

# SUMMIT PREPARATORY CHARTER HIGH SCHOOL JV/VARSITY SPORTS & INTRAMURAL PROGRAM

Dear Summit JV/Varsity Sports Families,

For those of you whose children have been at Summit since its inception, you know how far the sports program has come. For those who are new to Summit this year, the sports program has evolved very quickly and successfully. Development of the programs has not been without an incredible amount of volunteer effort by parents and staff, and of course has required designated funds to run the programs. Our Sports Program relies mostly on contributions to pay for coaches, uniforms, gym/field space and equipment. Therefore, your generous contributions are greatly needed to meet our budget of approximately \$30,000. In the spirit of supporting a vibrant sports program at Summit, we are asking every family with a child playing JV/Varsity sports at Summit to contribute \$150.00 per JV/Varsity sport in which your child participates and \$50 per intramural season. If you would like to contribute more, please feel free. This will be the only opportunity to donate specifically to the Sports Program and so we truly appreciate any donations that go above and beyond the standard fee. If your child is not a part of Summit Sports, but you would like to support our program, feel free as well. Please note that no child will be excluded for lack of funds. If your child is on scholarship, please indicate so below.

This year, in order to fully support our program, we are also doing a great deal of fundraising. We are requiring that all sports families volunteer their time in the form of working at concessions at one Stanford game and 5 additional hours per sport. Please see the next page for more information and a volunteer form.

Your check may be made payable to Summit Preparatory Charter High School and turned in at the sports' mailbox at the school with the attached packet. Thank you for making the sports' program at Summit successful! Please do not hesitate to contact Athletic Director Maura Dudley ([mdudley@summitprep.net](mailto:mdudley@summitprep.net)) or Athletic Administrator Dan Robinson ([dan@danrobinsonhomes.com](mailto:dan@danrobinsonhomes.com)) if you have any questions.

Please stay tuned for information about an all-sport meeting at Summit in the early fall.

Summit Sports Committee  
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PLEASE TURN IN YOUR CONTRIBUTION FOR JV/VARSITY SPORTS WITH YOUR SPORTS PACKET ATTACHED (SEPARATE FOR EACH CHILD) The rest of the packet should be downloaded under Links/Forms at <http://summitprepathletics.olinesports.com/>)

Print Your Name \_\_\_\_\_

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

Number of JV/Varsity Sports This Year \_\_\_\_\_ x \$150 per sport = \_\_\_\_\_

Number of Intramural Seasons This Year \_\_\_\_\_ x \$50 per season = \_\_\_\_\_

Other Donation \$ \_\_\_\_\_

Check for Scholarship \_\_\_\_\_

TOTAL AMOUNT ENCLOSED: \_\_\_\_\_

# SUMMIT SPORTS VOLUNTEER FORM

If you are interested in volunteering for Summit Sports, we thank you. One of the great things about Summit Sports is that our athletes participate in the fundraising, which gives them more buy-in to the program. We are also looking for parents to serve as team administrators and team fundraising coordinators for all sports.

We are asking everyone to fill out the following form. All students (and/or their family members) must volunteer at one Stanford game selling concessions (exact dates to be determined) as well as 5 hours per sport. Students should fill out contact information and indicate their date preference below. Parents should also fill out contact information and indicate interest in volunteering as well.

**\*\*FOR ALL FAMILIES TO FILL OUT. PLEASE RETURN WITH DONATION FORM AND PHYSICAL**

Student Athlete Name: \_\_\_\_\_

Summit Sport(s): \_\_\_\_\_

Student Email address (print clearly): \_\_\_\_\_

Circle Two Preferred Stanford Dates (we will assign you to one but note that we are not guaranteed the opportunity to work these dates, but they are the possible times):

Thurs Aug 28 6pm                      Sat Sept 20                      Sat Oct 11                      Sat Nov 1                      Sat Nov 15

- - - - -

Parent 1 Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Preferred Email (print clearly): \_\_\_\_\_

Are you interested in being one of the team administrators that helps with events, updating the community about the sport, and fundraising? (Exact job roles will be formalized as we determine interest.)

Yes!                      No                      Write in response: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Are you interested in being one of the team administrators that helps with events, updating the community about the sport, and fundraising? (Exact job roles will be formalized as we determine interest.)

Yes!                      No                      Write in response: \_\_\_\_\_

If you have a Safeway Card, we can use the number for our eScrip program. You will likely receive more information about it in the fall, but you can help us earn money for the school now:

Safeway Account Number (not your phone number): \_\_\_\_\_

Other Volunteer Opportunities that my student would be interested in helping to publicize/coordinate (please circle):

1. Movie Nights (a movie will be shown at Summit and admission will be charged)
2. Student-Faculty Basketball Game
3. Chipotle Night (families will eat at Chipotle restaurant on a given night and proceeds will be donated to Summit Sports)

**SUMMIT PREPARATORY CHARTER HIGH SCHOOL  
PROCEDURES FOR SPORTS CLEARANCE**

2008-09

JV/VARSITY SPORTS ONLY

**IF PRIOR TO FIRST DAY OF SCHOOL, TURN PACKET IN TO COACH; ONCE SCHOOL HAS BEGUN, TURN THIS PACKET IN TO THE SPORTS SLOT IN THE SCHOOL LOBBY.**

PLEASE NOTE: IF YOU DO NOT RETURN YOUR UNIFORM AT THE END OF EACH SEASON, YOU WILL NOT BE ELIGIBLE TO PLAY NOR WILL YOU RECEIVE ANY ATHLETIC AWARDS UNTIL THE UNIFORM IS RETURNED.

ALSO PLEASE NOTE: THIS PACKET IS YOUR RESPONSIBILITY. ONCE YOU HAVE COMPLETED THESE STEPS, YOUR ELIGIBILITY WILL BE CHECKED AND VERIFIED AND CONVEYED TO YOUR COACH. UNTIL ELIGIBILITY HAS BEEN CONVEYED TO YOUR COACH, YOU MAY NOT PARTICIPATE IN ANY TRYOUTS, PRACTICES, OR GAMES.

1. If you are NOT planning to participate in one of the Varsity Sports (Girls Volleyball, Boys Soccer, Girls Soccer, Boys Basketball, Girls Basketball, Baseball, or Girls Softball), PLEASE COMPLETE THE INTRAMURAL PACKET INSTEAD OF THIS PACKET. The Intramural Packet is available for download at <http://www.summitprep.net/> (under Students/Athletics, Links/Forms).

2. Have your parent/guardian complete page one of the physical form, and have a medical doctor complete page two of the physical form. A current physical is necessary. A physical is good for 12 months.

3. You and your parent/guardian must read and sign the Code of Ethics.

4. You and your parent/guardian must read, complete and sign the Residential Eligibility Questionnaire. (PLEASE NOTE, IF YOU TRANSFERRED FROM A DIFFERENT HIGH SCHOOL, CCS REQUIRES YOU OBTAIN SPECIAL CLEARANCE. YOU WILL NEED TO OBTAIN AN ADDITIONAL PACKET ASAP FROM DAN ROBINSON AT [dan@danrobinsonhomes.com](mailto:dan@danrobinsonhomes.com). THIS PROCEDURE IS TIME CONSUMING, SO YOU'LL NEED TO START ASAP. ADDITIONAL INSTRUCTIONS WILL BE PROVIDED WHEN YOU OBTAIN THE PACKET.

5. You must read and sign the Code of Conduct.

6. Have your parent/guardian complete the Permit to Participate form (reading and completing ALL areas).

7. Have your parent/guardian complete the Coach's Medical Sheet (reading and completing ALL areas).

PLEASE PRINT YOUR NAME AND ATHLETIC ACTIVITY BELOW:

Name: \_\_\_\_\_

Athletic Activity: \_\_\_\_\_

Student Athlete's Name: \_\_\_\_\_

SUMMIT PREPARATORY CHARTER HIGH SCHOOL

ATHLETIC PRE-PARTICIPATION SCREENING EXAM

PART 1: (To be completed by student and parent/guardian)

Name \_\_\_\_\_

Grade \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State CA Zip \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ Sport(s) \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone (\_\_\_\_\_) \_\_\_\_\_

Health Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

Health History Please Circle		(Must be Completed PRIOR to the Exam) HAS THIS STUDENT HAD ANY:	Health History Please Circle		IS THERE A HISTORY OF:
Y	N	Hospitalizations?	Y	N	Neck or back injury?
Y	N	Surgery other than removal of tonsils?	Y	N	Knee injury?
Y	N	Missing organs (eye, kidney, testicle)?	Y	N	Shoulder or elbow injury?
Y	N	Allergies (medicines, insects, food)?	Y	N	Ankle injury?
Y	N	Chest pain or severe shortness of breath with exercise?	Y	N	Dislocation of a joint?
Y	N	Problems with blood pressure or heart (heart murmur)?	Y	N	Catching or locking of a joint?
Y	N	Dizziness or fainting with exercise?	Y	N	Broken bones/fractures?
Y	N	Severe or frequent headaches?	Y	N	Ulcers or hernias?
Y	N	Concussion or loss of consciousness?	Y	N	Stingers/burners?
Y	N	Heat exhaustion, heat stroke or other problems with heat?	Y	N	Skin problems?
Y	N	Mono, hepatitis, hemophilia?			FURTHER HISTORY:
Y	N	Diabetes?			Has any family member died suddenly at less than 40 years of age of causes other than an accident?
Y	N	Seizures/convulsions?	Y	N	Has any family member had a heart attack at less than 55 years of age?

DATE OF LAST KNOWN TETANUS SHOT: \_\_\_\_\_

USE THIS SPACE TO EXPLAIN ANY YES ANSWERS TO THE ABOVE QUESTIONS.

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

**Parent's or Guardian's Acknowledgment:** I have reviewed and agree with the information presented on this form. I also understand that this examination is primarily for sports participation screening and is not intended to replace the routine health care visits as recommended by the student's personal physician. I know of no reason why the above named student should not participate and represent his or her school in supervised athletic activities.

\_\_\_\_\_  
PRINT Name of Parent/Guardian / Signature of Parent/Guardian

(\_\_\_\_\_) \_\_\_\_\_ / (\_\_\_\_\_) \_\_\_\_\_ / \_\_\_\_\_  
Home Phone Number / Work Phone Number / Date

Student Athlete's Name: \_\_\_\_\_

SUMMIT PREPARATORY CHARTER HIGH SCHOOL  
ATHLETIC PRE-PARTICIPATION SCREENING EXAM

**PART 2: GENERAL EXAM (To be completed by examining physician)**

	NORMAL	ABNORMAL (Describe)	FILL IN INFORMATION
Eyes, Ears, Nose, Throat			
Skin			
Lungs			
Heart			
Abdomen			
Genitalia/Hernia(males)			

**SUGGESTED MUSCULOSKELETAL EXAM**

ROM STRENGTH Normal/Abnormal (Circle One)			ROM STRENGTH Normal/Abnormal (Circle One)		
		CERVICAL/SPINE	N	A	Quadriceps
N	A	Flex/Ext	N	A	Lumbar Spine
N	A	Rotation right/left	N	A	Achilles
N	A	Lateral flexion right/left			
N	A	Thoracic			LOWER EXTREMITY
N	A	Lumbar	N	A	Hip
N	A	Flex/Ext	N	A	Hip Flexors/Gluteals
N	A	Rotation right/left	N	A	Add/Abd-Groin/TT
N	A	Lateral flexion right/left	N	A	Int/Ext Rotation
N	A	Abdominals/Obliques	N	A	Knee
		UPPER EXTREMITY	N	A	Patellar Tendon
N	A	Shoulder	N	A	Tibial Tuberosity
N	A	Forward flexion/Ext	N	A	MCL/LCL
N	A	Abduction/adduction	N	A	ACL/PCL
N	A	Internal/Ext Rotation	N	A	Cartilage Testing:
N	A	Horizontal Abd/Add	N	A	Quads/Hamstrings
N	A	A C Joint/Clavicle	N	A	Gast/Soleus Complex
N	A	Stability Testing	N	A	Patella
N	A	Biceps flex/ext	N	A	Crepitus
N	A	Elbow	N	A	Tracking
N	A	Supination/Pronation	N	A	Ankle
N	A	Wrist/hand	N	A	Plantar/Dorsiflexion
		GENERAL FLEXIBILITY	N	A	Inversion/Eversion
N	A	Hamstrings	N	A	Subtalar Joint
			N	A	Ligament Testing
			N	A	Feet/Toes

USE THIS SPACE TO DESCRIBE ABNORMALS

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

DISPOSITION:     Cleared for collision, contact and non-contact sports  
 Conditional participation, limited to: \_\_\_\_\_  
 No participation until: \_\_\_\_\_  
 No participation in any sport or physical education because of: \_\_\_\_\_

**Page 2 of 2**    Doctor's Signature \_\_\_\_\_ / MD License # \_\_\_\_\_ / Date \_\_\_\_\_



Student Athlete's Name: \_\_\_\_\_

## RESIDENTIAL ELIGIBILITY QUESTIONNAIRE

PLEASE ANSWER THE FOLLOWING QUESTIONS BY  
CHECKING THE APPROPRIATE BOX

1. Did you attend Summit Prep for the entire school year last year?  
(First day of school (September) to last day of school (June).

ATTEND

DID NOT ATTEND

I AM A FRESHMAN

IF YOU ANSWERED "DID NOT ATTEND" IN QUESTION #1, THEN CONTINUE TO QUESTION #2.

IF YOU ANSWERED "ATTEND" OR "I AM A FRESHMAN," THEN YOU ARE FINISHED WITH THIS ENTIRE FORM.

2. Did you move from a residence in another school's attendance area, to a residence in this school's attendance area, with ALL members of your family with whom you were living when you attended the other school? (Make sure this change of residence has been verified before this student plans.)

YES

NO

VERY IMPORTANT:

STUDENTS THAT ANSWERED "DID NOT ATTEND" AND "NO" WILL NEED TO COMPLETE CCS TRANSFER PAPERS BEFORE PARTICIPATING IN ANY SPORT. PARTICIPATION FOR ANY SPORT WILL NOT TAKE PLACE UNTIL THE CCS COMMISSIONER HAS APPROVED IT. ATHLETES MUST CONTACT DAN ROBINSON AT [dan@danrobinsonhomes.com](mailto:dan@danrobinsonhomes.com) TO OBTAIN THESE FORMS. IF YOU FAIL TO DO SO, YOU WILL BE DISQUALIFIED.

Student Athlete's Name: \_\_\_\_\_

**CIF/CCS – SUMMIT PREPARATORY CHARTER HIGH SCHOOL  
Code of Conduct for Interscholastic Student-Athletes**

**(Pursuing Victory with Honor)**

*Interscholastic athletic competition should demonstrate high standards of ethics and sportsmanship and promote the development of good character and other important life skills. The highest potential of sports is achieved when participants are committed to pursuing victory with honor according to six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship (the "Six Pillars of Character<sup>sm</sup>"). This Code applies to all student-athletes involved in interscholastic sports in California. I understand that, in order to participate in high school athletics, I must act in accord with the following:*

**TRUSTWORTHINESS**

1. *Trustworthiness* — be worthy of trust in all I do.

*Integrity* — live up to high ideals of ethics and sportsmanship and always pursue victory with honor; do what's right even when it's unpopular or personally costly.

*Honesty* — live and compete honorably; don't lie, cheat, steal or engage in any other dishonest or unsportsmanlike conduct.

*Reliability* — fulfill commitments; do what I say I will do; be on time to practices and games.

*Loyalty* — be loyal to my school and team; put the team above personal glory.

**RESPECT**

2. *Respect* — treat all people with respect all the time and require the same of other student-athletes.

3. *Class* — live and play with class; be a good sport; be gracious in victory and accept defeat with dignity; give fallen opponents help, compliment extraordinary performance, show sincere respect in pre- and post-game rituals.

4. *Disrespectful Conduct* — don't engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual or **racial** nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.

5. *Respect Officials* — treat contest officials with respect; don't complain about or argue with official calls or decisions during or after an athletic event.

Student Athlete's Name: \_\_\_\_\_

**(CONTINUED--Pursuing Victory with Honor)**

**RESPONSIBILITY**

6. *Importance of Education* — be a student first and commit to getting the best education I can. Be honest with myself about the likelihood of getting an athletic scholarship or playing on a professional level and remember that many universities will not recruit student-athletes that do not have a serious commitment to their education, the ability to succeed academically or the character to represent their institution honorably.

7. *Role-Modeling* — Remember, participation in sports is a privilege, not a right and that I am expected to represent my school, coach and teammates with honor, on and off the field. Consistently exhibit good character and conduct yourself as a positive role model. **Suspension or termination of the participation privilege is within the sole discretion of the school administration.**

8. *Self-Control* — exercise self-control; don't fight or show excessive displays of anger or frustration; have the strength to overcome the temptation to retaliate.

9. *Healthy Lifestyle* — safeguard your health; don't use any illegal or unhealthy substances including alcohol, tobacco and drugs or engage in any unhealthy techniques to gain, lose or maintain weight.

10. *Integrity of the Game* — protect the integrity of the game; don't gamble. Play the game according to the rules.

**FAIRNESS**

11. *Be Fair* — live up to high standards of fair play; be open-minded; always be willing to listen and learn.

**CARING**

12. *Concern for Others* — demonstrate concern for others; never intentionally injure any player or engage in reckless behavior that might cause injury to myself or others.

13. *Teammates* — help promote the well-being of teammates by positive counseling and encouragement or by reporting any unhealthy or dangerous conduct to coaches.

**CITIZENSHIP**

14. *Play by the Rules* — maintain a thorough knowledge of and abide by all applicable game and competition rules.

15. *Spirit of rules* — honor the spirit and the letter of rules; avoid temptations to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship.

**I have read and understand the requirements of this Code of Conduct. I understand that I'm expected to perform according to this code and I understand that there may be sanctions or penalties if I do not.**

\_\_\_\_\_  
**Student-Athlete Signature**  
**Page 2 of 2**

\_\_\_\_\_  
**Date**

Student Athlete's Name: \_\_\_\_\_

SUMMIT PREPARATORY CHARTER HIGH SCHOOL  
PERMIT TO PARTICIPATE: 2008-09

\_\_\_\_\_ has my permission to participate in **ALL** athletic activities at Summit Preparatory Charter High School for the 2008-09 year.

IF MY CHILD OR WARD IS **NOT** ALLOWED TO PARTICIPATE IN A SPECIFIC ATHLETIC ACTIVITY, I HAVE PRINTED THAT **PROHIBITED** ATHLETIC ACTIVITY AT THE BOTTOM OF THIS FORM.

I am aware of the fact and agree that Summit Preparatory Charter High School and its coaches/assistant coaches/volunteers are in no way responsible for any injuries that my child or ward might incur as a result of such participation.

WARNING: PLEASE BE ADVISED THAT, BY THEIR NATURE, SPORTS/ATHLETIC ACTIVITIES CAN BE A DANGEROUS ACTIVITY THAT COULD RESULT IN A SERIOUS INJURY, OR IN AN EXTREME CASE, DEATH.

California law requires each athletic team member to have at least \$1,500 of medical and hospital insurance to cover a student for bodily injury while engaged in, training for, and being transported to or from an athletic event under school or student organization sponsorship. This is to confirm that the insurance in force on the above student meets or exceeds the requirements outlined above.

**Name of Medical Insurance Company:** \_\_\_\_\_

I hereby grant permission for my son/daughter to travel in a private vehicle to and from all athletic activities. I understand that Summit Preparatory Charter High School does not support students transporting other students to and/or from athletic events. I have advised my child or ward of such policy and not to ride with or drive other students to and/or from athletic activities. In the event my child disobeys this policy, I take full responsibility for the actions of my child or ward and will hold harmless Summit Preparatory Charter High School, its officers, directors, agents, employees, coaches, assistant coaches, volunteers, and servants from any damage cause thereby.

I shall indemnify and hold harmless Summit Preparatory Charter High School, its officers, directors, agents, employees, coaches, assistant coaches, volunteers, and servants from all claims, suits, or actions of every name, kind, and description, brought for, or on account of, injuries to or death of any person or damage to property resulting from the performance of any activity permitted or required by this agreement.

My duty to indemnify and save harmless, as set forth herein, shall include the duty to defend as set forth in Section 4778 of the California Civil Code; provided, however, that nothing herein shall be construed to require me to indemnify Summit Preparatory Charter High School, and its officers, directors, agents, employees, coaches, assistant coaches, volunteers, and servants against any responsibility or liability in contravention of Section 2782 of the California Civil Code.

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

Student Athlete's Name: \_\_\_\_\_

SUMMIT PREPARATORY CHARTER HIGH SCHOOL  
COACH'S MEDICAL SHEET (2008-09)

If the event of an emergency, do you authorize school authorities, including its coaches/assistant coaches, to obtain medical aid or ambulance services at your expense?

YES \_\_\_\_\_ NO \_\_\_\_\_

If you do not authorize such treatment, please indicate instructions:

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

Insurance Plan \_\_\_\_\_ Medical Plan Number: \_\_\_\_\_

Father: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mother: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

If parent(s) cannot be reached, contact: \_\_\_\_\_  
Name Phone #

If possible, in the event of any injury, treatment should be rendered by:

Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Any special medical considerations we should know about? \_\_\_\_\_

\_\_\_\_\_

ALLERGIES: Penicillin \_\_\_\_\_ Bee Sting \_\_\_\_\_ Others \_\_\_\_\_

\_\_\_\_\_  
Date

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