

*Joaquin Moraga Jaguars*  
**After School Sports Registration Form**  
**6<sup>th</sup> Grade Fall Volleyball**

My child, \_\_\_\_\_, who is in the \_\_\_\_\_ grade has permission to participate in JMIS' After School Sports Program. I understand that there are certain risks and hazards involved in participating in sports including the possibility of varying degrees of physical injuries. I hereby release and hold harmless JMIS, its employees and associated personnel, including owners of the fields and facilities used for the program, against any claim, damages or costs on behalf of the participant's involvement in the After School Sports Program. I also give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my child.

\_\_\_\_\_  
Guardian Signature      Date      \_\_\_\_\_ Parent/Legal

Primary Phone (\_\_\_\_) \_\_\_\_\_      Secondary Phone (\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

**Medical Information**

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy#: \_\_\_\_\_ Medical

Conditions/Allergies: \_\_\_\_\_ Alternate Local

Emergency Contact:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Sport(s) Participating In:**

☐ 6th grade Volleyball (\$115.00)

# JOAQUIN MORAGA INTERMEDIATE SCHOOL

## PARENT CODE OF CONDUCT FORM

### Responsibilities of the Parents:

1. Attend as many games as possible and to support their child and the school in athletic events
2. Transportation to and from practices and games.
3. To volunteer to help the team whenever necessary.
4. Help athletes care for their uniforms and return them in the same condition that they were received
5. Conduct at practices/games should be supportive and positive towards the athletes, coaches, referees and the opposing team.
6. Take time to speak with coaches in an appropriate manner; including proper time and place if there is a concern. Be sure to follow the process of bringing concerns first to: coach, then athletic director, site administration, district administration.
7. Paying a \_\_\_\_\_ non-refundable sports donation per sport for each athlete.
8. Assure that my child will attend all scheduled practices, games, special athletic events.
9. Encourage my child to set and work towards achieving individual and team goals.

I have read, understand, and agree to the above.

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Parent's Signature

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Date

# **JOAQUIN MORAGA INTERMEDIATE SCHOOL**

## **STUDENT CODE OF CONDUCT FORM**

### **Responsibilities of the Student Athlete:**

1. Accept the responsibility and privilege of representing the school and community.
2. Make a commitment to the team, understanding the time commitment required.
3. Cooperate with the coach and fellow athletes in trying to promote sportsmanship.
4. Bring a positive and respectful attitude towards all players and coaches during all team related activities.
5. Respect the judgment and strategy of the coach even if it conflicts with your athletic opinions.
6. Treat opponents with the respect that is due them as guests and fellow competitors.
7. Exercise self-control at all times including while in the classroom.
8. Earn a minimum grade point average of 2.0 and no unsatisfactory citizenship grades
9. Athletes are expected to attend all practices/games. The following attendance requirements will be enforced:
  - One (1) unexcused absence: Athlete will not start in the next game.
  - Two (2) unexcused absences: Athlete will not play in the next game but will be expected to attend the game, in uniform and sit on the bench.
  - Three (3) unexcused absences: Athlete will be removed from the team.

\*\* An excused absence is timely notification to the coach, before a practice or game.

I have read, understand, and agree to the above.

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Student Athlete's Signature

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Date



## Moraga School District

Print This Page When Completed **Athletic Clearance Form-2024-25**

**CONFIDENTIAL**

Date: \_\_\_\_\_ Student's Name: \_\_\_\_\_  
(Last) (First) (Middle)

School: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Full Name of School)

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Sport(s): \_\_\_\_\_

All sections of this form, must be completed and turned in to the Main Office BEFORE THE STUDENT CAN BE ISSUED EQUIPMENT, PARTICIPATE IN PRACTICE, OR COMPETE IN CONTESTS. Failure to do so may result in the loss of eligibility. PRE-PARTICIPATION MEDICAL EXAMINATION AND CLEARANCE: THIS DOCUMENT APPLIES TO ALL ACTIVITIES AND SPORTS UNLESS SPECIFICALLY EXCLUDED AND IS VALID THROUGH JUNE OF THE CURRENT SCHOOL YEAR.

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Physical: \_\_\_\_\_ Vision: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Y or N

Medical Examination	Normal	Abnormal Findings Please describe and explain findings
Appearance:		
Eyes/Ears/Throat:		
Lymph Nodes:		
Heart:		
Pulse:		
Lungs:		
Abdomen:		
Genitals (males only):		
Skin:		
Neurological:		
Neck:		
Back:		
Shoulders/Arms:		
Elbow/Forearm:		
Wrists/Hands:		
Hips/Thighs:		
Knees:		
Legs/Ankles:		
Feet:		
Head/Skull:		
<b>History</b> Please explain any medical history regarding the student or their family that might impact the student's ability to participate in any activity:		

**PHYSICIAN'S STATEMENT: PHYSICAL MUST BE DATED JULY 1 OR LATER TO BE VALID.**

I hereby certify that the above named student was examined by me on \_\_\_\_\_ 20 \_\_\_\_\_ and found physically fit to engage in sports.

**NOTE: PHYSICAL MUST BE VALID THROUGH THE FIRST WEEK OF JUNE 2025.**

Physician's stamp and date must be placed here

**ONLY A PHYSICIAN OR SURGEON DULY AND CURRENTLY LICENSED IN THE STATE OF CALIFORNIA MAY EXECUTE THIS FORM.**

Physician Signature \_\_\_\_\_

Date \_\_\_\_\_

## Parent/Guardian and Pupil Sudden Cardiac Arrest Warning Signs and Symptoms Information and Acknowledgment Form

On July 1, 2017, Assembly Bill 1639, known as the Eric Paredes Sudden Cardiac Arrest (SCA) Prevention Act went into effect. This requires the pupil and their parent or guardian to read, sign, and return an SCA form of acknowledgement before the pupil participates in any athletic activity. Districts may use this form, a form located on the California Interscholastic Association (CIF) website, or design their own form. An SCA acknowledgment form must be signed and returned to the school site each school year.

### What Is SCA?

SCA occurs suddenly and often without warning. It is triggered by an electrical malfunction in the heart that causes an irregular heartbeat. With the heart's pumping action disrupted, the heart cannot pump blood to the brain, lungs, and other organs. Seconds later, a person loses consciousness and has no pulse. Death occurs within minutes if the victim does not receive treatment.

### Who Is at Risk for SCA?

Thousands of sudden cardiac arrests occur among youth each year, as it contributes to the #2 medical cause of death of youth under the age of 25 and is the #1 cause of death of student athletes during exercise. While a heart condition may have no warning signs, studies show that many young people do have warning signs or symptoms but neglect to tell an adult. This may be because they are embarrassed, they do not want to jeopardize their playing time, they mistakenly think that they are out of shape and need to train harder, or they simply ignore the symptoms, hoping the signs will go away.

### Possible Warning Signs and Risk Factors

- Fainting or seizure, especially during or right after exercise
- Fainting repeatedly or with excitement or startle
- Excessive shortness of breath during exercise
- Racing or fluttering heart palpitations or irregular heartbeat
- Repeated dizziness or lightheadedness
- Chest pain or discomfort with exercise
- Excessive, unexpected fatigue during or after exercise
- Family history of sudden death or heart disease under age 50
- Use of high-caffeine supplements, energy drinks, diet pills, and drugs

### Removal from Activity

A pupil who faints during or following participation in an athletic activity must be removed from play and may not return to play until they are evaluated and cleared by a physician and surgeon, nurse practitioner or physician's assistant. I have reviewed and understand the symptoms, warning signs, and risk factors associated with SCA.

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Print Student-Athlete Name

Signature Student-Athlete Name

Date

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Print Parent/Guardian Name

Signature Parent/Guardian

Date

The California Department of Education used information from the following sources: American Heart Association, Parent Heart Watch (<https://parentheartwatch.org/>), Eric Paredes Save a Life Foundation: Keep Their Heart in the Game (<https://epsavealife.org/>), and Sudden Cardiac Arrest Foundation (<http://www.sca-aware.org/>)

## Moraga School District

### Student Permission Form for After School Sports Field Trip

Field Trip Destination: Away Games as Scheduled for school year

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_

As the parent/guardian of the above named student, I give permission for my child to attend the schoolsponsored field trip on the date shown and to the place indicated. I fully understand that students are to abide by all rules, regulations and instructions regarding safety and protections and that failure to comply may result in my child's exclusion from this activity.

I give permission for my child to receive any emergency medical treatment that may be necessary.

Health Needs: (check applicable line)

\_\_\_\_ My child has no special needs the staff should be aware of, and NO medication is required on this trip.

       My child has a special health need, and the proper physician/parent forms are on file in the school office.

The following medication should be given to the staff member in charge to administer as necessary:

\_\_\_\_\_ I request that this health information be kept confidential, except any responsible adults connected with the trip will be made aware of this health need.

\_\_\_\_\_ I request that my child be released before school from the school's day care program to attend this fieldtrip.

**As stated in California Education Code Section 35330 I understand that I hold the Moraga School District its officers, agents, and employees harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. Please initial acceptance of this section \_\_\_\_\_**

**Emergency Phone Numbers:**

Home #

Mother's work # \_\_\_\_\_ Mother's cell # \_\_\_\_\_ Mother's pager \_\_\_\_\_

#	Father's work #	Father's cell #
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Father's pager # \_\_\_\_\_

**Medical Insurance Information:**

Primary (Parent Name): \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy or Group # \_\_\_\_\_

Secondary (Parent name): \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy or Group # \_\_\_\_\_

**Transportation:**

Private Automobile: \_\_\_\_\_ Other: \_\_\_\_\_

Students will: \_\_\_\_\_ Return to school after end of regular school day. Parents must arrange for transportation from school to home.

Parent's

Signature/Date