

Laguna Middle School Athletics - Athletic Clearance Form

STUDENT NAME _____
Last First Grade

PARENT/GUARDIAN NAME(s) _____ CELL/WORK PHONE(s): _____

FAMILY PHYSICIAN _____ PHONE: _____ SPORT(S) _____

***A copy of your student's Physical Examination for Athletic participation must be submitted with this form. A form from any Physician or the physical form in this document can be submitted.**

LAGUNA MIDDLE SCHOOL - ATHLETE'S CODE OF ETHICS

Athletics is an integral part of the school's total educational program. All school activities, curricular and extra-curricular, in the classroom and on the field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following code of ethics is presented. As an athlete, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials and coaches.
3. Respect the integrity and judgment of game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
5. Maintain a high level of safety and awareness.
6. Refrain from the use of profanity, vulgarity, and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or the American Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. *Win with character. Lose with dignity.*

Student Signature Date Parent/Guardian Signature Date

PARENTAL CONSENT

I hereby give my consent for the above named student to participate in the athletic programs of San Luis Coastal Unified School District, to go with a representative of the school on any athletic trip, and to have him/her treated in case he/she is injured. I understand that a physical examination must be done by a qualified physician before my son/daughter takes part in interscholastic sports, and that a physical examination, along with this medical history will become part of his/her continuing medical record for the current school year. *The examination is a parental responsibility.*

Date Parent/Guardian Signature

PARENT/GUARDIAN APPROVAL FOR STUDENT PARTICIPATION IN FIELD TRIP

Student's Name - _____ has my permission to participate in athletic field trips sponsored by the San Luis Coastal Unified School District, including side trips connected therewith. It is my understanding that the field trips are made pursuant to the provisions of Education Code §35330 and §35350 and that such sections provide that all persons making the field trip shall be deemed to have waived all claims against the San Luis Coastal Unified School District, the San Luis Obispo County Superintendent of Schools or the State of California for injury, illness or death occurring during or by reason of these field trips. It is my further understanding that pupils will be under school supervision during these trips and transportation is being furnished by or as authorized by the San Luis Coastal Unified School District, including transportation by private vehicle and volunteer driver.

Date Parent/Guardian Signature