



# Alameda Education Foundation Middle School Sports Athlete Packet 2011-2012

Fall 2011

Dear Parent or Guardian,

Welcome to the Alameda Education Foundation's Middle School Sports Program!

This packet includes all the forms and information needed by a participant. Please take the time needed to review the information in this packet. All information must be collected by the Head Coach at your school before the student-athlete can begin tryouts.

Only one packet per student-athlete per year needs to be completed regardless of how many sports the student-athlete participates in. All student-athletes are required to have medical insurance. If you do not have insurance, there is an application form that you can get from the main office. Students must maintain a minimum GPA of 2.0 with no single grade of "F." All players will be verified for grade eligibility by the school administrator. Please note that sites may also employ other methods of eligibility, such as behavioral standards.

At AEF, we believe sports are an integral part of a quality educational experience for students. There is currently no district funding for Middle School Sports. The AEF After-School Sports Program is funded through student participation fees, fundraising events and local and corporate donations. There is a participation fee of \$50 per student per sport, but no athlete will be turned away for financial reasons. In addition, other fundraising efforts will be employed to help raise vital funds for the program. Your student's coach will provide you with more information on fees and fundraising efforts.

If you have any questions regarding the material in this packet, please feel free to email the Athletic Director at [AEFSports@AlamedaEducation.org](mailto:AEFSports@AlamedaEducation.org).

Thank you,  
Marty Garchar, AEF Middle School Athletic Director  
Bill Sonneman, AEF President



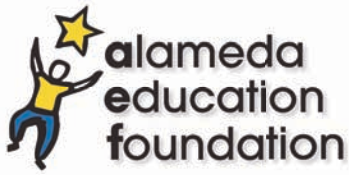
**AAMS**  
500 Pacific Ave



**Lincoln Lions**  
1250 Fernside Blvd



**Wood Beavers**  
420 Grand St



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## Guidelines & Policies: To All Athletes and Parents/Guardians:

### **Item 1. Informed Consent: Please read and initial Signature Form, page 3**

The Alameda Education Foundation has a responsibility to make you aware of the dangers of participation in any form of athletic competition. I am asking that you carefully read over the statement below with your son or daughter, sign and return it to school.

I am aware of the potential dangers of participation in interscholastic athletics – both in practice and competition. I realize that there is a risk of being injured in all sports, no matter how many precautions are taken. I further realize that this risk of injury may be severe, including varieties of contusions, scrapes, cuts, sprains, fractures, brain injuries, concussions, **PARALYSIS, OR EVEN DEATH.** I also realize that my son/daughter needs to follow all of the guidelines given by the coaching staff regarding training rules, safety rules, proper use of equipment, legal and safe playing techniques, and any and all other safety procedures. I understand that even if all of the above is done, my son/daughter may still incur injury through participation in athletics.

I understand that photos of athletes may be published unless I submit a written no-photo request to AEF.

### **Item 2. Athlete's Contract: Please read and initial Signature Form, page 3**

I will conduct myself in a manner respectful to myself and others, practice self-discipline, and obey the rules and regulations of the school. Any violations on my part that result in disciplinary actions from the school will apply to my participation in the sport at the coach's and administration's discretion. Any violations during an athletic contest will affect my opportunity to participate in future games/matches/meets at the discretion of the coach and administration.

I will maintain an overall minimum grade point average of 2.0. Grades will be checked in accordance with school policy and tutoring is available should I need it.

**Unsportsmanlike conduct - including fighting, pushing, shoving, throwing things, cursing or taunting – will not be tolerated before, during, or after an athletic event.** If a player or coach engages in fighting, pushing, shoving or hitting, that player or coach will be suspended for the remainder of the season. **If a player or a coach is ejected during an athletic contest, that player or coach will be suspended from the subsequent contest. A second ejection during the year will result in suspension for the remainder of that year.**

### **Item 3. Transportation Policy: Please read and initial Signature Form, page 3**

As a parent of a participant in the AEF Middle School Sports Program, I understand that my student athlete may travel to other schools within Alameda and to neighboring cities to participate in practice, scrimmages and/or games and that I am responsible for all transportation. I/We release Alameda Education Foundation, AUSD, AAMS and the coaching staff of all responsibility for my son/daughter relating to transportation. Carpooling is suggested but all parties involved are fully responsible for arrangements and liability.

### **Item 4. Spectators Code of Conduct: Please read and initial Signature Form, page 3**

All parents/guardians, students and spectators shall conduct themselves in a respectful manner conducive to modeling good sportsmanship. They shall refrain from all conduct which tends to degrade, bait, intimidate or otherwise discredit their players, opponents, officials, athletes or coaches.

### **Item 5. Off Campus Training Rules: Please read and initial Signature Form, page 3**

Practices may include off campus training. Participants will practice pedestrian safety rules and be respectful of others and property.

### **Item 6. Participation Fee/Fundraising: Please read and initial Signature Form, page 3**

Participants are expected to make a financial contribution to the AEF Middle School Sports program via a direct donation of \$50 per student per sport. In addition, all families are expected to support fundraising efforts.



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|              |   |
|--------------|---|
| School Year: | 2010-2011                                 |
| School:      | _____                                     |
| Grade:       | _____                                     |
| Circle one:  | Male / Female                             |
| Circle:      | Volleyball<br>Basketball<br>Track & Field |

**SIGNATURE FORM**

**Athlete's Legal Name** (please print): \_\_\_\_\_

➤ **Item #1 Informed Consent:** Parent/Guardian Initial \_\_\_\_\_ Student Initial \_\_\_\_\_

Understanding the information, I give my permission for my student athlete to participate in Alameda Education Foundation Middle School Sports Program sport. I understand that photos of athletes may be published unless I submit a written no-photo request to AEF.

➤ **Item #2 Athlete's Contract:** Parent/Guardian Initial \_\_\_\_\_ Student Initial \_\_\_\_\_

I have read and understand the guidelines and consequences of the Athlete's Contract.

➤ **Item #3 Transportation Policy:** Parent/Guardian Initial \_\_\_\_\_ Student Initial \_\_\_\_\_

I have read the policy and release AEF, AUSD and all coaches of all liability related to transportation. I understand that I am responsible for arranging my child's transportation for this program. Any arrangements I make with other parents are fully my responsibility.

➤ **Item #4 Spectators Code of Conduct:** Parent/Guardian Initial \_\_\_\_\_ Student Initial \_\_\_\_\_

I have read the statement on the expected behavior at athletic events and agree to abide by the Code of Conduct indicated. I further agree to advise anyone I may bring to a Middle School Sports athletic contest of the stated rules.

➤ **Item #5 Off-Campus Training Rules:** Parent/Guardian Initial \_\_\_\_\_ Student Initial \_\_\_\_\_

I will practice pedestrian safety rules and be respectful of others and property.

➤ **Item #6 Participation Financial Contribution:** Parent/Guardian Initial \_\_\_\_\_ Student Initial \_\_\_\_\_

I will contribute to the AEF Middle School Sports program via a direct donation and/or fundraise.

**WE HAVE READ, UNDERSTAND AND AGREE TO COMPLY WITH THE INFORMATION PRESENTED IN THE ATHLETIC PACKET FOR THE ALAMEDA EDUCATION FOUNDATION MIDDLE SCHOOL SPORTS PROGRAM**

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian(s) Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**CONTACT INFORMATION:**

Address: \_\_\_\_\_  
Street City Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email: \_\_\_\_\_



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Note: This page is intentionally left blank

***Please sign & return pages 3 & 5***



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|              |   |
|--------------|---|
| School Year: | 2010-2011                                 |
| School:      | _____                                     |
| Grade:       | _____                                     |
| Circle one:  | Male / Female                             |
| Circle:      | Volleyball<br>Basketball<br>Track & Field |

## Medical Release Form

**Athlete's Legal Name:** \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
 [please print] Last Name First Name

In the event that I (parent/guardian) cannot be reached, I hereby authorize the administrator, or coach in charge, as agent to the student, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provision of the Medical Practice Act., whether such diagnosis or treatment be rendered at the office or at the hospital.

Every student participating in interscholastic athletics must be covered by medical insurance. Please indicate the insurance carrier that insures your son/daughter, the policy number, and the name of your family physician. **If you do not have insurance, you must purchase an insurance policy. Please contact your school office for an application.**

INSURANCE CARRIER: \_\_\_\_\_ POLICY #: \_\_\_\_\_

NAME OF PHYSICIAN: \_\_\_\_\_ PHONE #: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Is the student currently taking any medication? \_\_\_\_\_ If so, please list: \_\_\_\_\_

Is the student allergic to any medication? \_\_\_\_\_ If so, please list: \_\_\_\_\_

Has the student had any major operations or serious injuries? \_\_\_\_\_ If so, please list: \_\_\_\_\_

**NAME OF PERSON(S) TO BE CONTACTED IF PARENTS/GUARDIANS ARE NOT AVAILABLE**

Name: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

=====  
**Parent/Guardian Name (Print):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **Date:** \_\_\_\_\_