

**SRVUSD NORTH LEAGUE**

*Charlotte Wood Middle School*

*Diablo Vista Middle School*

*Los Cerros Middle School*

*Stone Valley Middle School*

San Ramon Valley Unified School District

Middle School Athletics  
Policies and Procedures

**SRVUSD SOUTH LEAGUE**

*Gale Ranch Middle School*

*Iron Horse Middle School*

*Pine Valley Middle School*

*Windemere Ranch Middle School*



The San Ramon Valley Unified School District believes in the ideals of good sportsmanship, ethical behavior, and integrity in the middle school sports programs. The promotion of good citizenship and high behavior standards are expected at all times. This program is a privilege available to middle school students in the San Ramon Valley Unified School District.

Student athletes are expected to be positive role models for their peers and shall exhibit positive behavior at all times both on the field and court and off.

The San Ramon Valley Unified School District Athletic Program is a non-competitive program which promotes fairness and good sportsmanship. Students shall be encouraged to play sports, regardless of perceived ability level. No student will be cut from an athletic team due to perceived ability level, and every effort will be made to give all students equal playing time.

### **Student Expectations**

1. Students will respect opponents, fellow students, coaches and spectators.
2. Student will participate in every practice as required by coaches. Exceptions will be made by coaches on a case by case basis when academics need to take priority.
3. Students will maintain a 2.0 grade point average.
4. Students will not use illegal drugs, alcohol, tobacco, or any other harmful substance.
5. Students will respect all school and district property.
6. Student will demonstrate good character and sportsmanship.

**Failure to abide by these rules will result in consequences set by school administration. Consequences may include disciplinary action in accordance with California Education Code and may include loss of after school athletic privileges.**

## **Parent and Coach Responsibilities**

Parents and coaches will strive to make the Middle School Sports Program a positive and uplifting experience for students. Parents and coaches should guide students towards respecting each other, other teams and their coaches. Parents and coaches should also encourage students to keep academics as the students' first priority. Parents and coaches will abide by and enforce all site and district policies wherever applicable.

Any parent or coach who wishes to drive any student other than their own to a game or event must have the enclosed Personal Automobile Use Permission Form completed and on file with their student's home school. No exceptions can be made to this policy.

## **Schedule Information**

The following are schedule guidelines, and are approximate times. Please plan accordingly. Information may be subject to change by the coach, referee, or site administrator.

- Practices generally are held for one hour after school.
- All games begin at 3:30 p.m.
- Games should last approximately one hour.
- If a game is cancelled due to weather or other site considerations, the decision will be made by approximately 11:00 a.m. every day.
- Parents should arrange to have students picked up from the site hosting the game immediately after the game, or from the students' home school immediately following the teams return. We cannot be responsible for students left without rides to and from games.

## Policy Acknowledgement

Parents and students should review this packet and sign the form below, as well as the San Ramon Valley Permission Slip below. Both forms must be returned to the coach or the appropriate designee before students will be permitted to participate in the sports program. This form needs to be returned for each individual sport a student is participating in.

I have read and agreed with all of the information above. I pledge that I will abide by all of the above information and all District Policies while I or my student participates in the San Ramon Valley After School Sports Program.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

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

### **Student Expectations**

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**San Ramon Valley Unified School District  
Student Athlete Health Questionnaire  
(To be filled out by Parent/Guardian)**

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

Grade \_\_\_\_\_ DOB \_\_\_\_\_

Mother/Guardian \_\_\_\_\_

Phone \_\_\_\_\_

Father/Guardian \_\_\_\_\_

Phone \_\_\_\_\_

**PLEASE CHECK ALL THAT APPLY TO YOUR CHILD**

\_\_\_\_\_ Asthma \_\_\_\_\_ Diabetes (Blood sugar issues)  
(inhaler required) Yes  No   
\_\_\_\_\_ Seizure Disorder /Epilepsy \_\_\_\_\_ Heart Condition  
\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Allergies (food, medication, environment, insects)  
Explain \_\_\_\_\_

**Does your child carry an Epi-Pen? Yes  No**

**List all medication taken by your child:**

At Home \_\_\_\_\_

At School \_\_\_\_\_

**Are there any other medical / special conditions or health concerns that the school site or coaches should be aware of?**

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE: If a medical emergency occurs, 911 will be called to respond.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date:

**\*\*\*TO PARTICIPATE IN AFTER SCHOOL SPORTS, THIS FORM  
MUST BE TURNED IN PRIOR TO THE FIRST DAY OF TEAM  
PRACTICE – NO EXCEPTIONS!**



## STUDENT CODE OF CONDUCT FOR SCHOOL TRIPS

### Grade 6-12

School-sponsored trips are planned with an educational objective. The success of these trips depends upon the conduct of all students who participate.

Participation in a school trip is a privilege. It should be noted that attendance is voluntary, not mandatory, and, as such, the student agrees to abide by the rules and regulations or forfeit his/her personal rights to participate in the trip. In order that everyone receives maximum benefit from their participation on this trip, the "Student Code of Conduct" must be adhered to at all times. There are standards for behavior that students are expected to uphold at all times. These include:

1. Respecting public and private property.
2. Obeying all policies of the San Ramon Valley Unified School District, school and organization in effect for the duration of the trip.
3. Conducting oneself in a courteous and respectful manner at all times.
4. Remaining in the presence of adult supervision at all times, unless explicit consent has been given by an adult supervisor.
5. Following directions and instructions of chaperones without fail.
6. Refraining from bringing, consuming, or being in the presence of drugs, alcohol or tobacco. Understanding that choosing to bring, consume, or be in the presence of others who are consuming will lead to suspension and/or expulsion, as well as immediate termination of the trip privilege. Consequences will be applied regardless of whether the student has brought or consumed alcohol, tobacco or drugs, or has associate with, or is in the presence of others who are consuming drugs, alcohol or tobacco.
7. Acquiring a physician's written orders to carry and take any prescription medication.
8. Adhering to the trip dress code.
9. Abiding by the curfew established.
10. Spending each night in the assigned room.
  - a. No student may leave his/her room for any reason after lights are out without a chaperone's permission and presence. The only exception to this rule is when all hotel guests are to respond immediately to a fire alarm or other emergency situation.
  - b. No student shall be in another student's room when the other student is of the opposite gender, unless a chaperone is present.
11. Consenting to a luggage check by appropriate school staff prior to leaving for the field trip and upon return.
12. Allowing to a search of the room and personal belongings at any time deemed necessary by the appropriate school staff based on reasonable suspicion.



## STUDENT CODE OF CONDUCT FOR SCHOOL TRIPS

I agree that if or any reason I am in violation of the rules of the school trip, I may be brought before the appropriate school personnel for disciplinary action. I further agree to accept the penalty imposed on me, with the understanding that all such actions will be explained to me. I further realize that the severity of the penalty may increase with the severity of the violation, even to the extent of being sent home *immediately at my own expense or being arrested by law enforcement officers.*

Rule violations will be dealt with in the following manner:

1. The staff supervisors will take immediate action for any rule violation.
2. The staff supervisors will notify the principal of the violation and the action taken and make a recommendation for disciplinary action.
3. Violators will have the opportunity to state their version of what happened.
4. The principal or other SRVUSD administrator will make the formal decision as to the penalty imposed based on all evidence presented.
5. The penalties may include the following
  - a. Reprimand
  - b. Probationary period
  - c. Disqualification from future activities
  - d. Being sent home at own expense
  - e. Suspension and/or recommendation for expulsion from school

- I understand the behavior expectations and the consequences of violating the Student Code of Conduct. I have read this code and agree to comply with all of the rules and regulations as outlined by the staff supervisor.

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

- I understand and support the behavior expectations and the consequences if my child Violates the Student Code of Conduct. My child has read this form and will comply with all of the rules and regulations as outlined by the staff supervisor.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

- The above Student Code of Conduct has been explained to the school trip participant. I Have notified the participants as to the rules and regulations of this school trip. I will serve as the appropriate staff supervisor during the school trip by signing below.

Staff Supervisor signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Supervisor signature \_\_\_\_\_ Date \_\_\_\_\_



San Ramon Valley Unified School District

PERSONAL AUTOMOBILE USE PERMISSION FORM

Form with fields for Driver #1 and #2 information, including Name, Birth Date, Phone#, Drivers License #, Expiration date, Year/Make of Auto, Vehicle License #, Insurance Carrier/Agent, Phone #, B.I. & P.D. Limits, Policy #, Exp. Date, Vehicle Capacity, Driving Restrictions, Student's Name, and Teacher's Name.

I certify the above information is correct and that the required insurance coverage is in-force. I understand that I must have liability insurance coverage meeting the District's minimum requirement and agree to advise the District, in writing, of any changes in the above information.

District Insurance REQUIREMENT

MINIMUM Insurance Limits of \$100,000/\$300,000 Bodily Injury and \$25,000 Property

I understand that seat belts and/or car seats are required by law to be worn/used by all passengers. I further understand that safety considerations and California State Law require that no child ride in the front passenger seat of my vehicle. I also understand that children MUST be secured in an appropriate passenger restraint system (safety seat or booster seat) until they reach six (6) years of age or weigh sixty (60) pounds.

I represent that I am not a registered sex offender as defined by Megan's Law, California Penal Code Sec. 290

\* Your signature confirms that you have the minimum insurance required and that you understand and will comply to the above.

\* Please submit a copy of your Driver's License and Proof of Insurance Card with form.

Signature and Date lines for Driver #1, Driver #2, and Administrative Approval.

NOTE:

If you drive your personal automobile while on school business and you are involved in an accident, by law your own insurance policy is used first. The District liability policy would be used only after your liability policy limits have been exceeded. The District does not cover, nor is it liable for, comprehensive and collision coverage to your vehicle.

BU:BU: 10100 (2part NCR) Revised: 12/11/07



**SAN RAMON VALLEY UNIFIED SCHOOL DISTRICT**

**ADULT CHAPERONE VOLUNTEER PARTICIPATION IN VOLUNTARY ACTIVITY HOLD  
HARMLESS AND MEDICAL TREATMENT AUTHORIZATION**

*(For all Chaperone Volunteers who are not employed by the SRVUSD District.)*

Date \_\_\_\_\_

Name \_\_\_\_\_

Activity \_\_\_\_\_

Date(s) of activity \_\_\_\_\_

I have agreed to be a volunteer chaperone for the above mentioned activity.

- The school reserves the right to revoke volunteer privileges at any time.
- School trip drivers must have an approved "Personal Automobile Use Permission Form"
- I represent that I have not been convicted of a felony, and that I am not a registered sex offender as defined by Megan's Law, California Penal Code Section 290.

I understand that this activity could cause illness and/or injury. In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care considered necessary in the best judgment of the attending physician, surgeon or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

As a condition of my participation as a San Ramon Valley Unified School District (District) chaperone volunteer in this activity, I acknowledge that workers' compensation is my only recourse for any bodily injuries sustained during my course as a District volunteer. I agree to waive all claims against San Ramon Valley School District and to indemnify and hold District, its officers, agents, and employees harmless from any and all liability or claims, demands, losses, causes of action, suits or judgments of any kind whatsoever that I, my heirs, executors, administrators or assignees may have against the District or that any other person or entity may have against the District because of any death, bodily injury, personal injury, or illness, or because of any loss to property that may arise out of or in any way be connected with the above described activity. This waiver shall not apply to any occurrences that may arise solely out of the negligence of the District, its employees or agents.

Signature \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy no. \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Work: \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Phone \_\_\_\_\_

For Office Use Only:  Copy of picture ID attached  Received by: \_\_\_\_\_

Date: \_\_\_\_\_