



Rule 600

Rule 600, Article 6, page 33 of the CIF rules state that you can not practice or play for both school and another team/league in the same sport during the school season. **NO EXCEPTIONS!** This means **NO AAU, CHURCH, BIDDYBALL, CITY, TOURNAMENT, OR OTHER ORGANIZED LEAGUE INCLUDING CLUB.** This rule is new to F.I.S.A.L. bylaws in May 1999. Consequences – Removal from the team and forfeiture of all games played in.

I understand, acknowledge and agree to abide by the above rule.

Parent Signature

Student Signature

Western Placer Unified School District

Extra Curricular Activities Contract

District policy 5114.1 states, “A student assumes an obligation to conduct himself/herself in a manner compatible with an educational institution. Students are expected to observe among themselves a proper standard of conduct and to show respect for order, reality and personal honor and to exercise good taste.” These general rules, which are a part of the district policy, are also part of the contract between the student, parent, and school. Violation of this contract will result in appropriate consequences up to and including termination of the student participation as determined by the district.

<hr/> Student Name	<hr/> Activity
<hr/> Date	

I realize it is my choice and privilege to participate in extra-curricular activities within the district. Accordingly, I assume the responsibility of complying with all the regulations established by the district, school administration, and the person in charge of the particular activity.

1. I understand that at a minimum, I will be suspended for 14 calendar days from all extra-curricular activities for committing any of the following offenses. If I enroll and actively participate in an intervention programs as outlined in BP 5131.9. If I do not choose to participate in such program, I will be terminated from the activity.
 - Possession or use of alcoholic beverages on school property or at any school sponsored activity.
 - Possession or use of illegal drugs or narcotics on school property or at any school sponsored activity.
 - Use of tobacco on school property or at any school sponsored activity.
2. I understand that I will be suspended for a minimum of 7 calendar days from all extra-curricular activities for committing any other than those listed in the list above of suspendable offenses.
3. I understand that the consequences in number one and number two above can be made more severe by an administrative expulsion hearing panel.
4. I understand that in order to be eligible for participation in any extra-curricular activity, I must meet school promotion/activity requirements. If I am, or become ineligible, then I may apply for a probationary period.
5. I understand that I must be present in all by scheduled classes on the day of any contest in order to be eligible to participate. An exception to this rule can only be obtained through the administration office.
6. I will be personally responsible for all school activity equipment checked out to me and will return same in good condition. Equipment I may have lost or misplaced will be paid for by me.

7. I will not wear school owned activity equipment and uniforms except at practice, activities and games representing our school.
8. I understand that if I drop out of a sport I will not earn a letter and I will not be able to participate in another sport without the permission of both coaches involved.
9. I understand that I will not miss any scheduled practices or games unless for medical reasons or I have made prior arrangements with the coach. If I have three unexcused absences from practice, I may be suspended from the activity.
10. I understand that I will not be allowed to participate in the next activity until all equipment has been accounted for.
11. To be eligible for sports I will take and pass a physical examination, show evidence of coverage by accident and health insurance and purchase a student body card (grades 9-12).
12. I will abide by the California Interscholastic Federation rules as they apply to grades 9-12 athletics.
13. I will conduct myself in an orderly manner at all times during the activity and I will dress according to the standards of the activity.
14. I understand that each individual activity may have additional rules and I will abide by the valid authority of the person in charge of the activity.
15. I understand that a student/athlete can not play, practice, and/or attend a practice for another team while attending practice or participating for their school in the same sport in the same season. (Rule 600)
16. A student/athlete must have a "C" grade or better in P.E. No exceptions!

I hereby fully understand that violation on my part of any of the above mentioned rules may result in loss of activity privileges or suspension from the school activity.

Student Signature

Parent/Guardian Signature

Date

Comments:

**Twelve Bridges Middle School
770 Westview Drive
Lincoln Ca., 95648**

Name _____ Birthdate _____ Date _____ Male _____ Female _____

Address _____

Home phone _____ Parent's work phone _____ Emergency phone _____

Contact person in case of emergency _____ Phone _____

Insurance company _____ Policy number _____

Medical History

Have any members of your family had a heart attack? Yes ___ No ___

Have you ever passed out while exercising? Yes ___ No ___

Do you have to stop while running any distance? Yes ___ No ___

Are you taking any medication? Yes ___ No ___

Type of medication _____

Have you ever been "knocked out", had a concussion, or had severe pain in your neck or arms? Yes ___ No ___

If so, when _____

Have you had any illnesses that required hospitalization or more than one visit to the doctor? Yes ___ No ___

If yes, when _____

Check those areas that may have occurred at any time:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Hypoglycemia |
| <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Scarlet fever | <input type="checkbox"/> Tuberculosis |

Have you ever sprained, strained, dislocated, or broken:

- | | |
|------------------------------------|----------------------------------|
| <input type="checkbox"/> Neck | <input type="checkbox"/> Back |
| <input type="checkbox"/> Ribs | <input type="checkbox"/> Pelvis |
| <input type="checkbox"/> Hip | <input type="checkbox"/> Thigh |
| <input type="checkbox"/> Lower leg | <input type="checkbox"/> Ankle |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> Foot |
| <input type="checkbox"/> Clavicle | <input type="checkbox"/> Humerus |
| <input type="checkbox"/> Elbow | <input type="checkbox"/> Forearm |
| <input type="checkbox"/> Wrist | <input type="checkbox"/> Hand |

To be completed by a Physician:

Pulse _____ Blood pressure _____

Height _____ Weight _____

Normal Abnormal

Eyes _____

Ears _____

Nose _____

Mouth _____

Lymph Nodes _____

Lungs _____

Heart _____

Abdomen _____

Hernia _____

Spine _____

Reflexes _____

Extremities _____

Recommendations:

Unlimited participation

Disqualified at this time

Physicians signature

Emergency Information

Name child uses _____ Grade _____ Birth date _____ Male/Female
Last Name First Name

Child's legal name _____ Child's SS# _____ - _____ - _____
Last Name First Name Middle Name

Home Address _____ Home Telephone _____
Street Apt.# City Zip Code

Mailing Address _____ email Address _____
Street Apt.# City Zip code

Parent(s) or guardian(s) child lives with _____

If parents are separated or divorced, to whom has physical custody been granted? _____

FATHER _____ Check one () Natural () Step () Guardian/foster

Employer _____ Business phone _____ ext. _____

Cell phone/pager _____

MOTHER _____ Check one () Natural () Step () Guardian/foster

Cell phone/pager _____

Phone or address changed from last year () Yes () No

If my child is ill, has an emergency or is suspended and I cannot be reached, please call and release my child to:

Name _____ Phone _____ Relationship _____

Or

Name _____ Phone _____ Relationship _____

Your child will not be allowed to leave with any other person without written authorization from parent or guardian.

Siblings (Name and school) _____

Special instructions (i.e. restraining order, custodial pick-up arrangements, whom to call first when trying to reach a parent)

As legal custodian of _____, a minor, I hereby authorize the principal or his/her designee, into whose care the aforementioned minor pupil has been entrusted, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and /or dentist. I understand that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. This authorization shall remain effective for the full school year unless revoked in writing and delivered to said agent(s). I understand that the Western Placer Unified School District, its employees and its board assume no liability of any nature in relation to the transportation of treatment of said minor. I further understand that all costs of paramedic transportation, hospitalization, and any examination, x-ray or treatment provided in relation to this authorization shall be my responsibility.

I understand that the Western Placer Unified School District does not provide accident medical insurance for students for school related injuries but does offer student accident insurance for voluntary purchase. I have received the information and application for this program.

PLEASE CHECK () I will enroll my child in the program () I will not enroll my child in the program

Family Physician _____ Address _____ Phone _____

Health Plan/Insurance _____ Group Policy # _____ Medical # _____

My child is allergic to the following medications _____

Other medication my child uses _____ () **Check if taken at school**

My child has the following health problems _____

[Vision: Known eye condition () yes () no] [Wears glasses () yes () no] [Wears contacts () yes () no]

Internet Use: My child has permission to use the Internet and will abide by the rules and regulations set forth in the Internet Use Agreement. Yes _____ No _____

League School Directory

- Antelope Crossing - 9200 Palmerson Dr. - Antelope - 745-2101
- Buljan - 100 Hallisey Dr. - Roseville - 773-2059
- E.V. Cain - 150 Palm Ave. - Auburn - 863-6106
- Cavitt - 7200 Fuller Dr. - Roseville - 791-4152
- Creekview Ranch Middle School – 8779 Cook Riolo Rd – Roseville – 770-8845
- Cooley - 9300 Prairie Woods Dr. - Roseville - 786-3030
- Eich - 1509 Sierra Gardens Dr. - Roseville - 783-5245
- Glen Edwards - 204 L Street – Lincoln - 645-6370
- Granite Oaks - 2600Wyckford Blvd. – Rocklin - 315-9009
- Olympus - 2625 LaCroix Dr. – Roseville - 782-1667
- Wilson C. Riles – 4747 PFE Rd – Roseville – 787-4131
- Silverado – 2525 Country Club Dr. – Roseville – 780-2620
- Springview – 5040 5th Street. – Rocklin – 624-3381

**Twelve Bridges
Middle School
ATHLETIC GRADE CHECK**

(To be carried by student athlete to teachers, assistant principal, and parent every two weeks,
and turned into coach, to verify continued eligibility for athletics.)

Student Name: _____ Date: _____

Sport: _____ Coach: _____

Subject	Current Grade	Teacher Signature
Math		
L.A.		
Science		
SS		
PE		
Elective		

Assistant Principal verification of no suspensions/no more than one referral:

Mr. Woods

Student needs a 2.0 ('C') in math, language arts and overall and no more than one 'F' to maintain eligibility. Students not meeting academic eligibility may apply for an Athletic Probationary Contract, which will allow them two weeks to raise grades to meet requirements.

Parent Signature

Student Signature



Twelve Bridges Middle School Voluntary Athletic Contribution Form

Student's Name: _____ Grade: _____

Parent/Guardian's Name: _____

Each student athlete is requested to make a Voluntary Athletic Contribution (VAC) as part of his or her participation in the Athletic Program. A voluntary contribution of fifty dollars (\$50) per sport is requested. It is important to understand that the VAC is **voluntary** and contributing is not a requirement for participating in athletics. However if a particular sport can no longer raise enough donations to be viable, it will no longer be offered. These donations are needed to cover the cost of FISAL fees, sport officials, equipment and uniforms. If you desire to make a VAC contribution, please complete and return this VAC form and selected payment amount to your coach or directly to the Athletic Director.

(Please make checks payable to TBMS Athletics)

- YES – I will support my student's athletic programs with the full Athletic Contribution amount of **\$50**.
- YES – I will support my student's athletic programs with the following alternative Athletic Contribution amount of \$_____.
- YES – I will support my student's athletic programs with a contribution of my time as a volunteer at games as a scorekeeper.

Signed: _____ Date: _____
(Parent/Guardian)

Please contact Randy Woods at rwoods@wpusd.k12.ca.us for the school tax ID number if you would like to use this donation for tax purposes.

For Office Use Only

- Received and recorded by Randy Woods on _____.
- Received and recorded by Janene Malatesta on _____.