



Creating Global Citizens

ATHLETIC PACKET

PARENT STUDENT ATHLETIC CONTRACT

I hereby acknowledge receipt of the Athletic Handbook. I have read the contents and will accomplish the requested tasks. I believe in the ideals of sportsmanship and athletics described in the handbook and pledge myself to live up to its high standards to the best of my ability. As a parent I will support the school, coaches, officials, and athletes. I will conduct myself in a manner of courage, generosity, and honor. I pledge my time, my effort and my support, as I am able, to further the success of NSSA athletes.

Date: _____

Parent Signature

Date: _____

Student Signature

**PLEASE SIGN AND RETURN THIS
PACKET TO THE ATHLETIC OFFICE**

ATHLETIC PACKET SIGNATURE PAGE

BEFORE a student may tryout or participate on an Athletic Team, this form MUST BE COMPLETED and TURNED IN to the ATHLETIC OFFICE.

Athlete's Name: _____ **Grade:** _____

ATHLETIC CODE:

STUDENT ATHLETE:

My signature below signifies that I have read, understand and agree to work under the policies and procedures of the Norton Space & Aeronautics Academy Athletic Program.

Student's Signature: _____ **Date:** _____

PARENTS:

My signature below signifies that I have read and understand the Norton Space & Aeronautics Academy's policies and procedures and I allow my student/athlete to participate under those conditions.

Parent's Signature: _____ **Date:** _____

INFORMED CONSENT:

My signature below signifies that I have read the Informed Consent information and acknowledge that a risk of serious injury or death exists with participation in sports and I give my consent to my student/athlete's participation in sports.

Parent's Signature: _____ **Date:** _____

ATHLETICS EMERGENCY FORM

NAME: _____ **PHONE:** _____

PARENT'S NAME: _____ **WORK PHONE:** _____

HOME ADDRESS: _____ **ZIP:** _____

FAMILY DOCTOR: _____ **DR.'S PHONE:** _____

INSURANCE COMPANY: _____ **POLICY #:** _____

LIST ANY KNOWN MEDICAL PROBLEMS/MEDICATIONS:

I hereby give my consent for the above named student to compete in sports and/or activities. I authorize the student to go with and be supervised by a representative of the Norton Space & Aeronautics Academy on any school related trips. In case this student becomes ill or injured, you are authorized to have the student treated and I authorize the medical agency to render treatment.

PARENT'S SIGNATURE: _____ **Date:** _____

RELEASE OF INFORMATION
Release of Specific Pupil Information/Directory Information

The students at the NSAA often have outstanding achievement in the areas of academics, athletics and activities. For these achievements we are very proud. Information and/or photographs or videos, such as, but not limited to, athletics, and other activities, are often requested by the media or other service organizations for publication.

Specifically, here at the NSAA, we will be creating a web page and would like to include team photos, game highlights and player spotlights. Students' phone numbers and address would not be included.

Please sign where indicated on your Athletic Packet and return to the Athletic Director. This form is intended specifically for the Athletic Office.

Please print student's name

Date

*****PLEASE SIGN ONE LINE ONLY*****

I/WE DO NOT CONSENT to the release of any information and/or photographs or videos concerning our child as related to school athletic or activities to the media or other service organizations or the school web page. Please do not publicize my child's name, address or telephone number. This information is to be considered strictly confidential. This request is to remain in effect until such time as I give written authorization for such release of information.

Parent Signature

Date

OR

I/WE DO GIVE OUT PERMISSION for release of information and/or photographs for possible media, service organizations or the school web page, understanding that addresses and telephone numbers will not be given out in any circumstances.

Parent Signature

Date

**CALIFORNIA EDUCATION CODE
SECTION 44811**

Before a student may tryout or participate on an athletic team, this form must be signed by the parent(s) indicating they have read and understand Section 44811 of the California Education Code. This form should be returned to the athletic office along with the parent consent form.

ATHLETE'S NAME: _____

44811. Disruption of class work or extracurricular activities: punishment: exemptions

- (a) Any parent, guardian, or person whose conduct in a place where a school employee is required to be in the course of his or her duties materially disrupts class work or extracurricular activities or involves substantial disorder is guilty of a misdemeanor**
- (b) A violation of subdivision (a) shall be punished as follows:**
 - a. Upon the first conviction, by a fine of not less than five hundred dollars (\$500) and not more than one thousand dollars (\$1,000), or by imprisonment in a county jail for not more than one year, or by both imprisonment and a fine.**
 - b. Upon a second conviction, by imprisonment in a county jail for a period of not less than 10 days, and not more than one year, or by both imprisonment and a fine not exceeding one thousand dollars (\$1,000). The defendant shall not be released on a probation or for any other basis until he or she has served not less than 10 days in a county jail.**
 - c. Upon third or subsequent conviction, by imprisonment in a county jail for a period of not less than 90 days, and not more than one year, or by both imprisonment and a fine not exceeding one thousand dollars (\$1,000). The defendant shall not be released on probation, or for any other basis, until he or she has served not less than 90 days in a county jail.**
 - d. Upon a showing of a good cause, the court may find that for any mandatory minimum imprisonment specified by paragraph (2) or (3) of this subdivision, the imprisonment shall not be imposed, and the court may grant probation, or the suspension of the execution of imposition of the sentence.**

Parent Signature: _____

Date: _____

Parent Signature: _____

Date: _____

**PARENT/GUARDIAN PERMISSION
SCHOOL-SPONSORED TRIP/OFF CAMPUS ACTIVITY**

School: Norton Space & Aeronautics Academy

Phone: 909-386-2300

Student's Name: _____

Person in Charge: Team Coach

Destination: Various athletic venues (Schedule provided by Coach)

Date(s): 20__/20__ school year **Departure Time:** Varies **Return Time:** Varies

Purpose of Trip: Athletic Competition

(Special Instructions: Meals, Money, etc. – for medication see below):

***** EMERGENCY CONTACT**

Name: _____ **Address:** _____

Telephone number: _____ **Work number:** _____ **Cell:** _____

The student is responsible for transportation to and from the place of department and return. Parents are asked to be prompt in bringing and picking up their student. Please sign below to indicate that you consent to have your child participate in this school sponsored trip.

Parent/Guardian Signature

Date

Special Note to Parents/Guardians:

- (1) All drugs/medication must be registered on this form.
- (2) All drugs/medications except those which must be kept on the student's person for emergency use, must be kept and distributed by the staff.
- (3) ___ Check here if there are NO special problems that the staff should be aware of and No drugs required on the trip.
- (4) If any drugs/medication are to be taken by the student, list them here (Please list drug/reason):

If your son or daughter has a special medical problem. Please give a description of the problem here:

SECTIONS *1 and *3 MUST BE COMPLETED**

We, _____ and _____, the parents/guardians of _____, a minor, have entrusted such minor into the hands of The Norton Space & Aeronautics Academy for the purpose of taking a school sponsored trip/off campus for the purpose of the Athletic Program and any/all sports my child is participating in. I understand the dates, times and location will be provided by the Coach of any such sport. In connection with such entrustment, we authorize such caring adult(s) to consent to any medical examination, anesthetic, medial or surgical diagnosis or treatment and/or hospital care to be rendered to such minor under the general or special supervision and/or on the advice of any physician and/or surgeon licensed under the provisions of California law in such examination, anesthetic, diagnosis, treatment or hospital care of if in another state or country licensed in that state governing the practice of medicine. We further authorize such caring adult(s) to consent to any and all dental examination, dental or surgical diagnosis, treatment, and/or hospital care to be rendered to such minor by any dentist, including but not limited to, any oral surgeon licensed under the provisions of the Dental Practice Act, or if in another state or country licensed under the provisions of law in that state or country governing the practice of dentistry. Whether or during such entrustment, said caring adult(s) consent to any such medical or dental care rendered, it is to be considered with the above provisions, under the same kind of responsible deliberations as we the parent/guardians would have to consider it. We further authorize such caring adult(s) to arrange for and hire an ambulance or other emergency vehicle to transport, at our expense, such minor to a suitable place where medical or dental care is provided.

*

 Parent/Guardian Signature Date Parent/Guardian Signature Date

School Sponsored Trip/Off-Campus Activity Waiver (Minor)

Pursuant to Education Code Section 35330, we, _____ and _____, the parents/guardians of _____, a minor, do hereby waive any/all claims against the Norton Space & Aeronautics Academy, its trustees, agents, employees, for any injury, accident, illness, or death which may arise by or in connection with or result from participation of my child/ward in any activities related to the off campus trip from the Norton Space & Aeronautics Academy to athletic competitions and return from such trip which is to take place on various dates (schedule provided by coach). The terms shall serve as a waiver, release and assumption of risk from my heirs, estates, executor, administrators, assignee and for all members of my family. The undersigned further declare and represent that no promise, inducement, or agreement not herein expressed has been made to the undersigned and that this waiver contains the entire agreement between the parties hereto, and that the terms of this waiver are contractual and not a mere recital.

Waiver Acknowledgement

The undersigned have read the above Medical Release and School Sponsored Trip/Off-Campus Activity Waiver and fully understand that the signing of the liability waiver is requested but is not a condition for my child to participate in the planned field trip. This only acknowledges that I/we have read the policy.

 Parent/Guardian Signature Date Parent/Guardian Signature Date

School Sponsored Trip/Off-Campus Activity Non-Participation

***** If you sign below, your student CANNOT travel to any away competitions *****

Pursuant to Education Code Section 35330, we _____ and _____ the parents/guardian of _____, a minor, acknowledge receipt of Medical Release/School Sponsored Trip/Off-Campus Activity Waiver form. We do not authorize _____ to participate in this school sponsored trip. As an alternative to this school sponsored trip, we authorize participation in _____.

 Parent/Guardian Signature Date Parent/Guardian Signature Date

ROCKETS ATHLETICS

Last Name: _____ First Name: _____

Grade: _____

Current Address: _____
City Zip

Has student changed his/her address in the last year? Yes _____ No _____

Address last year (if different from current address):

Street: _____

City: _____ State: _____ Zip: _____

PLEASE LIST ALL SCHOOLS ATTENDED LAST YEAR:

List sports played last year and the level at which you participated : (example:
Varsity, Junior Varsity)

SPORT

LEVEL

_____	_____
_____	_____
_____	_____
_____	_____

MIDDLE SCHOOL STUDENTS

All parents of students in Middle school who participate in sports MUST complete the Driver Release Form for Athletic Participation below. The Middle and \School campus' WILL NOT release students to ANYONE who is not on the list of parent/coaches provided by the parent. This form MUST be completed and returned to the Athletic Office BEFORE your student can participate in any practice or games.

DRIVER RELEASE FORM FOR ATHLETIC PARTICIPATION

I, _____, the parent of _____, consent to the release of my student for participation in Athletic events.

The following is a list of parents/coaches that are authorized to transport my student to athletic events:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Please do not release my student to anyone who is not listed above.

Parent Signature

Date