the last 12 months. If the participant has not had a physical exam within the last 12 months, please have the Sports Screening Assessment form completed and signed by a physician**

I understand that participation in this school-sponsored activity involves some risk (including any travel to and from this activity) and that unforeseen events can occur. I am informed and agree that transportation, if involved, may be provided by parents, other private individuals, or commercial operators who are believed to be reliable and insured, but not under the supervision or control of the school.

In exchange for permitting my child to participate in this voluntary activity, I waive and give up all claims (and the right to file a lawsuit) which I or my child (and our successors, heirs, and assigns) may have against the school. I release and discharge the school from all liability or responsibility for death, illness, personal injury, or property damage arising out of the school activity and any transportation involved with the school activity.

participate in the school's athletic activities for my child's own personal enjoyment and benefit and is done so freely with full knowledge of the risk and dangers that are or may be involved.

Contact Information:

Name of Parent/Guardian _____

Home Phone _____ Work Phone _____

Name of Parent/Guardian _____

Home Phone _____ Work Phone _____

In case of an emergency and I cannot be reached, call:

1. Name _____ Relationship to student _____

Phone _____

2. Name _____ Relationship to student _____

Phone _____

In the event of an emergency and if the school is unable to contact me, I authorize school personnel or other adult leadership of a school-sponsored event or activity, at my expense, to secure and consent to x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a duly licensed physician, surgeon, or dentist. I expect to be contacted as soon as possible. I agree that if emergency medical or dental services are required for my child, the Carden School of Fresno will not be responsible to pay for any medical or dental expenses.

I authorize any hospital which has provided treatment to the above named minor pursuant to the provisions of Family code section 6910 to surrender physical custody of such minor to the Carden School of Fresno representative upon the completion of treatment. This authorization is given pursuant to Health and Safety Code section 1283.

I, the undersigned, have read this release and understand all of its terms. I request that my child be allowed to participate in the school's events and activities. I execute this form voluntarily and with full knowledge of its significance. A copy of this form shall be as valid as the original authorization and may be given to the adult leader of the events, activities, or sports.

Parent Signature _____ Date _____

SPORTS SCREENING ASSESSMENT

Must be completed if participant has not had a physical exam within the last 12 months.

STUDENT'S NAME (PRINT) _____ DATE OF BIRTH _____

ADDRESS _____ SEX: M F GRADE _____

CITY _____ STATE _____ ZIP _____ PHONE _____

WEIGHT: _____ HEIGHT: _____ BLOOD PRESSURE: ____/____ PULSE: _____ RESP: _____

CIRCLE APPROPRIATE FINDINGS:

LUNGS: CLEAR WHEEZING RALES OTHER _____ PEAK FLOW _____

CARDIAC: RRRsM: MURMURS _____/6: ARRHYTHMIAS OTHER _____

ABDOMEN: NORMAL (SOFT, BOWEL SOUNDS NL. NO MASSES) OTHER _____

HERNIAS: (INGUINAL, MALES ONLY) FOUND NOT FOUND

NECK: (NORMAL ORM): YES NO (CHIN TO CHEST, 90 DEG ROTATION, EAR TO SHLD R AND L, 45 DEG EXT)

MUSCULOSKELETAL: CHECK ASYMMETRIC ROM, MUSCLE IMBALANCE, JOINT LAXITY, DEFORMITY, PAIN/SWELLING

CIRCLE ANY JOINT WITH ABNORMAL FINDING AND ELABORATE:

SHOULDER _____

ELBOW _____

WRIST _____

HAND _____

BACK _____

HIPS _____

KNEES _____

ANKLES _____

FEET _____

EVALUATION (CIRCLE ONE)

1. UNLIMITED ATHLETIC PARTICIPATION

2. MAY PARTICIPATE PENDING FURTHER EVALUATION

Recommendation for further W/U _____

Referral to: _____

3. LIMITED ATHLETIC PARTICIPATION

Orthopedic limitations _____

4. ATHLETIC PARTICIPATION DENIED

Reasons _____

SIGNATURE OF EXAMINING/EVALUATING PHYSICIAN _____

DATE: (Mandatory) _____

SPORTS CODE OF ETHICS

PARENTS

I hereby pledge to provide positive support and encouragement for all students participating in youth sports by following this Parents' Code of Ethics.

I will remember my behavior, and that of my child, represents the Carden School of Fresno school and reflect its philosophy.

I will practice and encourage good sportsmanship, effort, and teamwork from players, coaches, officials, and other parents at every game and practice.

I will not place an undue burden on my child to win games. The purpose of youth sports is to develop physical, mental, and social skills.

I will do my very best to make youth sports fun for my child. I will never argue with or complain about a referee's call or decision.

I will support efforts to remove verbal and physical abuse from youth sports activities.

I will refrain from being a sideline coach or referee. I will attend games to provide positive support for all players on all teams.

I will remember the game is for the players and not for the parents.

I will ask my child to treat ALL players, coaches, fans, and officials with respect regardless of race, gender, creed, or ability.

I have read and will follow the **Sports Code of Ethics**.

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

PLAYERS

I hereby pledge to demonstrate good sportsmanship by following this Players' Code of Ethics.

I will remember to model Carden values throughout any game or practice.

I will remember my behavior, and that of my teammates, represent my school and reflect its philosophy.

I will practice and encourage good sportsmanship from fellow players, coaches, officials, and parents at every game and practice.

I will remember that sports participation is an opportunity to learn and have FUN, not just to please my parents or coach.

I will be on time for every practice and game and will notify my coach in advance if I cannot attend.

I will do my very best to listen and learn from my coaches.

I will try to do my best at every practice and game, working hard to improve my skills and self-discipline, and to help my team.

I will never argue with or complain about a referee's call or decision.

I will control my temper and resist the temptation to retaliate if I feel I've been wronged.

I will treat my coaches, other players, officials, and fans with respect regardless of race, gender, creed, or abilities, and I will expect to be treated accordingly.

I will play using the Rules of the Game.

I have read and will follow the **Sports Code of Ethics**.

Player _____ Date _____