



Enterprise Elementary School District

Athletic Forms Packet

2017-2018

Enterprise Elementary School District

1155 Mistletoe Lane

Redding, CA 96002



2017-2018

Overview

This packet contains necessary information, regulatory requirements, advisements and forms needed for our students to participate in athletics in our district. Each section will need to be completed and signed and kept on file for the school year.

Includes:

- Agreement for team participation (includes Health Insurance Verification, Authorization for medical care, Voluntary Participation and Acknowledgment and Assumption of Risk)
- Concussion Advisement
- Sudden Cardiac Arrest acknowledgment and assumption of risk
- Non-Sponsored Transportation Notice (required if parent will not be driving their child)
- Driver Application (required if parent will be driving students other than their child)
- Insurance Brochure with options to purchase insurance



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AGREEMENT FOR TEAM PARTICIPATION

[Including Waivers and Releases of Potential Claims]

This Agreement must be signed and returned to the School Office before a Student can participate in Team Activities.

Student:	Address:
Grade: Student ID #:	DOB:
School:	Telephone:
Team(s):	Email:

In consideration of the Student's ability to participate on a Team [including any Sport, Cheerleading or Dance], including try-outs, practices, pre-season or seasonal strength or training sessions or training camps, or actual participation in Team events, shows, performances, or competitions, or the traveling to or from any of these activities ("Team Activities"), the Student and Parent/Legal Guardian ("Adult") signing this Agreement agree as follows:

It is a privilege, not a right, to participate in extracurricular activities, including Team Activities. The privilege may be revoked at anytime, for any reason that does not violate Federal or State law or District policies or procedures. There is no guarantee that the Student will make a Team, remain on a Team, or actively participate in Team events, shows, performances, or competitions. Such matters shall remain exclusively within the judgment and discretion of the supervising District employee or volunteer coach.

The Student and the Adult understand the nature of the Team, including the inherent or potential risks of Team Activities. The Student is in sufficiently good health and physical condition to participate in Team Activities, and voluntarily wishes to participate in Team Activities. Before participating in any Team Activity, a Concussion Head Injury Advisement and Sudden Cardiac Arrest Acknowledgment shall be signed and submitted to the school office (valid for one academic year, Fall/Winter/Spring Activities).

The Student shall comply with the instruction and directions of Team Activity teachers, coaches, supervisors, chaperones, and instructors. During the Student's participation in Team Activities, as well as academic and/or other school activities, the Student shall comply with all applicable Codes of Conduct. The Student shall also generally conduct himself/herself at all times in keeping with the highest moral and ethical standards so as to reflect positively on himself/herself, the Team and the District. Failure to meet these obligations may, in the discretion of the District, result in removal from the Team and/or Team Activities. Should the Student's violation of these obligations result in bodily injury or property damage, the Adult agrees to (a) pay to restore or replace the damaged property, (b) pay for bodily injury damages to an individual, and (c) defend, protect and hold the District harmless from such claims.

Team Activities contain potential risks of harm or injury, including harm or injury that may lead to permanent or serious physical injury to the Student, including paralysis, brain injury, or death ("Injuries"). Injuries might arise from the Student's actions or inactions, the actions or inactions of another Student or participant in a Team Activity, or the actual or alleged failure by District employees, agents or volunteers to adequately coach, train, instruct, or supervise Team Activities. Injuries might also arise from an actual or alleged failure to properly maintain, use, repair, or replace physical facilities or equipment available for Team Activities. Injuries might also arise from undiagnosed, improperly diagnosed, untreated, improperly treated, or untimely treated actual or potential physical conditions or Injuries, whether or not caused by or related to the Student's participation in Team Activities. All such risks are deemed to be inherent to the Student's participation in Team Activities. To the fullest extent allowed by law, the Student and Adult therefore also fully assume all such risks and waive and release any potential future claim they might otherwise have been able to assert against the District and any Board Member, employee, agent, or volunteer of the District ("Released Parties"), including any claim that could otherwise have been made on behalf of the Student or any parent, administrator, executor, trustee, guardian, assignee or family member. The Student and Adult further understand that Team Activities and transportation to and/or from Team Activities are "field trips" for which there is immunity from liability pursuant to Education Code Section 35330.

If the Student believes that an unsafe condition or circumstance exists, or otherwise feels or believes that continued participation in a Team Activity might present a risk of Injury, the Student will immediately discontinue further participation in the Team Activity, notify School personnel of the Student's belief, and notify a parent or guardian of the Student's belief. The parent or guardian shall thereafter prevent the Student from participating in the Team Activity until the unsafe condition or circumstance is addressed or remedied to their satisfaction.

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Emergency medical information regarding the Student is on file with the District and is current. The Adult agrees to provide updated medical information during the course of the Student's participation in Team Activities. If an injury or medical emergency occurs during Team Activities, District employees, agents or volunteers have my express permission to administer or to authorize the administration of urgent or emergency care, including the transportation of the Student to an urgent care or emergency care provider. In such circumstances, notice to me and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility. An Adult can only withhold this authorization by filing an Objection to Medical Care (Education 49407) that is based on their personally held religious beliefs.

Education Code Section 32221.5 requires us to notify you that: **Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses. Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling the District.** Education Code Section 32221 requires that such insurance cover medical and hospital expenses resulting from bodily injuries in one of the following amounts: (a) a group or individual medical plan with accident benefits of at least \$200 for each occurrence and major medical coverage of at least \$10,000, with no more than \$100 deductible and no less than 80% payable for each occurrence; (b) group or individual medical plans which are certified by the Insurance Commissioner to be equivalent to the required coverage of at least \$1,500; or (c) at least \$1,500 for all such medical and hospital expenses. You may meet this obligation in one of two ways:

Option 1: Private medical insurance/or Medical. If this option is selected, please provide:

_____ (Name of Insurer/Provider) and _____ (Policy number),
_____ (list coverage dates or "continuous"). The Adult agrees that the Student is covered, and will remain covered during the length of the Team season and that coverage exists in the amounts required by Section 32221.

Option 2: Purchase insurance meeting the requirements of Section 32221, for the period during which the Student is participating on the Team, through a coverage provider made available through the District [please contact the District to gain additional information regarding this program or see attached brochure]. If you are financially unable to pay for such, and if no other alternate funding is available through private or charitable organizations, the District will obtain financing for, or provide, the required coverage.

This Agreement is to be broadly construed to enforce the purposes and agreements set forth above, and shall not be construed against the Released Parties solely on the basis that this Agreement was drafted by the District. If any part of this Agreement is deemed invalid or ineffective, all other provisions shall remain in force. No oral modification of this Agreement, or alleged change or modification of its terms by subsequent conduct or oral statement, is allowed. This Agreement contains the sole and exclusive understanding of the parties, with no other representation relied upon by the Adult or Student in determining whether to execute this Agreement or in agreeing to participate in Team Activities.

AS THE ADULT SIGNING BELOW: (1) I AM GIVING UP SUBSTANTIAL ACTUAL OR POTENTIAL RIGHTS IN ORDER TO ALLOW THE STUDENT TO PARTICIPATE IN TEAM ACTIVITIES; (2) I HAVE SIGNED THIS AGREEMENT WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND WITH FULL APPRECIATION OF THE RISKS INHERENT IN TEAM ACTIVITIES; (3) I HAVE NO QUESTION REGARDING THE SCOPE OR INTENT OF THIS AGREEMENT; (4) I, AS A PARENT OR LEGAL GUARDIAN, HAVE THE RIGHT AND AUTHORITY TO ENTER INTO THIS AGREEMENT, AND TO BIND MYSELF, THE STUDENT, AND ANY AND ANY OTHER FAMILY MEMBER, PERSONAL REPRESENTATIVE, ASSIGN, HEIR, TRUSTEE, OR GUARDIAN TO THE TERMS OF THIS AGREEMENT AND I HAVE EXPLAINED THIS AGREEMENT TO THE STUDENT, WHO UNDERSTANDS HIS/HER OBLIGATIONS.

Printed Name of Parent/Guardian Signature Date

As the Student, I understand and agree to all of obligations placed on me by this Agreement.

Printed Name of Student Signature Date

Concussion Advisement

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even what seems to be a mild bump or blow to the head can be serious. Signs and symptoms of a concussion can show up right after the injury or may not appear or be noticed until days or weeks after the initial injury. In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull.

School districts that offer an athletic program must provide families of intended athletes written information on concussion and head injury (EC 49470-49475). Coaches must remove an athlete suspected of a concussion or head injury from a game or practice until cleared medically to return to play/practice. Written notification of clearance, signed by a healthcare professional must be submitted to the coach and copied to the athletic program director. A gradual schedule of return spanning no less than seven days will be implemented. The athlete should remain under the supervision of the licensed health care provider and continue to be monitored by the coaching staff. The athlete should notify the coaching staff and the health care provider if any ongoing or newly developing signs and symptoms of concussion or head injury are identified. Signs and symptoms include: headache, nausea or vomiting, dizziness, balance difficulties, double or blurred vision, sensitivity to light and/or noise, feeling sluggish, hazy, foggy or groggy, difficulty concentrating, confusion or memory difficulties, or not "feeling right."

If a coach/supervising individual identifies, or an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be removed from practice/play for the remainder of the day. Do not judge the severity of the injury. Once removed the athlete should promptly receive medical evaluation by a licensed health care provider, even if the student does not immediately describe or show physical symptoms. If they exhibit any of the following danger signs: loss of consciousness, appear dazed or confused, present with difficulty with balance, memory, or has behavioral changes, has unequal pupil size, is drowsy, or cannot be awakened, has a headache that gets worse, complains of weakness, numbness, is vomiting or is nauseous, or has slurred speech or seizures, they should receive immediate medical attention.

Rest is the key to recovering from a concussion or head injury. The athlete should rest, avoid exercise and activities that involve a lot of concentration.

Remember, concussions affect people differently. While most athletes recover quickly and fully, some will have symptoms that last for days, weeks, or even months. Remain observant.

Athletes and Parents/Guardians: Repeated concussions can increase the time it takes to recover. In rare cases, repeated concussions in young athletes can result in brain swelling or permanent damage to the brain. They can even be fatal. If you notice any signs and symptoms listed above following a blow, bump, or jolt to your head or body during a game or practice notify your coach immediately.

We the parents/guardians of _____ have been provided information on concussion and head injury and understand the importance of recognizing and treating a suspected concussion or head injury.

_____	_____	_____
Printed Name of Parent/Guardian	Signature	Date
_____	_____	_____
Printed Name of Student	Signature	Date

Keep Their Heart in the Game

A Sudden Cardiac Arrest Information Sheet for Athletes and Parents/Guardians

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the victim to collapse. The malfunction is caused by a congenital or genetic defect in the heart's structure.

How common is sudden cardiac arrest in the United States?

As the leading cause of death in the U.S., there are more than 300,000 cardiac arrests outside hospitals each year, with nine out of 10 resulting in death. Thousands of sudden cardiac arrests occur among youth, as it is the #2 cause of death under 25 and the #1 killer of student athletes during exercise.

Who is at risk for sudden cardiac arrest?

SCA is more likely to occur during exercise or physical activity, so student-athletes are at greater risk. While a heart condition may have no warning signs, studies show that many young people do have 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 they're out of shape and need to train harder, or they simply ignore the symptoms, assuming they will "just go away." Additionally, some health history factors increase the risk of SCA.

FAINTING
is the
#1 SYMPTOM
OF A HEART CONDITION

What should you do if your student-athlete is experiencing any of these symptoms?

We need to let student-athletes know that if they experience any SCA-related symptoms it is crucial to alert an adult and get follow-up care as soon as possible with a primary care physician. If the athlete has any of the SCA risk factors, these should also be discussed with a doctor to determine if further testing is needed. Wait for your doctor's feedback before returning to play, and alert your coach, trainer and school nurse about any diagnosed conditions.

What is an AED?

An automated external defibrillator (AED) is the only way to save a sudden cardiac arrest victim. An AED is a portable, user-friendly device that automatically diagnoses potentially life-threatening heart rhythms and delivers an electric shock to restore normal rhythm. Anyone can operate an AED, regardless of training. Simple audio direction instructs the rescuer when to press a button to deliver the shock, while other AEDs provide an automatic shock if a fatal heart rhythm is detected. A rescuer cannot accidentally hurt a victim with an AED—quick action can only help. AEDs are designed to only shock victims whose hearts need to be restored to a healthy rhythm. Check with your school for locations of on-campus AEDs.



The Cardiac Chain of Survival

On average it takes EMS teams up to 12 minutes to arrive to a cardiac emergency. Every minute delay in attending to a sudden cardiac arrest victim decreases the chance of survival by 10%. Everyone should be prepared to take action in the first minutes of collapse.

Early Recognition of Sudden Cardiac Arrest



Collapsed and unresponsive.
Gasping, gurgling, snorting, moaning or labored breathing noises.
Seizure-like activity.

Early Access to 9-1-1



Confirm unresponsiveness.
Call 9-1-1 and follow emergency dispatcher's instructions.
Call any on-site Emergency Responders.

Early CPR



Begin cardiopulmonary resuscitation (CPR) immediately. Hands-only CPR involves fast and continual two-inch chest compressions—about 100 per minute.

Early Defibrillation



Immediately retrieve and use an automated external defibrillator (AED) as soon as possible to restore the heart to its normal rhythm. Mobile AED units have step-by-step instructions for a bystander to use in an emergency situation.

Early Advanced Care



Emergency Medical Services (EMS) Responders begin advanced life support including additional resuscitative measures and transfer to a hospital.

Keep Their Heart in the Game

Recognize the Warning Signs & Risk Factors of Sudden Cardiac Arrest (SCA)

Tell Your Coach and Consult Your Doctor if These Conditions are Present in Your Student-Athlete

Potential Indicators That SCA May Occur

- 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

Factors That Increase the Risk of SCA

- Family history of known heart abnormalities or sudden death before age 50
- Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- Family members with unexplained fainting, seizures, drowning or near drowning or car accidents
- Known structural heart abnormality, repaired or unrepaired
- Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks or performance-enhancing supplements

What is CIF doing to help protect student-athletes?

CIF amended its bylaws to include language that adds SCA training to coach certification and practice and game protocol that empowers coaches to remove from play a student-athlete who exhibits fainting—the number one warning sign of a potential heart condition. A student-athlete who has been removed from play after displaying signs or symptoms associated with SCA may not return to play until he or she is evaluated and cleared by a licensed health care provider. Parents, guardians and caregivers are urged to dialogue with student-athletes about their heart health and everyone associated with high school sports should be familiar with the cardiac chain of survival so they are prepared in the event of a cardiac emergency.

I have reviewed and understand the symptoms and warning signs of SCA and the new CIF protocol to incorporate SCA prevention strategies into my student's sports program.

STUDENT-ATHLETE SIGNATURE

PRINT STUDENT-ATHLETE'S NAME

DATE

PARENT/GUARDIAN SIGNATURE

PRINT PARENT/GUARDIAN'S NAME

DATE

For more information about Sudden Cardiac Arrest visit

California Interscholastic Federation
<http://www.cifstate.org>

Eric Paredes Save A Life Foundation
<http://www.epsavealife.org>

National Federation of High Schools
(20-minute training video)
<https://nfhslearn.com/courses/61032>





NON-SPONSORED TRANSPORTATION NOTICE

The undersigned hereby acknowledges and understands that the District is NOT providing transportation to the school-sponsored activity shown below and that it is the responsibility of the undersigned to arrange for transportation.

Event: _____ Location: _____

Date(s): _____ Time(s): _____

As parent/legal guardian, I hereby authorize and give permission for my child, _____, to ride as a passenger in a vehicle driven by another parent or student or on a commercial carrier, *i.e.*, RABA, Greyhound, chartered bus, etc., driven by that agency's employee.

The undersigned acknowledges and understands that the driver is not driving on behalf of or as an agent of the District. Further, the undersigned understands that the District has not verified the driving record of the driver or the mechanical condition of the vehicle.

IT IS FULLY UNDERSTOOD THAT THE DISTRICT IS IN NO WAY RESPONSIBLE, NOR DOES THE DISTRICT ASSUME LIABILITY, FOR ANY INJURIES OR LOSSES RESULTING FROM THIS NON-DISTRICT SPONSORED TRANSPORTATION. ALTHOUGH THE DISTRICT MAY ASSIST IN COORDINATING THE TRANSPORTATION AND/OR RECOMMEND TRAVEL TIME, ROUTES, OR CARAVANNING TO OR FROM THIS EVENT, I FULLY UNDERSTAND THAT SUCH RECOMMENDATIONS ARE NOT MANDATORY.

Parent/Guardian's Signature

Date

Student's Signature

Date



Transportation for Activities: Private Vehicle Requirements

The District acknowledges the need for responsible private drivers to provide transportation services for numerous school activities that otherwise would not exist without volunteer support. To ensure that private transportation services will be provided in a safe, efficient and cost effective manner, the following requirements will be met:

1. The driver will be 21 years of age or over and possess a valid California driver's license.
2. The driver will be in good physical condition, free of medications that may affect operation of the vehicle.
3. The vehicle will be in excellent condition and repair.
4. The vehicle will have a seat belt for each student being transported and the driver will require them to use it. Limitation on number of students transported is:

6-passenger sedans	:	5 passengers + driver
Station Wagons	:	8 passengers + driver
Vans	:	9 passengers + driver
Trucks	:	1 or 2 passengers + driver (no passengers outside of cab)

NO TRANSPORTING OF MORE THAN NINE PASSENGERS

5. The driver accepts the added responsibility that comes from carrying extra individuals and, therefore, will be conscientious in obeying all driving rules and regulations set forth by the State of California. The California Supreme Court has eliminated the protection of the former California Guest Law; therefore, a guest passenger may sue his/her host owner/driver.
6. The driver must have an automobile liability insurance policy and is also responsible for physical damage to their vehicle. The District's liability insurance does not extend protection to the private driver unless the driver has been deemed a volunteer/employee by the district. If deemed such, the district's liability insurance serves only as excess insurance over the driver's primary insurance.

Minimum required limits of coverage:

Bodily Injury	\$	<u>100,000</u>	each person
	\$	<u>300,000</u>	each occurrence
Property Damage	\$	<u>50,000</u>	each occurrence
Bodily Injury & Property Damage	\$	<u>300,000</u>	combined limit



ENTERPRISE ELEMENTARY SCHOOL DISTRICT

1155 Mistletoe Lane, Redding, CA 96002 • Phone: (530) 224-4100 • FAX: (530) 224-4101 • www.eesd.net

Empowering every child, every day to create a better world

STUDENT ACCIDENT INSURANCE / HEALTH INSURANCE 2017-2018 School Year

Dear Parents:

The Enterprise Elementary School District **does not provide medical, accident or dental insurance** for pupils injured on school premises or through school activities. In accordance with Education Code Section 49472, the District is making available a low cost medical/dental accident insurance program, and we urge that serious consideration be given to these programs.

Accident Only Plans: The purpose of these plans is to provide assistance at a minimum cost to meet some of the expenses for accidental injury. The plans pay the first \$500.00 in benefits in addition to other insurance, which can help you meet your primary insurance deductibles and/or co-payments.

The plan costs are in the chart below. Please visit your Childs' School Office to obtain a detailed brochure/application, or you may obtain one and sign up online at www.peinsurance.com (click on Products, then Student Insurance). Please read the Student Benefits Plan Brochure to select the plan that best meets your needs.

All Plans Are A ONE TIME ANNUAL Payment

Options	Low	High
At School Plan Grades P-8	\$ 11.00	\$ 25.00
Grades 9-12	\$ 24.00	\$ 54.00
24-Hr-a-Day Plan Grades P-8	\$ 75.00	\$161.00
Grades 9-12	\$ 92.00	\$192.00

Please see brochure for complete plan details.

Health Insurance Plans Pacific Educators can now assist people in applying for health insurance plans that meet the guidelines of the **Affordable Care Act** and help you avoid potential tax penalties. Some may **qualify for tax savings and government assistance**. We will be happy to help you get all the potential assistance/subsidies you are eligible for. Please call the number below or visit our website at www.peinsurance.com click 'products' and then 'health insurance.'

If you have further questions, please call Pacific Educators, Inc., at (800) 722-3365 or (714) 639-0962.

Brian N. Winstead
Superintendent

SEGURO ESTUDIANTIL contra accidentes / SEGURO DE SALUD Año escolar 2017-2018

Estimados padres:

El Distrito Escolar Enterprise Elementary **no provee seguro médico o dental en caso de accidentes** para alumnos lesionados en las áreas escolares o en actividades de la escuela. Para ayudarlos a proveer cobertura para su estudiante, el distrito tiene un programa de seguro de accidente médico/dental disponible, a bajo costo es urgente que usted considere seriamente este programa.

Accidente sólo planes

El propósito de este plan es el de proveer ayuda a un costo mínimo para cubrir algunos de los gastos por accidente o lesión. El plan no provee cobertura ilimitada, pero ofrece ayuda considerable en caso de accidente.

El costo del plan se muestra a continuación. Por favor visite la oficina en la escuela de su hijo para obtener un folleto/solicitud detallado/a, o puede obtenerlo/a en la Internet en el sitio www.peinsurance.com (Pulse en "Products," después en "Student Insurance"). Por favor lea el folleto de Plan de beneficios estudiantiles para elegir el plan que mejor cumpla con sus necesidades.

Todos los Planes son UNA VEZ Pago ANUAL

Opciones	Baja	Alta
En la Escuela Plan Grados P-8	\$11.00	\$25.00
Grados 9-12	\$24.00	\$54.00
24-Hr-a-día Plan Grados P-8	\$75.00	\$161.00
Grados 9-12	\$92.00	\$192.00

Por favor, vea folleto para completar los detalles del plan

Los planes de seguros de salud Pacific Educators ahora puede ayudar a las personas en la aplicación de los planes de seguros de salud que cumplan con las directrices de la Ley de Atención asequible y ayudarle a evitar posibles sanciones fiscales. Algunos podrán beneficiarse de los ahorros fiscales y asistencia del gobierno. Estaremos encantados de ayudarle a obtener todas las posibilidades de ayuda y las subvenciones que puede optar. Por favor, llame al número que aparece a continuación o visite nuestro sitio web en www.peinsurance.com haga clic en "productos" y luego "seguro de salud."

Si tiene preguntas, por favor llame a Pacific Educators, Inc., Student Accident Department al (800) 722-3365 o (714) 639-0962.

Brian N. Winstead
Superintendent