

"Proud Home of the Rockets"

Dos Rios Elementary School Athletic Handbook

Accident Insurance

The District does not provide health and accident insurance for students, so we encourage families to get their own insurance for playground and athletic injuries.

We realize there are many student accident insurance providers serving the market, and families should choose coverage with whomever they are most comfortable. Markel Insurance Company is recommended for student accident insurance. Markel has received an "A" rating from A.M. Best, signifying excellent financial health. They offer higher insurance limits while maintaining comparable rates with around-the-clock, school timeonly, football, and extended dental program options. They have an on-line open enrollment option available throughout the year. For more information about Markel's student accident insurance program, including rates, please applications, and claims, visit http://markelaz.sevencorners.com.

Athletic Fee

Student-athletes are required to pay a fee of \$25.00 per sport. Student-athletes may receive a waiver from the principal if they meet specific criteria. Parents can request a waiver form from the school's front office. This fee is non-refundable to those who drop out of the program, are suspended, or ineligible due to grades/conduct. The athletic fee or payment arrangement is due a day before the scheduled game day.

The athletes are responsible for the uniforms and maintaining the condition in which they were given. Uniforms must be cleaned before they are returned. If a uniform is lost or damaged, the student will be charged to replace it. The fees can be applied to the tax credit on your state income tax return.

Athletic Seasons

- Fall Boys Soccer and Girls Soccer
- Winter- Boys Basketball Girls Basketball
- Spring-Boys Baseball and Girls Softball

Eligibility:

A weekly eligibility form will be submitted to the coach every Thursday. The students are expected to have a "C" grade or better and a designation of "Satisfactory" or "Excellent" on their weekly eligibility form. It is the responsibility of the student-athlete to ensure that they

submit the eligibility form by Thursday of each week. Failure to submit the form on time will result in the student-athlete being ineligible for the following week. The student-athlete will begin each week with a "fresh" start.

Each athlete's academic & behavior progress will be monitored throughout the season of competition by the Assistant Principal. A student-athlete must be both academically and behaviorally eligible to participate in UESD athletics. A student, who has two or more out-of-school suspensions during the current academic school year or has been long-term suspended, will be required to petition for eligibility. The administrator, teacher, and coach will determine if the athlete is eligible to participate.

ACADEMIC eligibility:

- During the season, the Assistant Principal will verify the student-athlete's grade in Synergy.
- Should a student athlete earn a "C" or below grade in any class (s) they are ineligible until the following eligibility review. During academic ineligibility, athletes may practice, but they may not participate in any games. They may travel on the bus with their team to/from competition however, they are benched from competing.

The following procedure will be used for

BEHAVIOR eligibility:

- Assistant Principal will review student-athlete meeting expectations on a daily basis. In-School Suspensions will result in the athlete not being eligible to participate in either practice or competition. Completed In-School Suspension(s) allow an athlete to participate with his/her teammates; however, it is at the Coach's discretion if there is an impact to participation in practice or competition.
- The Assistant Principal will verify each athlete's academic eligibility and notify the coach via email on/before 8:00AM on Friday of the same week; The Assistant Principal or his/her designee will notify the coach of any In-School Suspension(s) on the same day. Should it be discovered that an ineligible player participated in a competition:
- The competition will be forfeited;

- · The said player will serve a one-game suspension; and
- The coach will serve a one-game suspension.

During behavior, ineligibility athletes may practice, but they may not participate in any games. They may travel on the bus with their team to/from competition however, they are benched from competing. If an athlete is ineligible academically and/or behaviorally three times during the season, the athlete will be dismissed from the team.

Formation of Teams

Teams will be comprised of 6th, 7th, and 8th grade students. Teams will be determined after an evaluation by the coaches. Because of limited resources and supervision, it may be necessary for some coaches to "cut" interested athletes to keep the team sizes manageable. Athletes must attend all tryouts to be considered for a team. After the tryouts, athletes with the highest scores based on the assessment will be selected and placed on the team.

Game Day Eligibility Requirements

- Student must attend a full day of school on the day of the game to participate.
- Students may provide verification of attending medical, dental, or court-ordered appointments if not present for a full school day.
- Student must meet academic and behavioral eligibility

Parent/Guardian Involvement

Should you have any concern do not approach the coach immediately at the conclusion of a game or practice. At this time, coaches have other responsibilities, and it isn't an optimal time to discuss concerns. Should you have concerns, contact the coach and arrange for a mutually agreed upon means of addressing the matter. Should this not resolve the concern, please seek the support of the Athletic Director via the email link on the Union Elementary School District website to discuss your concern.

Should a parent/guardian's action involve confronting a coach, official, or school staff outside of these protocols, possible removal/trespass notification from the site and/or attending any future school activities in the District may result.

A. Common concerns of parents appropriate to discuss with a coach are:

- Unhealthy mental or physical strain you detect in your child at home:
- How you can contribute to your child's skill improvement and development; and/or
- Any dramatic change you detect in your child's behavior.
- B. Common parent concerns inappropriate to discuss with a coach are:
- Coaching strategy/decisions;
- Distribution of student-athlete participation allocation; and/or
- Other student athletes.

Participation Requirements

The health and welfare of our athletes is the most important concern. Every effort will be made to ensure a healthy environment and safe training conditions for our athletes. Before athletes may participate in any aspect of school sports, they must:

- 1. Completed Consent for Emergency Care form with insurance coverage information provided.
- 2. Completed Physical form with doctor's signature; to participate a physical is needed within one week after the student is placed on the team. Physicals must be dated after May 1.
- 3. AIA Mild Traumatic Brain Injury/Concussion Statement and Acknowledgement Form.
- 4. Completed Parent/Student Agreement Form.
- 5. Completed Sports Tryout Permission Form.
- 6. Athletic fee paid to school or scholarship received prior to participation (must have waiver form completed and signed by the principal).
- 7. Complete Coaches Training Certificate.

Playing Time

The athlete's attendance at practice, participation in practice, grades, classroom behavior, as well as the number of students on the team are factors considered by the coach when determining playing time.

Every effort shall be made by the coach to maximize each participant's playing time. Our athletic program is a hybrid of competitive and non-competitive. We provide the opportunity for student athletes to gain skills; all

students may try out, and each student athlete will have a minimum amount of playing time during each competition. Coaches will plan for each eligible player to play at least 1/8th to 1/9th of the competition.

- Basketball Minimum of ½ of one quarter during the first half. Second half-open substitutions are permitted.
- Soccer each player must have the opportunity to play for at least the equivalent of ½ of the minutes in the first half. Second half-open substitutions are permitted.
- Baseball 3 outs or one time at bat.
- Softball 3 outs or one time at bat.

Practices

Practice schedules are determined by the coaches. Practices may be held after school until 5:00PM on Mondays, Tuesdays, Thursdays, and Fridays. There are no practices or competitions on Wednesdays or any other early release days. Siblings or friends of athletes are not allowed to stay at practices.

Spectator/Fan Expectations

- Proper clothing and shirts must be worn at all times.
- Refrain from derogatory or obscene cheers or signs, including shouting profanities towards officials, coaches or spectators.
- Display only positive banners or posters.
- Use of any noisemakers of any type (air horns, bullhorns, whistles, etc.) at sporting event are prohibited.
- The throwing of any objects including confetti, torn paper scraps, crepe paper, toilet tissue, mini-balls, Frisbees, etc., by spectators will not be allowed at athletic events.
- Spectators are not allowed on the playing field or court at any time, including half time, before, after and between games. After a competition, no one will be allowed onto the competition area until team members are released by their coaches, and the officials have exited safely.
- Student spectators must be accompanied by an adult at all times.
- Students spectators who are wandering around and distracting other fans/players will be asked to leave and further school consequences may apply.
- Violation of any of these rules may result in the removal from the activity; permission to future events may be

denied, up to and including possible trespassing notification. This determination will be made by the Office of School Leadership of Union Elementary Schools.

Student Athlete Responsibilities and Code of Conduct

Student Athletes must abide by the academic and behavior guidelines of the school.

- 1. Athletes must maintain passing grades in all classes (including specials).
- 2. Athletes must have good behavior in all classes.
- 3. Athletes must treat all coaches, opposing teams, school staff members, and referees with respect.
- 4. Athletes are responsible for displaying good sportsmanship at all games.

Student Athlete Supervision

- 1. Athletes should report to the coach or designated area when they are dismissed from their class.
- 2. Athletes should not leave a site or designated area without permission.
- 3. Athletes must remain with their coaches at all times.
- 4. Coaches will be responsible for the supervision of their players. Coaches will remain with their players until all have been picked up after practice.

Suspension and Removal from the Team

Players must follow certain guidelines while participating and representing their school. An athlete who violates the rules listed below shall be suspended or removed from their team.

ONE GAME SUSPENSION

Players suspended from the team may not participate in practice/competition. They can travel on the bus to/from any competition however, they are benched from competition.

- 1. Two (2) unexcused tardies from a practice or game
- 2. One (1) unexcused absence from a practice or game
- 3. Misconduct during practices or games
- 4. Violation of the Student Athlete's Code of Conduct
- 5. If an athlete earns an out-of-school suspension they will be benched for their next game. In addition, during their out-of-school suspension, they are not allowed to be on

any UESD campus and they will not travel with their team.

REMOVAL FROM THE TEAM

- 1. Athlete becomes academically or behaviorally ineligible for a third time during a season.
- 2. Upon earning a third one-game suspension.
- 3. If an athlete earns a second out of school suspension during course of the academic year, the athlete will be required to petition the current coach, teacher, and an administrator for permission to rejoin the team. In addition, the athlete may be ineligible to participate in sports for the remainder of the academic year. The decision is final and at the discretion of the current coach and Administration.

Transportation

Transportation will be provided by the Union Elementary School District to all athletic games for student athletes only. Transportation will be provided back from athletic games for students of Union Elementary School District. All athletes are required to use school transportation. Ineligible or suspended athletes may not ride the bus to/from games. Parents need to be at school no later than 15 minutes after the conclusion of practice or the arrival of the bus after a sporting event.

INJURIES

Participation in athletic activities, whether during tryouts, practice or games, involve the potential for injury and other health risks. Even with proper instruction, use of protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions, the injuries can be severe and may result in total disability, paralysis, quadriplegia, or even death.

DOS RIOS ELEMENTARY SCHOOL SPORTS TRY-OUTS PERMISSION FORM

| Date: | | Hom | neroom Teacher: |
|-------------------------|--------------------------------------|--|---|
| Parent(s)/Gua | ardian(s) Name | (s): | |
| Your child w | ould like to try | out for: (circle) | |
| Basketball | Softball | Baseball | Soccer |
| Try-outs will | run from (date | s and times) | |
| | our child to try d returned to th | | ed to have this permission slip and the Medical Release form (on back) |
| If your studer | nt <i>is chosen for</i> | the team, we we | ould like you to be aware of the following information: |
| • The student | will need a cur | rrent school phys | sical; |
| Before play | ing, parents and | d students must r | return the completed Athletic Handbook form; |
| | | - | must be paid before the first game in order for your child to participate. A seded. Please call to set up a payment plan. |
| • All students | s will be transpo | orted back to the | ir home school after games. |
| considered instruction, | the health risks use of protecti | associated with ve equipment, ar | in the tryouts, practices and games involve the potential for injury and have them. By signing below, parents acknowledge that even with proper and strict observance of rules, injuries are still a possibility. On rare may result in total disability, paralysis, quadriplegia, or even death. |
| and have in | dependently de | etermined whether | District does not provide accident or health insurance coverage for my child er I should obtain such insurance at my own cost. I have received rs student accident and health insurance. |
| | | icipant and the p ory sustained dur | parent/guardian acknowledge and accept personal financial responsibility for ring the activity. |
| Sincerely, | | | |
| Dos Rios E | lementary Scho | ool Coaching Sta | ff |
| | | P | Please complete and return to school. |
| | | | |
| □ I give | | | , my consent to try-out for |

(Student's Name)

| \square I understand I will be responsible for my child getting home after try-outs for non-bus riders. | | | | |
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MEDICAL RELEASE ON NEXT PAGE

CONSENT FOR EMERGENCY CARE FORM

2022-2023

| Student Name: (Please Print) | Grade: | School: |
|---|---------------------------------|---|
| | | |
| In case of illness or injury, I request the staff member of authorize a school representative to obtain emergency treat otherwise by paramedics or emergency medical personne the exercise of prudent supervision. All medical expenses | ntment for my el. I understa | child at the closest medical facility unless instructed and the school assumes no responsibility other than |
| I have legal custody of my child and grant permission for minor under the general or specific direction of: | any emerger | ncy treatment or hospital services be rendered to said |
| Dr | | Phone: |
| (Please Print) | | |
| Medical Insurance Provider: | | Policy Number: |
| | | |
| Student | t Informa | <u>tion</u> |
| Parent/Legal Guardian Name: (Please Print) | | |
| Home or Cell Phone: | Work Ph | none/Ext: |
| Home Address: | | |
| Other emergency contact name: | | |
| Phone: Relations | ship to stude | nt |
| List any Medication(s) the student takes on a daily/as-nee | eded basis: | |
| List any medical condition the student has: | | |
| | | |
| | | |
| | | |

Parent/Guardian/Student Agreement 2022-2023

| Student Name: (<i>Please Prin</i> | nt) | Grade: | School: |
|--|---------------------------------|------------|--|
| | | | |
| • I allow my child (student nan | ned above) to participate in th | ne Union l | Elementary School District Athletic program. |
| • I am aware my child is to retube held responsible for the cost | | same con | ndition as received at the end of their season. I will |
| | of Conduct. I, as a UESD stuc | | ary School District Athletic Program's policies and lete, and parent/guardian understand the |
| Student-Athlete Signature | | | Date |
| Parent/Guardian Signature | | | Date |
| Emergency Contact Inform | nation | | |
| Name: | Address | s: | |
| Home Phone: | Cell Phon | e: | Emergency Phone: |
| Doctor's Name: | Doctor's Addres | ss: | Doctor's Phone: |
| | | | |



ANNUAL PRE-PARTICIPATION PHYSICAL Union Elementary School District

Arizona Interscholastic Association, Inc. Mild Traumatic Brain Injury (MTBI)/Concussion Annual Statement and Acknowledgement Form

| (student), acknowledge that I have to be an active participant in my own health and rect responsibility for reporting all of my injuries and illnesses to the school staff (e.g., coaches, team and athletic training staff). I further recognize that my physical condition is dependent upon providing an edical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced ing or after athletic activities. |
|--|
| |
| |
| My institution has provided me with specific educational materials including the CDC Concussion fact sheet tp://www.cdc.gov/concussion/HeadsUp/youth.html) on what a concussion is and has given me an opportunity to ask estions. |
| have fully disclosed to the staff any prior medical conditions and will also disclose any future conditions. |
| There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these acussions can cause permanent brain damage, and even death. |
| concussion is a brain injury, which I am responsible for reporting to the team physician or athletic trainer. |
| concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and ssroom performance. |
| Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after injury. |
| f I suspect a teammate has a concussion, I am responsible for reporting the injury to the school staff. |
| will not return to play in a game or practice if I have received a blow to the head or body that results in concussion ated symptoms. |
| will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by ualified health care professional. |
| ollowing concussion the brain needs time to heal and you are much more likely to have a repeat concussion or further nage if you return to play before your symptoms resolve. |
| sed on the incidence of concussion as published by the CDC the following sports have been identified as high risk for acussion; baseball, basketball, diving, football, pole vaulting, soccer, softball, spirit line and wrestling. |
| epresent and certify that I and my parent/guardian have read the entirety of this document and fully understand the attents, consequences and implications of signing this document and that I agree to be bound by this document. |
| dent Athlete: |
| ıt Name: |
| |

Parent or legal guardian must print and sign name below and indicate date signed.

| Signature: | Date: |
|------------|-------|
| | |

FORM 15.7-C 06/15 Student Athlete Eligibility Form

| Class | Current Grade (A-F) | | Conduct | | Teacher Signature |
|-------------------|------------------------|-----------|--------------|----------------|-------------------|
| Math | | Excellent | Satisfactory | Unsatisfactory | |
| ELA | | Excellent | Satisfactory | Unsatisfactory | |
| Science | | Excellent | Satisfactory | Unsatisfactory | |
| Social Studies | | Excellent | Satisfactory | Unsatisfactory | |
| Special Areas | | Excellent | Satisfactory | Unsatisfactory | |
| SEL | | Excellent | Satisfactory | Unsatisfactory | |
| Student Sig | gnature _ | | | | |
| Coach Sign | ature | | | | |

CONCUSSION INFORMATION SHEET

This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

HOW CAN I SPOT A POSSIBLE CONCUSSION?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

SIGNS OBSERVED BY PARENTS OR COACHES

- · Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- · Moves clumsily.
- · Answers questions slowly.
- Loses consciousness (even briefly).
- Shows mood, behavior, or personality changes.
- Can't recall events prior to or after a hit or fall.

SYMPTOMS REPORTED BY CHILDREN AND TEENS

- · Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

WHAT ARE SOME MORE SERIOUS DANGER SIGNS TO LOOK OUT FOR?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- · One pupil larger than the other.
- · Drowsiness or inability to wake up.
- · A headache that gets worse and does not go away.
- · Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

WHAT SHOULD I DO IF MY CHILD OR TEEN HAS A POSSIBLE CONCUSSION?

As a parent, if you think your child or teen may have a concussion, you should:

- 1. Remove your child or teen from play.
- Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
- Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.

HOW CAN I HELP KEEP MY CHILDREN OR TEENS SAFE?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- · Help create a culture of safety for the team.
- » Work with their coach to teach ways to lower the chances of getting a concussion.
- "> Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
- "> Ensure that they follow their coach's rules for safety and the rules of the sport.
- "> Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.





TO LEARN MORE GO TO>> cdc.gov/HEADSUP

JOIN THE CONVERSATION AT www.facebook.com/CDCHEADSUP

INTERSCHOLASTIC SPORTS

In accordance with Policy JJIB-Interscholastic Sports, the UESD #62 Board shall develop, in consultation with the Arizona Interscholastic Association (AIA) Guidelines, Information and Forms to inform and educate coaches, pupils and parents of the dangers of Heat-Related Illnesses, Sudden Cardiac Death and Prescription Opioid use. Before a pupil participates in any District-Sponsored practice session, game or other Interscholastic Athletic Activity, the pupil and the pupil's parent must be provided with the information at least once each school year on the risks of Heat-Related Illnesses, Sudden Cardiac Death and Prescription Opioid Addiction.

Parents & Students,

Please review the following information related to Heat-Related Illnesses, Sudden Cardiac Death and Prescription Opioid Addiction. In alignment with our Governing Board Policy the information we are providing is from Arizona Interscholastic Association (AIA).

➤ Heat Related Illnesses

http://www.nfhs.org/articles/dangers-of-heat-illness-reduced-by-following-proper-guidelines/

> Sudden Cardiac Death

nfhslearn.com/courses/61032/sudden-cardiac-arrest

> Prescription Opioid Use

http://aiaonline.org/files/16347/high-school-athletes-and-the-risks-associated-with-opioid-use.pdf

http://www.nfhs.org/articles/the-opioid-epidemic-and-high-school-sports-why-it-matters/