



# Lawrence E. Jones & Technology Middle School Athletic Department

Athlete Eligibility Packet 2022-2023

**Students cannot practice or try out until Sports Physical & completed Sports Packets are turned in to Student Services.**

** LJMS 2022-2023 SPORTS STARTING DATES**							
Sport	Packets Due	Tryouts / Practice	Season Ends	Sport	Packets Due	Tryouts / Practice	Season Ends
Cross Country	8/12/2022	8/16/2022	10/13/2022	6 <sup>th</sup> Girls Volleyball	9/30/2022	10/3/2022	11/4/2022
Soccer (7 <sup>th</sup> /8 <sup>th</sup> coed)	8/12/2022	8/16/2022	10/20/2022	Wrestling (*conditioning)	1/13/2023	*1/18/2023	3/11/2023
7 <sup>th</sup> / 8 <sup>th</sup> Girls Basketball	8/12/2022	8/16/2022	10/18/2022	6 <sup>th</sup> B/G Basketball	3/3/2023	3/6/2023	4/14/2023
7 <sup>th</sup> / 8 <sup>th</sup> Boys Basketball	10/21/2022	10/24/2022	1/18/2023	Track & Field	2/18/2023	2/21/2023	4/4/2023
7 <sup>th</sup> / 8 <sup>th</sup> Girls Volleyball	10/21/2022	10/24/2022	1/18/2023	Boys Volleyball	4/7/2023	4/10/2023	5/12/2023

Name of Student \_\_\_\_\_ Stu. ID# \_\_\_\_\_ Sport \_\_\_\_\_

Grade: 6<sup>th</sup> ( ) 7<sup>th</sup> ( ) 8<sup>th</sup> ( ) Gender: M ( ) F ( ) Returning student: yes / no New/Transfer Student: yes / no

## Parents & Coaches Pre-Season Athletic Meeting - Schedule of Meetings: (in-person meetings)

- |   |   |
|---|---|
| 1. Cross Country, Soccer, 7/8 <sup>th</sup> , Girls Basketball: | <b>Monday, August 22 , 2022 at 4:30pm.</b>    |
| 2. 6 <sup>th</sup> Girls Volleyball:                            | <b>Monday, October 10, 2022 at 4:30pm.</b>    |
| 3. 7/8th Boys Basketball, Girls Volleyball:                     | <b>Tuesday, November 1, 2022 at 4:30pm.</b>   |
| 4. Wrestling:   | <b>Monday, January , 2023 at 5:00pm.</b>      |
| 5. Track & Field:   | <b>Thursday, February 24, 2023 at 4:30pm.</b> |
| 6. 6 <sup>th</sup> Basketball:                                  | <b>Monday, March 13, 2023 at 4:30pm.</b>      |
| 7. Boys Volleyball:   | <b>Monday, April 17, 2023 at 4:30pm.</b>      |

**All of the items in this packet must be completed by student/ parents BEFORE the first day of try-outs/practice:**

- Personal information
- Sport of participation
- Parent/guardian information
- Evidence of a recent physical exam (**completed after 6/1/22**) or signed and stamped by doctor's office
- Medical insurance verification (including policy number)
- Parent/guardian permission to participate/medical consent
- Sportsmanship Pledge form
- Concussion Information sheet
- Acknowledgement of athletic requirements (academic and citizenship grades)
- Sports donation used to cover officials, uniforms, and equipment (\$50.00 requested donation - checks made out to LJMS – sports.)**
- Social Media contract
- Athlete after Practice Pick-Up Policy



**Parents & Students please initial:** I have read and I understand that my student must have received a **2.0 GPA or above** on most recent trimester report card. Current report card grades are checked prior to first game. I understand that my **student must maintain a citizenship grade of "satisfactory" or above in at least 4 classes** in order to participate in games, meets or matches. A citizenship grade of unsatisfactory or needs improvement will affect playing time and participation.

Parent's Initial: \_\_\_\_\_ Student's Initial: \_\_\_\_\_

**Parent/ Guardian Information (please print clearly):**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address of Student: \_\_\_\_\_

Health information or personal information that you would like the coach to know (ie: student uses inhaler, student cannot make practice on Tuesdays, etc.) \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Parent / Guardian Date

**EVIDENCE OF PHYSICAL EXAMINATION** (Separate form signed by doctor may at attached)

I hereby certify that the above named student was examined by me and was found to be physically fit to engage in interscholastic athletics.

\_\_\_\_\_  
 Physician's Signature Date

Are there any health concerns that should be monitored? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**If physical is not attached, this must be signed and dated by Dr., as well as stamped by the Dr's Office**

**Medical Insurance Verification** (\$1,500 minimum required - supplemental insurance may be purchased. See LJMS Office Staff for information on Student Health Insurance Plans)

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

I will purchase supplementary medical insurance if I am not covered \_\_\_\_\_ (Initial)



## Lawrence E. Jones & Technology Middle School Athletic Department

### Parent / Guardian Consent: Medical Treatment/Permission to Participate

My child, \_\_\_\_\_, has my permission to participate in interscholastic athletics. I request that my child receive first aid services whenever such services are deemed necessary. I authorize that my child be attended by a licensed physical and/or be taken to the nearest hospital in the event that such treatment is deemed necessary. I will accept the judgement of the person in charge of the activity. I further acknowledge that I have read and understood the warning to students and parents section concerning the risks involved with participation in interscholastic athletics. I give my permission for my student to receive first aid services whenever necessary. This consent is valid through June 2023.

\_\_\_\_\_  
Parent / Guardian Signature & Date

\_\_\_\_\_  
Student-Athlete Signature & Date

We hereby acknowledge that we have read and understand the UMS athletic code, including the philosophy and regulations that govern the behavior of athletes while attending UMS and participating in the sports program.

\_\_\_\_\_  
Parent / Guardian Signature & Date

\_\_\_\_\_  
Student-Athlete Signature & Date



## SPORTSMANSHIP PLEDGE FORM

### THE ROLE OF THE PARENT REGARDING INTERSCHOLASTIC ATHLETIC COMPETITION

The role of a parent in the education of a student is vital. The support shown in the home is often manifested in the ability of the student to accept the opportunities presented at school and in life.

There is a value system - established in the home, nurtured at school - which young people are developing. Their Involvement in the classroom and other activities contributes to that development. Trustworthiness, citizenship, caring, fairness, and respect are some of the lifetime values taught through athletics. These are the principles of good sportsmanship and character. With them, the spirit of competition thrives, fueled by honest rivalry, courteous relations and graceful acceptance of the results.

#### As a parent of a student-athlete at Lawrence E. Jones/ Technology Middle School, your goals should include:

1. Realize that athletics are part of the educational experience, and the benefits of involvement goes beyond the final score of an athletic contest.
2. Encourage our students to perform their best, just as you would urge them to excel with their class work.
3. Participate in positive cheers that encourage our student athletes while discouraging any cheers that would redirect that focus - including those that taunt and intimidate opponents, their fans and officials.
4. Refrain from any activity before, during or after a contest that is meant to ridicule, embarrass, taunt, or demean an opponent.
5. Learn, understand, and respect the rules of the game, the officials who administer them and their decisions.
6. Respect the task our coaches face as teachers and support them as they strive to educate our youth.
7. Respect our athletic opponents as student-athletes and acknowledge them for striving to do their best.
8. Develop a sense of dignity and civility under all circumstances.

You can have a major influence on your student's attitude about academics and athletics. The leadership role you take will help influence your child, and our community, for years to come. In the end sport is only a game. It is a place where we allow others the opportunity to challenge us to improve our skills and motivate us to excel.

#### Pledge of Good Sportsmanship - 'Victory With Honor'

Lawrence E. Jones/ Technology Middle School uses the CIF/NCS Victory with Honor principles as a guideline for the promotion of good sportsmanship among athletes, coaches and spectators .. Six core values - trustworthiness, respect, responsibility, fairness, caring, and good citizenship- enable sport to achieve its highest potential. We ask for your cooperation towards achieving the goal of making this school known as a place where all of us maintain a proper perspective, practice good sportsmanship, and act of concern and respect for others.

#### Signatures of Parent and Athlete Concerning Sportsmanship

I have read the aforementioned LJMS / TMS sportsmanship pledge and will uphold the practices of good sportsmanship as outlined by the California Interscholastic Federation, the North Coast Section and Lawrence E. Jones/ Technology Middle School.

Student Name (first and last) \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_  
Signature of Student Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date



# Lawrence E. Jones/ Technology Middle School

## Student-Athlete Social Media Agreement 2022-2023

Social media can be a useful tool to communicate with teammates, fans, friends, coaches and more. Social media can also be dangerous, if you are not careful. Every picture, link, quote, tweet, status or post that you or your friends put online is forever part of your digital footprint. You never know when that will come back to hurt or help your reputation during the recruiting process, a new job, or other important areas of your life.

Recognizing the above:

- \_\_\_\_\_ I take responsibility for my online profile, including my posts and any photos, videos or other recordings posted by others in which I appear.
- \_\_\_\_\_ I will not degrade my opponents before, during or after games.
- \_\_\_\_\_ I will only post only positive things about my teammates, coaches, opponents and officials.
- \_\_\_\_\_ I will use social media to purposefully promote abilities, team, community, and social values.
- \_\_\_\_\_ I will consider "Is this the me I want you to see?" before I post anything online.
- \_\_\_\_\_ I will ignore any negative comments about me and will not retaliate.
- \_\_\_\_\_ If I see a teammate post something potentially negative online, I will have a conversation with that teammate. If I do not feel comfortable doing so, I will talk to the team captain, or a coach.
- \_\_\_\_\_ I am aware that I represent my sport(s), school, team, family and community at all times and will do so in a positive manner.

\_\_\_\_\_  
Signature of Student Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date



## Lawrence E. Jones/ Technology Middle School

### Athlete After Practice Pickup Policy 2022-2023

Coaches are required to stay with athletes until they are picked up after practice. All athletes are to be picked up within 15 minutes after the scheduled end of practice time. If athletes are not picked up, the following steps will take place.

1<sup>st</sup> time - Warning about timely athlete pick up

2<sup>nd</sup> time - Athlete will sit out a game or match

3<sup>rd</sup> time - Possible removal from the team

Please make arrangements for your athlete to be picked up or walk home after practice.

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Signature of Parent / Guardian

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Date



## Lawrence E. Jones/ Technology Middle School

### Concussion Information Sheet, page 1

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, 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 a 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 the head, nausea or vomiting, neck pain, balance problems or dizziness, blurred, double or fuzzy vision, sensitivity to light or noise, feeling sluggish or slowed down, feeling foggy or groggy, drowsiness, change in sleep patterns, amnesia, "don't feel right", fatigue or low energy, sadness, nervousness or anxiety, irritability, more emotion, confusion, concentration or memory programs (forgetting game plays) or repeating the same question/comment.

**Signs observed by teammates, parents and coaches include:** Appears dazed, vacant facial expression, confused about assignment, forgets plays, is unsure of game, score, or opponent, moves clumsily or changes, can't recall events prior to hit, can't recall events after hit, seizures or convulsions, any change in typical behavior or personality or loss of consciousness.

**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 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 athletes will often under report symptoms of injuries, and concussions are no different. As a result, education administrators, coaches, parents and students are the key for student-athlete safety.

**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 from a doctor. 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.

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



## Lawrence E. Jones/ Technology Middle School

### Concussion Information Sheet, page 2

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. **When in doubt, the athlete SITS OUT!**

**For current and up-to-date information on concussions you can go to:  
<http://www.ced.gov/ConcussionInYouthSports>**

\_\_\_\_\_  
Student Athlete Name (Printed)

\_\_\_\_\_  
Student Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Name (Printed)

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

Adapted from the CDC and the 3rd International Conference on Concussion in Sport Document created 5/20/2010





**ATHLETIC / EXTRACURRICULAR ACTIVITY  
COVID-19 ASSUMPTION OF RISK / WAIVER OF LIABILITY /  
INDEMNIFICATION AGREEMENT**

In consideration of allowing the below identified minor to participate in \_\_\_\_\_ (“Activity”) offered by Cotati Rohnert Park School District (“District”) and related events and activities, including transportation associated with such Activity, the undersigned acknowledges and agrees that:

1. I understand, acknowledge and agree that the District, its employees, officers, agents or volunteers (“Releasees”) 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 or inaction of the released parties to the fullest extent allowed by law; and,

1. Participation in Activity includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,

1. I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my child’s participation; and,

1. I willingly agree to comply with the stated and customary terms and conditions for participation as it relates to protection against infectious diseases. I have reviewed the most recent directives from the Centers for Disease Control (CDC), the California Department of Public Health and Sonoma County Health Services regarding the risks associated with COVID-19 exposure and safe practices to follow. I have informed and discussed the dangers of participation in Activity and the required rules and regulations to allow participation in Activity to my child and he/she acknowledges a full understanding of such; and,

1. I, for myself and on behalf of my child, heirs, assigns, personal and representatives hereby release and hold harmless the District, its officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the Activity, with respect to any and all illness, disability, death, loss or damage to person or property, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, AND I ACKNOWLEDGE THAT I FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Name of Minor Child: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Print Name \_\_\_\_\_

Date signed: \_\_\_\_\_