



Clarkdale-Jerome School District #3
1615 Main Street
Clarkdale, Arizona 86324
Phone (928) 634-5035 – Fax (928) 639-0917
“Every Student, Every Day, Preparing for Tomorrow”

Dear Parents/Guardians,

Please find attached our athletic packet for participating in the Clarkdale-Jerome Rams athletic program. CJS has a long-standing tradition of providing an excellent experience for our student athletes and we want to ensure that our students work hard, learn about sportsmanship, teamwork and have a fun experience while participating.

Sports offered: Fall (girls' volleyball, coed cross-country, golf, flag football); Winter (boys' and girls' basketball, cheer); Spring (boys' baseball, girls' softball, coed soccer, coed track).

Included in this packet:

- AIA Physical Forms (please use attached forms)
- Athletic & Extracurricular Activities Permission
- Athlete's Code of Ethics
- Concussion Protocol (Policy JJIB-E), Concussion information fact sheet
- Extracurricular Activity Eligibility (Policy JJJ)
- Emergency Consent to Care (Yellow Card-must complete both sections)
- COVID-19 Waiver, Release, and Assumption of Risk Form

As per governing board policy, our coaches are required to review concussion protocols with all parents during their annual parent/coaches meeting. We have included the policy and informational materials about signs and treatment of concussions and what steps adults should take if there has been a head injury of an athlete.

This year's participation fee is \$35.00. This fee can be used as a tax credit donation and come right off your tax liability.

All forms included in the packet **must** be completed and signed by all involved in order to participate in the first practice. Please return the **entire** packet completed. Incomplete packets will be returned.

All fees must be paid prior to the first game of the season.

If you have any specific questions, please do not hesitate to contact our Athletic Director, Lynda Chavez at 634-5035 or lchavez@cjsd3.net. We hope your child will have a rewarding experience and enjoys participating in our athletic program.

Lynda Chavez
Athletic Director



Clarkdale-Jerome Elementary School District #3

1615 Main Street

Clarkdale, Arizona 86324

Phone (928) 634-5035 – Fax (928) 639-0917

“Every Student, Every Day, Preparing for Tomorrow”

ATHLETIC & EXTRACURRICULAR ACTIVITIES PERMISSION

_____ has permission to participate in
(please check each sport your child may participate in):

Fall Sports

- _____ Co-Ed Cross Country
- _____ Volleyball
- _____ Golf

Winter Sports

- _____ Boys Basketball
- _____ Girls Basketball
- _____ Cheer

Spring Sports

- _____ Baseball
- _____ Softball
- _____ Co-Ed Track
- _____ Co-Ed Soccer

I have reviewed the attached Athlete’s Code of Ethics and eligibility policy of the Clarkdale-Jerome School and fully understand the requirements for participation.

In the event of an injury or emergency, I understand the Clarkdale-Jerome School will attempt to notify me, but has my full permission to obtain qualified medical assistance. The school **DOES NOT** provide medical insurance coverage. I understand I will be responsible for any medical costs incurred.

Parent/Guardian Signature

Date

*****THERE IS A \$35.00 PAYMENT PER SPORT*****

This payment can be made in the form of Tax Credit. Contact Clarkdale-Jerome School Business office. Make checks payable to Clarkdale-Jerome School and include with your packet.

I/we, hereby request a waiver of the \$35.00 registration fee for my child due to economic hardship.

Parent/Guardian Signature

Date

Payment received _____

Date _____

****PLEASE RETURN ENTIRE PACKET (ALL FORMS) TOGETHER****



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Athlete's Code of Ethics

All athletic contests are a game of discipline. The Clarkdale-Jerome School Mingus Rams athletic program offers each student the opportunity to develop not only physical skills but also helps to promote a degree of discipline in each student's life on and off the playing field. In order to help accomplish this end there are certain rules to abide by for each athlete's conduct.

1. Do not miss practice without prior consultation with the coach, unless it is a sudden emergency (illness, injury, etc.)

Be at practice on time. Preferably, be there a few minutes early.

Missing practice – Two unexcused absences from practice may result in a season suspension. An unexcused absence from practice may result from an athlete having to serve after school detention for a class or school infraction, being suspended from school, having no practice uniform, being in school but not showing up for practice, being avoidably absent from school on a practice or game day, or being significantly late to practice. The reasons for an unexcused absence are not limited to the above examples. Inform the coach ahead of time whenever you will miss or be late for practice.

2. Good citizenship is necessary for athletes. Exemplary behavior and courtesy is expected. Good discipline and poise shown on the court or field should also be evident in the athlete's behavior in the school community. Failure to demonstrate behavior of a good citizen and violations of law on or off campus may result in a season suspension or denial of participation in a tournament trip, depending on the severity of the behavior which was demonstrated by the athlete and which was unbecoming of a Mingus Ram athlete.
3. Out of school will result in the following penalties:
1st offense – one-week suspension from the team
2nd offense – season suspension from the team

**Please note, if a student is serving an in-school suspension during the day of a game they will not be allowed to participate.

4. The use or possession of tobacco, alcohol, non-prescribed drugs or narcotics is prohibited. This includes being associated or around anyone who is drinking alcohol or being at a party where alcohol or other illegal drugs are being used. An athlete who is guilty of the use or possession of such substances will be expelled from the team for the season in addition to facing other school and legal consequences. A student who is present when such substances are being used will be suspended from the team for 30 days.

5. It is the student's responsibility to know his or her own current grade standing. A student who has a failing grade(s) at the end of each week will be placed on pending ineligibility status. If the athlete does not improve, his/her grade they will be deemed ineligible until all failing grades have been improved to passing. Please see Board Policy JJJ, which is included in the athletic packet.
6. Hair is to be neat and not a hindrance to the athlete's vision.
7. Athletes should dress neatly on trips to favorably represent our school. The athlete must be at the departure site on time. Arriving late may mean the loss of the opportunity to participate in this trip or in a future trip. When an athlete is involved in a trip or contest, he or she is representing our school. The athlete should stay out of any situations that will reflect poorly on the Clarkdale-Jerome School Mingus Rams.

Any equipment such as uniforms, game bags, etc. are only to be used for the purpose for which they are issued (i.e. uniforms may not be worn as street clothes). It is the athlete's responsibility to maintain the uniform or any other equipment that is issued to him or her by the coach. Equipment and uniforms should never be left unattended at athletic activities. The same is true for the athlete's personal items. The care and protection of these items from loss is your responsibility. The athlete must return school equipment and uniforms at the end of the season with only reasonable wear and tear. Lost or badly damaged items will result in a \$50 replacement cost fee.

8. Cell phones/Mp3 players/electronic devices may be taken on trips, but must be used with earphones on the bus. They must be played discreetly with consideration for others in mind. Music with inappropriate lyrics will be confiscated by the coach or supervising adult and will not be returned to the athlete.
9. If an athlete is absent for more than half the day on game day, he or she shall not participate in an athletic event that day or evening. An absence from school on Friday disqualifies the athlete from participation during the weekend.
10. During athletic participation, no street shoes will be allowed on the gym floor. Non-marring tennis shoes must be worn.
11. All athletes are required to have a current sports physical on file in order to participate.
12. All athletes must ride to games or events with the team. If an athlete goes home from the game or event with a parent, the parent must let the coach know. In the event another player wishes to ride home with an adult, other than the parent, a note from their parent is necessary or the child will not be released.
13. Coaches may have a separate athlete/parent/coaches contract for a specific sport.

I have read this Athlete's Code of Ethics and I agree to abide by the terms herein.

Student Signature

Date

Parent/Guardian Signature

Date

_____ School District
**Participation in Sports and Athletic Events
COVID-19 Waiver, Release, and Assumption of Risk Form**

On behalf of myself, my household members, and my minor child, _____
I hereby give permission for my child to participate in the following sports program and/or athletic events: _____ ("Sports Program") at [name of school]. My child and I are familiar with, and knowingly and voluntarily accept, any and all risks associated with participation in the Sports Program. I acknowledge that my child's participation is wholly voluntary and is not part of any regular school curriculum.

I specifically assume all risks and hazards associated with my child's participation in the Sports Program including, but not limited to, the risks associated with the novel COVID-19 virus. I acknowledge that while participating in sports, my child will associate with staff and may physically contact other children and/or shared equipment, and may contract COVID-19 (and other viruses and diseases), notwithstanding any precautions taken by the school. I further acknowledge that the school cannot absolutely control the conduct of all students, guarantee that students or their parents will follow safety protocols and procedures, or prevent infected students from potentially spreading COVID-19 to my child, directly or indirectly. I understand and voluntarily assume the risk that my child may acquire COVID-19, and that the virus may subsequently be transmitted from my child to me, my family, and members of my household.

I certify that my child is in good health and has no fever. I understand that symptoms of COVID-19 include, but are not limited to, fever or chills, coughs, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, and diarrhea. My child currently has none of these symptoms, and I will notify the school and prevent my child from participating in the Sports Program if my child develops any of these symptoms, or if anyone in my household tests positive for COVID-19. I further certify that if my child experiences any of these symptoms, I will ensure that my child is symptom-free, without any medication, for ten (10) days before returning to the Sports Program. I will notify the school if my child tests positive for COVID-19, and my child and I will follow all COVID-19 protocols and procedures adopted by the District or school.

To the fullest extent permitted by law, I hereby agree to waive, release, and discharge any and all claims, causes of action, damages, and rights of any kind against the school, the District, the District's insurers, the District's governing board, and all of their respective employees, agents, representatives, and volunteers (the "Released Parties") arising from or relating in any way to any damage, injury, trauma, illness, loss, or death that may occur to my child, me, or my household members as a result of the COVID-19 pandemic.

I further agree not to sue the Released Parties, and to defend and indemnify the Released Parties for all claims, damages, losses, or expenses, including attorneys' fees, if a suit is filed concerning an injury, illness, or death to me, my child, or my household members as a result of the COVID-19 pandemic.

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____ Date _____

A FACT SHEET FOR Youth Sports Parents



CDC HEADS UP
SAFE BRAIN. STRONGER FUTURE.

This sheet has information to help protect your children or teens from concussion, or other serious brain injury.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - Work with their coach to teach ways to lower the chances of getting a concussion.
 - Emphasize the importance of reporting concussions and taking time to recover from one.
 - Ensure that they follow their coach's rules for safety and the rules of the sport.
 - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. There is no "concussion-proof" helmet. Even with a helmet, it is important for children and teens to avoid hits to the head.

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents

- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events *prior to* or *after* a hit or fall

Symptoms Reported by Children and Teens

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not "feeling right," or "feeling down"

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious, or worry that if they report a concussion they will lose their position on the team or look weak. Remind them that *it's better to miss one game than the whole season.*

**GOOD TEAMMATES KNOW:
IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.**



cdc.gov/HEADSUP

CONCUSSIONS AFFECT EACH CHILD AND TEEN DIFFERENTLY.

While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' healthcare provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



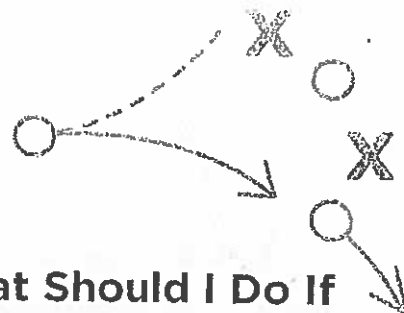
Plan ahead. What do you want your child or teen to know about concussion?

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1, or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.



What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's healthcare provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a child or teen for a possible concussion. You may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

Revised January 2019

To learn more,
go to [cdc.gov/HEADSUP](https://www.cdc.gov/HEADSUP)



CDC HEADSUP



JJIB-E ©**EXHIBIT****INTERSCHOLASTIC SPORTS****(Mild Traumatic Brain Injury (MTBI) / Concussion)****STATEMENT AND ACKNOWLEDGEMENT FORM**

I, _____ (student), acknowledge that I have to be an active participant in my own health and have the direct responsibility for reporting all of my injuries and illnesses to the school staff (e.g., coaches, team physicians, athletic training staff). I further recognize that my physical condition is dependent upon providing an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced before, during or after athletic activities.

By signing below, I acknowledge:

- My institution has provided me with specific educational materials including the Centers for Disease Control (CDC) Concussion Fact Sheet (<http://www.cdc.gov/concussion/HeadsUp/youth.html>) on what a concussion is and has given me an opportunity to ask questions.
- I have fully disclosed to the staff any prior medical conditions and will also disclose any future conditions.
- There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
- A concussion is a brain injury, which I am responsible for reporting to the team physician or athletic trainer.
- A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- If I suspect a teammate has a concussion, I am responsible for reporting the injury to the school staff.
- I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms.
- I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified health care professional.
- Following concussion the brain needs time to heal and you are much more likely to have a repeat concussion or further damage if you return to play before your symptoms resolve.

Based on the incidence of concussion as published by the CDC the following sports have been identified as high risk for concussion; baseball, basketball, diving, football, pole vaulting, soccer, softball, spiritline and wrestling.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and that I agree to be bound by this document.

Student Athlete:

Print Name: _____ Signature: _____

Date: _____

Parent or legal guardian must print and sign name below and indicate date signed.

Print Name: _____ Signature: _____

Date: _____

***Reproduction of AIA FORM 15.7-C 02/11 which may be used
in lieu of this document.***

JJJ
EXTRACURRICULAR ACTIVITY
ELIGIBILITY

All interscholastic activities in grades five (5) through eight (8) that are 1) of a competitive nature and involve more than one (1) school where a championship, winner, or rating is determined and 2) endeavors for which no credit is earned in meeting graduation or promotion requirements that are of a continuous and ongoing nature, organized, planned, or sponsored by the District, consistent with District policy, shall be conducted under the provisions of this policy. Such activities will be established and designed to offer students worthwhile athletic and leisure-time interests, wholesome recreational and social activity, and an opportunity to develop skills in democratic and cooperative management for these activities. These programs will be appropriate to the maturity of students and as varied as staff and facilities permit.

All such activities conducted under the auspices of the District shall be under the direct supervision of the certificated individual responsible for the activity.

It is necessary to have the extracurricular activities function within a realistic framework of control. In order that overenthusiastic students do not place a social or athletic function on a higher plane than the academic program, the following policy will be adhered to:

A. A student who, upon a check of his/her work on a cumulative basis at the end of each week during the extracurricular activity period, is shown to not be working to capacity and has one (1) or more failing grades will be placed on the pending ineligible list. The student placed on the pending ineligible list will have one (1) week to improve all failing grades. If he/she has not improved the failing grade(s) within the one (1) week pending ineligible period, the student will then be deemed ineligible to participate in an extracurricular activity until all failing grades have improved to passing on a cumulative basis. The ineligible student will not be permitted to participate in extracurricular games, events, and/or activities. After improving his/her failing grades to a passing level on a cumulative basis, the student will be permitted to participate in extracurricular games, events, and/or activities, unless an ineligibility status exists for a reason other than academic performance.

B. The eligibility criterion for extracurricular participation shall be a passing grade in all classes in which the student is enrolled, and the student shall maintain progress toward promotion or graduation.

C. The responsibility for notification of students and parents of these requirements and for enforcement of the above rule rests with the Superintendent.

D. The student and the parents or guardian shall be notified of ineligibility in a manner such that confidentiality is maintained when:

1. Ineligibility is pending.
2. Ineligibility is determined to be necessary.

E. Support services shall be made available to students who become ineligible for extracurricular programs as well as to students notified of pending ineligibility.

Students whose behavior presents a problem or jeopardizes school discipline may be ineligible for participation in extracurricular activities until such time as their behavior warrants reinstatement.

The same general standards shall apply for special education students except that such eligibility shall be determined on a case-by-case basis in relationship to the respective students' individual education programs. Nothing precludes the District from modifying eligibility on a case by case basis, considering the needs and academic performance of individual students.

A school district governing board, a charter school or an interscholastic athletic association of which a school district governing board or charter school is a member may not prohibit a pupil from wearing a religious or cultural accessory or hair piece while participating in an extracurricular or athletic activity if the accessory or hair piece does not jeopardize the health or safety of the pupil or any other person participating in the activity, as determined by the supervisor of the extracurricular activity or the officiant of the athletic activity.

The Superintendent shall establish regulations to ensure that:

- A. Necessary documents in support of this policy are maintained.
- B. Necessary data related to ineligible students are collected and reported as required by law.
- C. The cultural traditions of students are considered when establishing or enforcing rules related to participation in extracurricular activities.
- D. The requirements of this policy are met.

The Superintendent may develop additional rules or procedures for the proper conduct of extracurricular programs and the implementation of the provisions of this policy.

Adopted: June 12, 2018

LEGAL REF.:

A.R.S.

15-347

15-705

15-802.01

A.A.C.

R7-2-808

CLARKDALE-JEROME SCHOOL CONSENT FOR EMERGENCY CARE

(Please print & complete BOTH cards)

Student Name _____ Grade _____ Date of Birth _____

BE IT KNOWN that I, the undersigned parent or guardian of the student above named, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said student as in the judgment of said doctor or hospital, may be required, on an emergency basis in the event said student should be injured or stricken ill while participating in an interscholastic activity. **IT IS HEREBY** understood that the consent and authorization hereby given and granted are continuing, and are intended by me to extend throughout the current school year.

IT IS FURTHER understood that any expense incurred would be paid for by insurance or the parent/guardian of the student. Payment of the expense is not a school responsibility.

EMERGENCY CARE: if emergency service involving medical action or treatment is required and neither the parent nor guardian can be contacted, I hereby consent for the student named above to be given medical care by the doctor selected by the school.

Parent/Guardian Name _____ Home Phone _____
Address (Mailing/Physical) _____
Ins. Co. & Pol. # _____
Father's Phone # _____ Mother's Phone # _____
IN CASE OF EMERGENCY: If parent/guardian are not immediately available, contact:
Friend/Relative _____ Phone _____
Friend/Relative _____ Phone _____
Physician _____ Phone _____

Please list any health problems, conditions, physical disabilities or medication allergies that the district should be made aware.

SIGNATURE OF PARENT/GUARDIAN

DATE

CLARKDALE-JEROME SCHOOL CONSENT FOR EMERGENCY CARE

(Please print & complete BOTH cards)

Student Name _____ Grade _____ Date of Birth _____

BE IT KNOWN that I, the undersigned parent or guardian of the student above named, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said student as in the judgment of said doctor or hospital, may be required, on an emergency basis in the event said student should be injured or stricken ill while participating in an interscholastic activity. **IT IS HEREBY** understood that the consent and authorization hereby given and granted are continuing, and are intended by me to extend throughout the current school year.

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EMERGENCY CARE: if emergency service involving medical action or treatment is required and neither the parent nor guardian can be contacted, I hereby consent for the student named above to be given medical care by the doctor selected by the school.

Parent/Guardian Name _____ Home Phone _____
Address (Mailing/Physical) _____
Ins. Co. & Pol. # _____
Father's Phone # _____ Mother's Phone # _____
IN CASE OF EMERGENCY: If parent/guardian are not immediately available, contact:
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Friend/Relative _____ Phone _____
Physician _____ Phone _____

Please list any health problems, conditions, physical disabilities or medication allergies that the district should be made aware.

SIGNATURE OF PARENT/GUARDIAN

DATE