Extracurricular

Athletic Handbook

Sierra Ridge offers:
- Volleyball (6th – 8th)
- Football (6th – 8th)
- Basketball (6th – 8th)
- Track (6th – 8th)
- Cross Country (5th – 8th)
- Wrestling (5th – 8th)

Pinewood offers:
- Cross Country (3rd – 4th)
- Wrestling (3rd – 4th)
Dear Parent,

The following information in this Extracurricular Athletic Handbook must be read, reviewed, and agreed upon by your student athlete. The forms designated below must be completed and submitted prior to your son or daughter beginning practice for any athletic team at Sierra Ridge or Pinewood Schools. It is required that this process be completed on a yearly basis. Every student wishing to participate in a sport must be cleared in order to play. In order to be cleared you and your student must complete the forms within this Athletic Handbook.

This following forms are included:

- Acknowledgement and Consent Form: Please read and review the Code of Conduct with your son/daughter.
- Agreement for Student Athlete and assumption of Risk Agreement
- Sports Participation Health Record Form: Athletes must have a yearly physical examination from a licensed medical doctor. The physical must be completed prior to trying out for a sport. All physicals must be renewed for the following year before participation on an athletic team is allowed.
- Parent Concussion/Head Injury Form/Information Sheet
- Student Emergency Card: This form will be carried by the coach at all times for the protection of your son/daughter in the event of an emergency.
- Athletic Contribution Form
- Uniform Loan Agreement Form
- T-Shirt Information

The completion of this packet of forms will clear your son/daughter to participate in extracurricular sports for the entire year. If you have any questions, please contact the Athletic Director at your school.

Rick Armstrong, Athletic Director
Sierra Ridge Middle School
(530)644-2031 ext. 3211

Sports Boosters Parent Volunteers:

Alaina Bosold - President
Stephanie Beck – Vice President
Deanna Smith - Secretary
Cathy Reid – Treasurer

You can email sports booster at: Sportsboosters@ppesd.org
Athletic Declaration & Code of Conduct

A student athlete is a special individual – special both in terms of the opportunities and playing hard, and living up to high behavioral standards will help students in their future endeavors.

We are pleased to have you as part of our athletic program. Your coaches want to work with you to make this one of the most important and enjoyable experiences.

Declaration of Student Athlete

As a student athlete, I realize it is a privilege to participate in athletic activities and represent my school in athletic functions. Accordingly, I hereby agree to follow the regulations established by the Athletic Department, the Administration, the District policies and the Board of Trustees. I also agree to conform to the following training rules and code of conduct as a participant in my school’s athletic program.

1. I will follow all school rules and regulations. Failure to do so will result in disciplinary action by the Administration.
2. I will follow the Code of Conduct during the season of the sport.

Code of Conduct

1. Behavioral offenses that result in suspension or removal from the team will be within the sole discretion of the school administration.
2. To be academically eligible, a student must maintain a minimum 2.0 GPA with no failing grades. Grade checks will be done by the coach weekly.
3. Student Athletes must have attended the majority (80%) of his/her school day on the day of a contest or practice in order to participate. Unexcused absences from classes during the season may result in forfeiture of the practice or athletic contest participation.
4. Athletes are required to attend all team practices, games and other activities associated with being a member of a team, unless excused by the coach. It’s the athlete’s responsibility to notify the coach if it becomes necessary to miss a scheduled activity.
5. Athletes should be aware of the safety rules governing their sport.
6. Athletic uniforms are loaned to the athlete only. Uniforms are to be worn on game days and/or special occasions as designated by the coach. The athlete assumes the responsibility for the care and the return of all issued uniforms. Issued uniforms not returned, that have been damaged beyond normal wear, or have been lost or stolen, will be paid for by the athlete and/or their parents/guardian.
7. Athletes must display good sportsmanship at all times.
8. Athletes are to be respectful in actions and language towards their teammates, opponents, and officials. They abide by all rules of the game. They are modest in victory and gracious in defeat.
9. Athletes should set an example of good citizenship for their classmates. They should help promote school spirit and be positive leaders in school activities.
10. Athletes should show respect for teachers and their fellow students. They are to maintain good attendance, satisfactory academic progress and good citizenship.
11. Athletes should be positive representatives of community, school and team. Be conscious of their appearance and manners at all times.

Student Sportsmanship

Student participation in athletic contests is a privilege. As a student athlete, you are expected to conduct yourself in an exemplary manner at all times.

Physical examination

Schools require that a student receive an annual physical examination conducted by a licensed medical doctor certifying that the student is physically fit to participate in athletics. This statement must be on a school board-approved form and be for the current school year.
Sports Participation Fee

The District believes that athletic activities are important for our young people. We appreciate the support and assistance that parents and the community provide with their $50.00 athlete donation.

Scrip Program

Since the scrip program has been discontinued if you have any scrip money available in your account to utilize please contact the scrip coordinator.

Transportation To/From Athletic Events

Transportation for student groups to and from off-campus activities shall be restricted to the following:

- Buses
- Private vehicles by authorized drivers

No other transportation arrangements are authorized in transporting students. The principal or designee and the Director of Transportation shall determine which of the approved modes of transportation is to be used for a specific trip.

Transportation by bus should be considered as the primary means for transporting students and should be used whenever possible and available.

Transportation by Personal Automobile

Students participating in off-campus school sponsored activities, including but not limited to, practices, games, meetings and competitions, are required to travel on school buses or other District-designated methods of transportation. Under special circumstances and with prior school approval, students may be transported by a parent/guardian or other designated adult. Under no circumstances may students be transported in a vehicle driven by an adult under 21 years of age.

Transportation to and from an athletic event or activity by personal automobile of a parent/guardian/designated adult may occur only under the following conditions:

1. Transportation provided by student’s own parent/guardian: A parent/guardian may transport their own son or daughter to/from a school-sponsored event or activity with permission of the school.

2. Transportation provided by another parent/designated adult (must be at least 25 years of age): Before a parent/designated adult is allowed to operate a private passenger vehicle to transport students to/from athletic activities and events, a Volunteer Packet with proof of auto information must be completed, accepted and approved by the District office. The form will also note the driver’s obligation to maintain a safe vehicle and to operate that vehicle in a safe manner at all times.

What Steroids Can Do to You

Over the past decade, anabolic steroid abuse became a national concern. These drugs are used illicitly by weight lifters, body builders, long distance runners, cyclists, and others who claim that these drugs give them a competitive advantage and or improve their physical appearance.

Overall youth steroid use remains alarmingly high. According to the 1999 Monitoring the Future Study, the percentage of 8th, 10th, and 12th graders who reported using steroids at least once in their lives has increased steadily over the past 4 years (an average of 1.8% in 1996, 2.1% in 1997, 2.3% in 1998, and 2.8% in 1999).

The truth is ... The use of steroids is a growing problem among today’s teenagers, who among other things get a large portion of their misunderstood information from the fitness industry and “muscle magazines”. While it is evident that there exists a growing use of steroids, there most definitely is no indication that the issue is going to fade away without some kind of intervention.
It should be noted that there are many obvious risks and side effects from teen steroid abuse. Several of these side effects include:

- Sterility
- Premature ossification (closing over) of growth plates in long bones (stunted growth)
- Aggressiveness
- Acne
- Connective tissue injury – irreversible
- Masculinization (among women)

Even scarier, there is evidence that teens today are more afraid of not experimenting with and using steroids. It is crucial to understand the reasons if we are to attempt to find a solution. Some of the reasons that teens gave were:

- Not making a sports team
- Not meeting peer pressure and demands
- Not looking as good as you could
- Not being able to compete with others who are using steroids

Today's teens have seen many of their athletic role models admit to some form of steroid use at some time in their lives. This may be giving them mixed messages. It may suggest that steroid use is the necessary ingredient to develop a career in sports.

Many of these same teens also feel they are invincible – able to withstand any fear or reservations that may exist about the use of drugs. In addition, they are reluctant to believe any warnings offered by the medical community and the media, who so often have delivered alarmist attitudes towards steroid use.

Adults have a great impact (positive or negative) on the actions of teenagers, so it is crucial that parents and educators be aware of the impact of steroids on teenagers. Teenagers also have a great impact on the action of other teens!
Parent Guide

Parents can play a key role in helping your child learn the values of winning and losing. Below are some suggested topics you can discuss with your student in these situations.

**Value of Winning:** Help your student learn the value of winning by:

- Offering congratulations for winning and identifying and discussing the efforts made by individuals and the team
- Recognizing the improvement and growth of both individuals and the team
- Emphasizing competitiveness and doing one’s best

**Value of Losing:** Help your student learn from losing experiences by:

- Crediting the other team
- **Crediting** the play of his/her opponent
- Focusing on improvement by individuals and team
- Discussing what was successful
- Discussing what, if anything, individuals or the team could have done differently
- Accepting the loss, setting individual goals, and moving forward

**Conduct:** The importance of parents behaving as model spectators cannot be overstated. Parents who support the rule of conduct provide a role model for other parents and students alike. Of particular concern are parents who harass officials or comments in the stands regarding judgment decisions made by the coach. This is counterproductive and tends to destroy the values of good sportsmanship and the game.

**Issues of Concern:** What are appropriate issues to discuss with the coach? This is often the question many parents have when their students are participating in sports.

Parents are encouraged to discuss:

1. The treatment of their student
2. Ways to help their student improve
3. Concerns about their student’s behavior
4. Coaches’ philosophy

5. Coaches’ expectations for their student and the team.
6. Team rules and requirements
7. Sanctions incurred by their student
8. Scheduling

Parents are NOT encouraged to discuss:

1. Placement on teams
2. Playing time
3. Strategies used by the coach during contests
4. Other student athletes

**Special note:** It is difficult to accept that your student is not playing as much as you hoped he or she would. Coaches are professionals. They make judgment decisions based on what they believe to be the best interest of the team. The coach must take into account all members of the team, not just your son or daughter.
Acknowledgement and Consent Form

Our signatures below acknowledge that I/We have read and agree to the contents of the Athletic Handbook. Furthermore, I/We understand all rules, including those pertaining to Eligibility, Declaration of Student Athlete, Code of Conduct, and Student Sportsmanship. I hereby grant permission for my son/daughter to participate in the interscholastic activity program.

(PLEASE PRINT)

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(READ EACH ITEM BELOW AND INITIAL AT THE RIGHT)

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<th>I UNDERSTAND AND EXCEPT THAT:</th>
<th>PARENT</th>
<th>STUDENT</th>
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<td>1. I WILL SHOW SPORTSMANSHIP WHETHER WINNING OR LOSING</td>
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<td>2. I WILL REPRESENT MY SCHOOL WITH EXEMPLARY MANNERS AT ALL TIMES</td>
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<td>3. USE OR POSSESSION OF ILLEGAL PERFORMANCE ENHANCING DRUGS IS NOT PERMITTED</td>
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<td>4. ATHLETIC ELIGIBILITY REQUIRES A 2.0 GRADE POINT AVERAGE WITH NO FAILING GRADES</td>
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<td>5. STUDENT ATHLETES MUST HAVE ATTENDED THE MAJORITY (80%) OF THEIR SCHOOL DAY ON THE DAY OF A CONTEST OR PRACTICE IN ORDER TO PARTICIPATE</td>
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<td>6. I WILL RETURN ALL UNIFORMS IN AS GOOD AS CONDITION AS WAS RECEIVED</td>
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<td>7. I HAVE READ THE PARENT/CONCUSSION/HEAD INFORMATION SHEET AND PARENT CONCUSSION/HEAD INJURY SYMPTOMS AND SIGNS</td>
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Please indicate if your student has any disabilities that needs accommodations to participate:

___________________________________________________________

Coach Only: Keep in your Binder
Pollock Pines Elementary School District

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT FOR INTERSCHOLASTIC
ATHLETIC ACTIVITIES PARTICIPATION

Sierra Ridge/Pinewood School ______ - ______ School Year

This is a release of liability and assumption of risk agreement. Read it carefully and sign below. Completion of this release is a prerequisite to participation in any interscholastic activity. This release essentially says that my son/daughter

_______________________________ (name of student) is going to participate in

_______________________________ (name of sport), an athletic activity. If he/she is hurt, injured or even dies, we (i.e., the student, parents, and heirs) will not make a claim against or sue the Pollock Pines School District (hereinafter PPSD), its trustees, officers, employees and agents, or expect them to be responsible or pay for any damages.

We, the undersigned, understand and acknowledge that _______________________ (name of student) has voluntarily chosen to participate in this athletic activity. We know and fully understand that any athletic activity, including ____________________________ (name of sport) involves numerous risks, dangers, and hazards, both known and unknown, where serious accidents can occur, participants can sustain physical injuries, damage to their property, and even die. Regardless of whether the athletic activity involves physical contact or not, all athletic activities and sports have inherent risks of injury which are inseparable from the activity. We acknowledge and willingly assume all risks and hazards of potential injury and death in this athletic activity, whether in practice, any conditioning activities including weight training, games, meets, or any other type of competition, including any transportation to or from any such event.

_______________________________’s (name of student) participation in this activity is purely voluntary, and it is being done at his/her own risk.

In consideration for PPSD allowing the students to participate in this athletic activity, we voluntarily agree to release, waive, discharge, and hold harmless PPSD and their trustees, officers, employees and agents from any and all claims of liability rising out of their negligence, or any other act or omission which causes the student illness, injury, death and damages of any nature in any way connected with the student's participation in this activity. We also expressly agree to release and discharge PPSD, its trustees, officers, employees and agents from any act or omission of negligence in rendering or failing to render any type of emergency or medical services.

As parent or legal guardian of the student/participant under 18 years of age, I have read and voluntarily agree that my son/daughter may participate in this athletic activity, and I sign this release on their behalf. In signing this document, I fully recognize and understand that if my son/daughter is hurt, dies or his/her property is damaged, I am giving up the right and the right of their parents and heirs to make a claim or file a lawsuit against PPSD, its trustees, officers, employees and agents.

California Law provides as follows: “All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death, occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions, shall sign a statement waiving such claims.” (Education Code Section 35330)

WE THE UNDERSIGNED, HAVE READ THIS DOCUMENT. WE UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS. WE FURTHER UNDERSTAND THAT WE ARE ASSUMING ALL RISKS INHERENT IN THIS ATHLETIC ACTIVITY. WE VOLUNTARILY SIGN OUR NAME AS EVIDENCE OF OUR ACCEPTANCE OF THE ABOVE PROVISIONS, PARTICIPATION IN THE ACTIVITY AND ANY FIELD TRIP OR EXCURSION ASSOCIATED WITH IT.

DATE: __________________________   __________________________

(Signature of Student/Participant)

DATE: __________________________   __________________________

(Signature of Parent or Legal Guardian if Participant is under 18 years of age)
A concussion is a brain injury, and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions/head injuries are potentially serious and may result in complications, including prolonged brain damage and death if not recognized and managed properly. In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion, and most concussions in sports occur without loss of consciousness. Signs and symptoms of concussions or head trauma may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion or head injury, or if you notice the symptoms or signs of concussion or head injury yourself, seek medical attention right away.

- Headaches
- “Pressure” in head
- Nausea or vomiting
- Neck pain
- Balance problems dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Feeling “foggy” or groggy
- Drowsiness
- Change in sleep patterns
- Amnesia
- “Don’t feel right”
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More Emotional
- Confusion
- Concentration or memory problems
  (Forgetting game plays)
- Repeating the same question/comment

* Appears dazed
* Vacant facial expression
* Confused about assignment
* Forgets plays
* Is unsure of game, score or opponent
* Moves clumsily or displays lack of coordination ("incoordination")
* Answers questions slowly
* Slurred speech
* Shows behavior or personality changes
* Can’t recall events prior to hit
* Can’t recall events after hit
* Seizures or convulsions
* Any change in typical behavior or personality
* Loses consciousness
CONCUSSION AND HEAD INJURY INFORMATION SHEET

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<th>Student:</th>
<th>Address:</th>
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<tr>
<td>Grade:</td>
<td>Telephone:</td>
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<td>School:</td>
<td>School Year:</td>
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Pursuant to Education Code Section 49475, before a Student may try-out, practice, or compete in any District-sponsored extracurricular athletic program, including interscholastic, intramural, or other sport or recreation programs (including cheer/dance teams and marching band), but excluding physical education courses for credit, the student and parent/legal guardian must review and execute this Concussion and Head Injury Information Sheet. Once signed, the Sheet is good for one academic year (Fall through Spring) and is applicable to all athletic programs in which the Student may participate.

IMPORTANT INFORMATION REGARDING CONCUSSIONS

If a Student is suspected of sustaining a concussion or head injury during an athletic activity, the Student shall be immediately removed from the activity. The Student will not be allowed to resume any participation in the activity until he/she has been evaluated by a licensed health care provider (MD or DO for CIF-governed interscholastic sports; MD, DO, nurse practitioner, or physician’s assistant for all other sports/athletic activities), who must affirmatively state (1) that he/she has been trained in concussion management and is acting within the scope of his/her licensed medical practice, and (2) the student has been personally evaluated by the health care provider and has received a full medical clearance to resume participation in the activity. By law, there can be no exceptions to this medical clearance requirement.

Depending on the circumstances of a particular practice or game, a supervising referee/umpire, coach/assistant coach, athletic trainer, or attending health care provider may determine that a student should be removed from an activity based on a suspected or potential concussion or head injury. The following guidelines will be used: (1) in the case of an actual or perceived loss of consciousness, the student must be immediately removed from the activity; (2) in all other cases, standardized concussion assessment tools (e.g., Sideline Concussion Assessment Tool (SCAT-II), Standardized Assessment of Concussion (SAC), or Balance Error Scoring System (BESS) protocol) will be used as the basis to determine whether the student should be removed from the activity. For the safety and protection of the student, once a supervising individual makes a determination that a student must be withdrawn from activity due to the potential existence of a concussion or head injury, no other coach, player, parent or other involved individual may overrule this determination.

Once a student is removed from an activity, the parent/guardian should promptly seek a medical evaluation by a licensed health care provider, even if the student does not immediately describe or show physical symptoms of a concussion (headache, pressure in the head, neck pain, nausea or vomiting, dizziness, blurred vision, balance problems, sensitivity to light or sound, feeling “slow,” “foggy,” or “not right,” difficulty with concentration or memory, confusion, drowsiness, irritability or emotionality, anxiety or nervousness, or difficulty falling asleep). If the student reports or shows any of these symptoms, immediate medical health care should be obtained. If a parent or legal guardian is not immediately available to make health care decisions, the District reserves the right to have the student taken for emergency or urgent evaluation or medical care in keeping with the authorization contained in the Agreement for Team Participation.

Dated: ____________________________ Dated: ____________________________

Student ___________________________ Adult ____________________________

Signature __________________________ Signature __________________________

Original to be held on file for a period of one (1) year after the end of the Academic Year (Ed. 12/1/11)
SIERRA RIDGE/PINEWOOD ATHLETIC EMERGENCY AUTHORIZATION

CUSTODY ISSUE? _____ MEDICAL ALERT? _____

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<tr>
<th>STUDENT LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE</th>
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<td>STUDENT HOME ADDRESS</td>
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<td>DATE OF BIRTH</td>
<td>GRADE LEVEL CURRENT YEAR</td>
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<th>FATHER/GUARDIAN</th>
<th>NAME</th>
<th>HOME ADDRESS</th>
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<td>EMPLOYER</td>
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<td>FATHER/GUARDIAN E-MAIL</td>
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<th>MOTHER/GUARDIAN</th>
<th>NAME</th>
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<th>PERSON TO CALL WHEN PARENTS ARE NOT AVAILABLE</th>
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☐ YES ☐ NO Allergic Reactions – If yes, type of allergy: __________________________________________________________

☐ YES ☐ NO Asthma – If yes, medication taken, if any: ______________________________________________________________

☐ YES ☐ NO Convulsions – If yes, type: ____________________________________________________________

☐ YES ☐ NO Medications taken – If yes, name: ________________________________________________________________

☐ YES ☐ NO Diabetes ____________________________________________________________

☐ YES ☐ NO Tetanus – Date of last immunization: ______________________________________________________________

☐ YES ☐ NO Other Information – If yes, specify: ______________________________________________________________

In case of emergency due to illness or accident when parent cannot be contacted, I hereby authorize school personnel to represent me for the services of a doctor. Please call:

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<tr>
<th>DENTIST</th>
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<tr>
<td>DOCTOR</td>
<td>PHONE NUMBER</td>
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DATE OF LAST PHYSICAL EXAMINATION: ____________________________

INSURANCE: SCHOOL PLAN _____ YES _____ NO
PRIVATE PLAN _____ YES _____ NO

WAIVER: The law requires that all students participating in an interscholastic athletic event have insurance amount not less than the law requires and I therefore waive the school offered insurance for my child.

PARENT SIGNATURE: ____________________________

DATE: ____________________________

Coach Only: Keep in your Binder
POLLOCK PINES ELEMENTARY SCHOOL DISTRICT

Athletic Contribution Form

The Pollock Pines Sports Boosters Club believes that activities are important for our young people. We appreciate the support and assistance that parents and the community provide with their athletic contributions. With your support, we are able to continue to provide quality athletic opportunities for our student-athletes. No student shall be required to raise or otherwise provide any money to pay for uniforms or equipment that are necessary to participate in athletic events or activity.

INSTRUCTIONS: Please complete and return this Athletic Contribution Form to the coach. A separate form should be submitted for each individual athlete for each sport they will be participating in.

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☐ I have enclosed my athletic contribution of $50.00 (payable to: Pollock Pines Sports Boosters Club)

☐ I prefer to be on a payment plan of $_____ per week. I understand that I need to discuss this with the coach to make these arrangements and will receive payment coupons for my weekly contributions.

---------------------------------------------
Completed by Sports Boosters Club only

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<th>AMOUNT OF CONTRIBUTION:</th>
<th>ACCOUNT BALANCE</th>
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<td>TYPE OF CONTRIBUTION:</td>
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<td>Cash ☐ Check #</td>
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<td>DATE RECEIVED</td>
<td>RECEIVED BY</td>
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Coach Only: Return to Sports Boosters
POLLOCK PINES ELEMENTARY SCHOOL DISTRICT

SPORTS BOOSTERS CLUB

Dear Parents,

Congratulations on your athlete making the team!!! The Sports Boosters is a group of parent volunteers who raise money to pay for the after-school sports program. Our program is primarily funded in the following ways.

- Athletic Contribution: This is our main source of funding. We ask that each athlete pay a $50.00 contribution for each sport they participate in. However, no athlete will be excluded as a result of financial hardship.
- Cookie Dough Sales: This is a school wide fund raising activity. We encourage all students to participate to sell at least 1 tub.
- Advertising: We hang banners in our Sierra Ridge and Pinewood gyms where our local businesses advertise to help support our program, as well as our Marquee on the field at Sierra Ridge.
- Snack Bar: This is manned by parent volunteers of each team and it's operational at all of our home games.

--------------------------Uniform Loan Agreement Form--------------------------

We take pride in being able to purchase uniforms for our sports teams. However, we need your help to keep them in good condition and turning them in at the end of the sport season. These uniforms are not cheap. So, we ask when you launder the uniforms you wash them in cold water and hang to dry. Please do not put them in the dryer!

I understand that my child will be issued a uniform that must be returned at the end of the season in good condition.

I understand that if my child does NOT return the uniform, I will be responsible for the $100.00 replacement fee.

PLAYER NAME: ______________________________ JERSEY #: _______ SHORT SIZE ______

PARENT NAME: ______________________________ PHONE NUMBER: __________________

PARENT SIGNATURE: ____________________________________________

Coach Only: Return to Sports Boosters
Sports Boosters

T-Shirts
Available first come --- first serve
While supplies last!!

Sierra Ridge
Volleyball
Basketball
Cross Country
Track & Field
Football
Wrestling

$15.00 EACH
(Adult sizes: S, M, L, XL)