

Silver Valley Unified School District
Fort Irwin Middle School
Athletic Packet
2023-2024

Our Mission Statement

We believe the interscholastic athletic competition should demonstrate high standards of ethics and sportsmanship while promoting the development of good character and other important life skills. We also believe that the highest potential of sports is achieved when participants are committed to pursuing victory with honor according to the six core principles: trustworthiness, respect, responsibility, fairness, caring, and good sportsmanship. This code applies to all student-athletes,

Dear Student-Athlete & Parents:

Welcome to Fort Irwin Middle School and the F.I.M.S. Athletic Program. Below is a list of forms that must be completed, signed, and submitted to the coach before the student-athlete can practice for any sport.

1. **Athletic Clearance Form:** Catastrophic Clause, Certificate of Student Insurance, and Parent Co-Curricular Consent Agreement.
2. **Silver Valley Sports Website Consent:** Allows student's names to appear on the school website.
3. **Medical History and Certificate of Physical Examination:** A parent/guardian must complete the medical history form *before* the Certificate of Physical Examination. The Certificate of Physical Examination form must be signed by a physician indicating that the student is physically fit to engage in School Athletics. A physical examination document provided by Weed Army Hospital and used by Child and Youth Sports at Fort Irwin is an acceptable replacement for the physical examination form in this document. Parents or guardians should still complete the medical history form.
4. **Athletic Emergency Form:** Must be kept with the coach at all times.
5. **Athletes' Code of Conduct:** From the High Desert Athletic League.
6. **Parent's Code of Conduct:** From the High Desert Athletic League.
7. **FIMS Uniform Agreement:** Must be signed and returned

Please return all forms to the Athletic Director or School Office

**Silver Valley Unified School District
Athletic Clearance Form**

Part 1: Catastrophic Clause
Part 2: Certificate of Student Insurance
Part 3: Parent Consent of Co-Curricular Agreement

<u>OFFICE USE ONLY</u>
Received
By: _____
Date: _____

You must complete all sections of this form before you, the student-athlete, can participate in practices and contests before you, the student-athlete.

Please print all the information.

Name: _____ Grade 6 7 8
Address: _____ City _____ Zip _____
Birth Date ____/____/____ Phone # _____ Cell # _____
School Attended Last Year _____ Sex M F
Name of Doctor _____ Phone # _____ Fax # _____
Address: _____ City _____ Zip _____

1. Warning to Student-Athletes & Parents (Catastrophic Clause)

By nature, competitive athletics may put students in a situation where SERIOUS, CATASTROPHIC, and perhaps FATAL accidents may occur. By granting permission for your student-athlete to participate in athletic competition, you, the parent/guardian, acknowledge that such risks exist.

Student-Athlete's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

2. CERTIFICATE OF STUDENT INSURANCE

NOTE: This form must be completed and returned to the Athletic Director **before** participation is permitted. **Please Use Ink**

INSURANCE COVERAGE: Athletics is an elective activity. Injuries sustained during in-season or out-of-season participation are not the responsibility of the Silver Valley School District. For students who do not have medical coverage, it is recommended that an insurance plan be obtained through the Athletic Director.

I have read and understood the above statement:

PARENT OR GUARDIAN SIGNATURE

DATE

Website Consent

For the purpose of giving recognition to student-athletes, roster listing, and overall administrative organization, I hereby consent to allow Fort Irwin Middle School to use my student-athlete's name and photograph on Fort Irwin Middle School's website. This is also to be used in connection with any athletic recognition, game, banquet photos, and other links that show a student's likeness as associated with his/her name in the caption.

Student-Athlete's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

Athletes' Code of Conduct

The opportunity to participate in the High Desert Athletic League is a privilege that is available to students who demonstrate respect for others and themselves, appreciation of others' talents, adherence to rules and those who regulate them, and the desire to use athletics as an avenue to develop strong character and integrity. It is believed that winning is a byproduct of training, practice, skill, and teamwork, but it is not the reason schools participate in the High Desert Athletic League. The goal of this league is to develop character, fairness, ambition, and esteem for self and the group.

Students who participate in the High Desert Athletic League agree to the following:

- I am a team of athletes, and I appreciate that everyone is giving their best effort, as am I, and win or lose, our effort is what matters most.
- I will encourage my teammates in their effort, and I will share responsibility in victory and defeat.
- I will respect my coach and his or her direction.
- I will respect my opponents and approach each competition with fairness, sportsmanship, and healthy competition.
- I will respect the referees and their judgment, and I recognize that a referee's call will never decide no game. I will focus on what my teammates and I could have done differently to affect the game's outcome, rather than what the referees could have done differently.
- I will not interact with spectators, as it reduces my effectiveness on the playing field, and it encourages negative interaction between spectators and those participating in the game.
- I will refrain from profane, argumentative, defiant, boastful, or otherwise unsportsmanlike behavior.
- When I am visiting other schools, I will respect their property, both private and public, and conduct myself in an appropriate and polite manner.
- I am a student first, and I will place academics ahead of my athletic endeavors. I understand that by not making academics my top priority, I risk losing my athletic eligibility.

Student-athletes who participate in the High Desert Athletic League understand that their behavior must adhere to the highest standards. Ultimately, students represent their coach, their school, and its administrators, their peers, and their parents. The High Desert Athletic League brings out the very best in student-athletes.

I agree to conduct myself to the standards outlined in this Athletes' Code of Conduct.

Student signature

Date

Parent's Code of Conduct

Interscholastic and youth sports programs play an essential role in promoting children's physical, social, and emotional development. Therefore, it is necessary for parents, coaches, and officials to encourage young athletes to embrace the values of good sportsmanship. Moreover, adults involved in youth sports events should be models of good sportsmanship and should lead by example by demonstrating fairness, respect, and self-control. Adults have the opportunity and the responsibility to teach young athletes to enjoy sports for the pleasure, the camaraderie, and the competition, at all times placing sportsmanship and respect for teammates, coaches, opponents, referees, and spectators above all else.

As a parent/guardian of a High Desert Athletic League athlete, I pledge to be responsible for my words and actions while attending, coaching, officiating, or participating in a youth sports event and shall conform my behavior to the following Code of Conduct:

- I will respect referees and their judgment, whether or not I agree with it, and I will encourage my child to respect officials.
- I will not engage in conversations, arguments, or questions with the referees or other players. I will not yell things at them or about them.
- My comments and cheering will only be positive in nature (i.e., "Go Team Go" or "You can do it!", as opposed to "Choke!", "That's a lousy call!" etc.)
- **I will not engage in profanity.**
- I will respect my child's coach, and I will encourage my child to do the same.
- I will encourage and recognize effort by all young athletes.
- I understand that my behavior, good or bad, sets the example by which my child will follow. I will aspire to be an excellent role model for all children.
- I understand that my failure to control my behavior or language may result in the loss of the privilege of participating in or attending future HDAL events.

I agree to conduct myself to the standard outlined in this Code of Conduct.

Parent's Signature

Date

Parent's Signature

Date

Fort Irwin Middle School

F.I.M.S Athletic Uniform Policy

The Athlete is responsible for the upkeep of their uniform that is provided by Fort Irwin Middle School. All uniforms will be handed out at the beginning of the sport season and then returned at the end of the sport season. Any damage to or loss of uniform will be the responsibility of the athlete. The cost of the uniform is listed below for each sport. Uniforms must be turned in and/or the damage/replacement fees must be paid prior to participating in the next sport or before the last day of the current school year, whichever comes first.

Uniform Replacement Fees

Boys/Girls Cross Country - \$20.00 (Shorts), \$40.00 (Jersey)

Boys Volleyball - \$30.00 (Shorts), \$40.00 (Jersey)

Girls Volleyball - \$40.00 (Jersey)

JV Volleyball - \$40.00 (Jersey)

Boys/Girls Basketball - \$20.00 (Shorts), \$50.00 (Jersey)

JV Basketball - \$20 (Shorts), \$40 (Jersey)

Cheerleading - \$30 (Poms), \$50 (Jacket), \$35 (Pants) \$75.00 (Top),
\$40.00 (Straight Skirt), \$40.00 (Pleated Skirt)

Boys/Girls Soccer - \$65.00 (Goalie Jersey), \$20.00 (Shorts), \$40.00 (Jersey)

- I agree to pay Fort Irwin Middle School for any damaged or lost uniform items prior to the next sport season or the last day of the current school year, whichever comes first.
- I agree to take proper care of the athletic uniform that has been entrusted to me by Fort Irwin Middle School.

Parent's Signature

Date

Students Signature

Date

Students Printed Name

Fort Irwin Middle School

Medical History

TO BE COMPLETED BY PARENT/GUARDIAN
BEFORE PHYSICIAN'S PHYSICAL EXAM

Name _____ Sex _____ Age _____ DOB _____

Grade _____ School _____

Please circle "Y" for yes, and "N" for no. (If yes, please explain)

1. Has the student-athlete had a medical illness or injury since his/her last check-up or sports physical? Y N

2. Is the student-athlete currently taking any prescription or nonprescription (over-the-counter) medication or using an inhaler? Y N

3. Does the student-athlete have any allergies? (pollen, food, stings, etc.) Y N

4. Has the student-athlete ever had a seizure? Y N

5. Has the student-athlete ever become ill from exercising in the heat? Y N

6. Is there any pertinent information that coaches or physicians should know about this student-athlete? Y N

7. Does the student-athlete wear glasses, contacts, piercings, or dental braces? Y N

8. Does the student-athlete have a history of consuming energy drinks? Y N

Parent/Guardian's Signature _____ Date _____

Fort Irwin Middle School
ATHLETIC EMERGENCY FORM

Name _____ Grade _____
 LAST FIRST MIDDLE

Parent/Guardian Name _____ Home Phone _____

Address _____

Father's Cell # _____ Work Phone _____

Mother's Cell # _____ Work Phone _____

In an emergency, if parents cannot be reached, please notify:

1. _____ Phone # _____ Cell # _____

2. _____ Phone # _____ Cell # _____

1. _____ Phone # _____ Cell # _____

Family Doctor _____ Phone # _____

Insurance Company _____ Phone # _____

NOTE: Please state any pertinent medical information that coaches or physicians should know about the student-athlete. (Allergies, medication, or conditions that require immediate emergency treatment such as Epi-Pen, Glucagon, inhalers, etc.)

Permission is hereby granted to the attending physician to proceed with any major or minor surgical treatment, x-ray examination, or immunizations for the student named above. In the event of an emergency arising out of serious illness, significant accidental injury, or the need for major surgery, I understand that the attending physician will attempt to contact me in the most expeditious way possible. If the said physician cannot communicate with me, the treatment necessary for the best interest and health of the student named above may be given.

Permission is also granted to the Athletic Trainer to provide the needed first aid treatment prior to the student's admission to any medical facility.

Parent/Guardian's signature _____ Date ____/____/____

Attention Athletes!! This form will remain in the Athletic Director's files for the school season. These forms must be completed every calendar year.

Fort Irwin Middle School

CERTIFICATE OF PHYSICAL EXAMINATION

Name _____ DOB ____/____/____

Height _____ Weight _____ Pulse _____ BP ____/____

Please put a "√" as either Normal or Abnormal for all findings below. Please describe, in detail, all abnormal results.

	Normal	Abnormal	Comments
Heart			
Pulses			
Lungs			
Neck			
Back			
Shoulder/Arm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle/Foot			
Other pertinent medical findings			

Additional Comments:

List any restrictions and durations:

I hereby certify that the above-named student was examined by me on _____ (date) and found to be physically fit to engage in athletics.

Physicians Signature

Date

Stamp name of offices here

(Can include Doctor phone, address in lieu of stamp box or use lines within the box)

