

Academy for Academic Excellence Athletic Card

PRINT ATHLETES LAST NAME

FIRST

MIDDLE

M _____ F _____

SEX

GRADE

BIRTHDATE

HOME PHONE

EMERGENCY PHONE

PARENTS WORK PHONE NUMBERS

NAME OF EMERGENCY CONTACT

RESIDENCE ADDRESS

Have you played High School Athletics at another school? NO _____ YES _____ If yes, name of school

AUTHORIZATION OF CONSENT FOR TREATMENT OF A MINOR

I/we, the undersigned parents/guardians of the minor student enrolled at AAE, do hereby authorize the Academy for Academic Excellence as agent for the undersigned to consent to an x-ray examination, anesthetic, or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any physician and/or surgeon licensed under the provision of the Medical Practice Act, on the medical staff of St. Mary Regional Medical Center, Desert Valley Hospital, or Victor Valley Community Hospital, whether such diagnosis or treatment is rendered at the office of said physician or at one of said hospitals. In the event that my/our child is participating in a school function outside of the High Desert, I authorize treatment and care listed above at a medical facility determined appropriate by the representative of AAE. I also authorize AAE to use an ambulance service as deemed appropriate. A school representative may also administer first aid for minor injuries.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent to give specific consent for any and all such diagnosis, treatment, or hospital care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable. I also agree to accept all financial responsibility for all costs of the above medical services, with no liability to AAE.

Parent/Guardian Signature: _____ Date: _____

MEDICAL INFORMATION

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Medical Insurance Provider: _____ Phone: _____

Group #: _____ Policy #: _____

Any medical conditions that AAE should be aware of: _____

Medications that student is currently taking: _____

Allergies: _____

CODE OF ETHICS – ATHLETES

Athletics is an integral part of the school's total educational program. All school activities, curricular and extracurricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social, and moral development of its students. It is within this context that the following Code of Ethics is presented.

As an athlete, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials and coaches.
3. Respect the integrity and judgment of game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
5. Maintain a high level of safety awareness.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of the games to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. Win with character, lose with dignity.

Print Athlete's Name

Date

Signature of Athlete

Date

Signature of Parent/Guardian

Date

CSBA – Exhibit - E5131.63

Note: The following agreement is based on a sample developed by the California Interscholastic Federation.

AGREEMENT FOR STUDENT ATHLETE AND PARENT/GUARDIAN REGARDING USE OF STEROIDS

*Directions: As a condition of membership in the California Interscholastic Federation (CIF), the Governing Board of the **Academy for Academic Excellence** has adopted Board Policy 5131.63 prohibiting the use and abuse of androgenic/anabolic steroids. CIF Bylaw 524 requires that all participating students and their parent/guardians sign this agreement.*

By signing below, we agree that the students shall not use androgenic/anabolic steroids without the written permission of a fully licensed physician, as recognized by the American Medical Association, to treat a medical condition.

We recognize that under CIF bylaw 200.D the student may be subject to penalties, including ineligibility for any CIF competition, if the student or his/her parent/guardian provides false or fraudulent information to the CIF.

We understand that the student's violation of the district's policy regarding steroids may result in discipline against him/her, including, but not limited to, restriction from athletics, suspension, or expulsion.

Signature of student athlete

Date

Signature of parent/guardian

Date