



האקדמיה היהודית סן-דייגו
The pluralistic community day school

MIDDLE SCHOOL ATHLETIC PARTICIPATION FORM

In order for a student athlete to participate in a second or third season of high school athletics at SDJA, the following requirements must be met:

1. Emergency Treatment Consent form must be completed annually.
2. Physical Examination performed by a Physician or Physician's Assistant completed annually
3. Seasonal Screening Form must be completed every season of sport.
4. Statement of Permission and Understanding signed every season of sport.
5. Middle School team fee of \$210.00 per season

NO STUDENT ATHLETE MAY PARTICIPATE IN ANY ATHLETIC TEAM ACTIVITY, INCLUDING PRACTICE, UNTIL THEY RECEIVE AUTHORIZATION FROM THE ATHLETIC DEPARTMENT

Student's Name: _____

Grade: _____

Age: _____

Sport: _____

Requirements (*Office Use Only*)

Forms	Cleared
Emergency Treatment Consent	
Seasonal Medical Screening	
Statement of Permission and Understanding	
Physical Examination	
Fee	

**SDJA
SEASONAL MEDICAL SCREENING**

Student Name _____

Grade _____

Sport to be Played _____

1. Most recently played sport this school year _____.

2. Does Student have any medical problems? Yes No
If yes please list and explain below:

3. Did your student have any injuries from the last sport played? Yes No
If yes, Please explain below and attach written medical permission to return to play from attending physician, if not already on file at the Athletic Office.

4. Has student had any injuries, seizures, fainting, "black outs", concussions, Chest pains, dizziness or unusual shortness of breath in the past year? Yes No
If yes please explain and attach written medical permission to return to play from attending physician, if not already on file in the athletic office:

If the above student athlete has a change in their medical status after this form is signed, I understand I must notify the athletic office, because that could adversely affect the athlete's ability to perform in the capacity for which they have been cleared by the doctor.

Parent's Signature: _____ Date: _____

**SDJA
CONSENT FOR EMERGENCY TREATMENT**

We, the undersigned, parents of _____
referred hereinafter as "the student athlete" residing at:

Address: _____

Home Phone; _____

Work Phone: _____

Cell Phone: _____

Hereby consent to any and all emergency medical, hospital, surgical and dental care which San Diego Jewish Academy, may in its sole discretion determine to be necessary or desirable for the welfare of the student athlete. In an emergency, the undersigned authorize SDJA to obtain the services of such doctor, hospital, dentist or others as SDJA shall determine for the benefit of the student athlete and the undersigned agree to pay for all medical, dental or hospital or other services required for the benefit of the student athlete. The undersigned shall reimburse the SDJA for all expenses incurred in connection with said emergency.

Student Athlete's Doctor: _____

Telephone: _____

Address: _____

Insurance Company: _____

Medication Needed/ Allergies: _____

Emergency Contact Names	Phone Numbers	Relationship

The undersigned hereby waive any and all claims that they may have against the SDJA relating to medical, hospital, surgical and dental care furnished to the student athlete pursuant to the agreement and agree to hold the SDJA free and harmless from all claims that the student athlete, the undersigned and others may have in relation to emergency treatment and services rendered pursuant to this agreement. This authorization shall remain in effect until revoked in writing and delivered to agent of the SDJA.

Signed: _____ Date: _____

SDJA
PHYSICAL EXAMINATION
 (TO BE COMPLETED AND SIGNED BY A PHYSICIAN OR PHYSICIAN'S ASSISTANT)

Student Name _____

Date of Birth _____

Height ____ Weight ____ Blood Pressure _____ Pulse (resting) _____ Pulse (after 2 min. exercise) _____

Vision (R) _____ Vision (R) _____

Vision (L) _____ Vision (L) _____

Vision (Both) _____ Vision (Both) _____

With / without glasses

Part III

CONDITION	NORMAL	ABNORMAL
Peripheral Vision		
Pupillary Reflex		
Accommodation (check both eyes)		
Eyes (note evidence of disease or injury)		
Hearing		
Ears (note evidence of disease or injury)		
Lungs / Chest		
Heart (Stethoscope exam required)		
Blood pressure		
Pulse (resting)		
Pulse (after two minutes of exercise)		
Abdomen (note injuries and defects)		
Gastrointestinal (ulceration or disease)		
Spine (note any disease or injury)		
Knee jerk reflex (left and right)		

Recommendations:

Full, unrestricted participation

Deferred or no participation at this time because:

Needs to complete rehabilitation for current condition (s) prior to participation

Notes: _____

Needs clearance by specialist:

Notes: _____

Failed. Reason: _____

Physician's Statement:

(Student's name) _____ was examined by me on (date) _____ and found physically fit to engage in high school athletics. Results are to encourage, but in no way guarantee, the fitness and safety of this student athlete

Practitioner Signature: _____ **Date:** _____ **Physician's Stamp Here**

SDJA
STATEMENT OF COMPLIANCE AND PERMISSION

I understand that by signing this form:

1. I have read and will comply with the policies set forth in the SDJA athletic handbook.
2. I agree to follow and comply with all team policies, rules and expectations.
4. I am aware that playing/practicing competitive sports can be a dangerous activity that involves the risk of injury. Because of the danger of injury relating to participation in sports, I recognize the importance of following the coaches' instructions regarding playing techniques, use of athletic equipment and other team rules.
5. I understand that proper physical preparation and a living a healthy lifestyle will greatly enhance my athletic experience.

Student signature: _____ Date: _____

I understand that by signing this form:

1. I give my permission for my son / daughter to participate in SDJA athletics.
2. I give my permission for SDJA staff to provide first aid and secure emergency care it needed.
3. I have read and will comply with the policies set forth in the SDJA athletic handbook
4. I am aware that playing/practicing competitive sports can be a dangerous activity that involves the risk of injury. Because of the danger of injury relating to participation in sports, I recognize the importance of following the coaches' instructions regarding playing techniques, use of athletic equipment and other team rules.
5. I understand that proper physical preparation and a living a healthy lifestyle will greatly enhance my son's/daughter's athletic experience.

Parent signature: _____ Date: _____

SDJA

STUDENT ATHLETE HANDBOOK

Team sports at San Diego Jewish Academy provide our student athletes with the opportunity to compete, along with their fellow classmates, with various schools throughout San Diego County. Participation in SDJA athletic programs is an excellent arena for students to learn commitment, responsibility, teamwork, and discipline. Athletics are also a great way to socialize with other students in a positive, healthy and competitive environment. SDJA student athletes are taught to represent their school and community with pride and character, to compete with sportsmanship, respect others, and maintain a healthy lifestyle. The SDJA athletic department is committed to providing an atmosphere that balances the social, academic and athletic aspects of student athletes lives. We strongly encourage every student to participate in at least one sport during the school year. The lessons one can learn, as a student athlete, will last a lifetime.

The following is a list of expectations, responsibilities and general information. Please review this information with your child.

EXPECTATIONS

Athletes are expected to attend all practice sessions and contests.

If a player misses two or more games or habitually misses practice during a season, he or she may be dismissed from the team. Inability to honor the commitment that team sport demand will result in dismissal from the team.

Individual team coaches retain the right to develop and enforce specific team rules pertinent to their specific team.

ACTIVITY TIMES

Athletic programs at SDJA are extra-curricular activities. Middle School team practices are held Monday through Friday during 5th period. High School teams practice after school Monday through Friday. Friday practices will conclude one hour prior to candle lighting time. The exact time all sports conclude on Friday can be found on the athletic schedule page located at www.SDJA.com. Sunday practices for high school teams are held at the discretion of the team coaching staff. Middle school teams do not practice on Sunday. Middle and high school games, matches and meets are held after school on weekdays Monday through Thursday and Saturday evening.

SCHEDULES

All middle school and high school team schedules are posted on the SDJA athletic web page. The schedule includes times and locations for all team contests, award banquets and directions to athletic venues. Student athletes are responsible for knowing team schedules.

TRANSPORTATION

SDJA will provide transportation to all middle school athletic contests. Return transportation will be provided from venues greater than fifteen (15) miles from the SDJA campus. A list of MS venues greater than fifteen (15) miles is available on the SDJA athletic webpage.

Round trip transportation for all high school contests and off campus practices will be provided by SDJA. Students must use the transportation provided by the school. SDJA student athletes may not use their private vehicle for transportation to or from practice or games.

Parents and or legal guardians may pick up students at off campus athletic venues upon the completion of practice or games.

ACADEMICS

In order to be eligible to participate in high school team sports, student athletes are required to maintain an overall 2.0 GPA and be making significant progress towards graduation. Athletes are responsible for completing any class work missed due to games and or practices.

PERSONAL RESPONSIBILITY

SDJA student athlete's behavior must be beyond reproach by displaying the highest levels of character and responsibility at all times. While participating in MUS athletics, student athletes represent SDJA, their family, and themselves. All SDJA student athletes should always conduct themselves in a dignified manner.

Cell phone use is not authorized during any SDJA athletic practice or contest. Respect will always be shown to visiting teams, coaches, fans and game officials. Failure to do so is not in keeping with the values of SDJA and will be grounds for dismissal from the team.

Failure to comply with any team and or Athletic Department rule may be cause of dismissal from the team.

UNIFORMS

Student athletes must come to school prepared for games and practices with all necessary equipment (i.e. uniform, proper shoes, kneepads, gloves, etc.) In order to participate in any high school athletic competition, SDJA student athletes must wear a complete school issued game uniform. Wearing non SDJA issued uniform items during a high school or middle school contest is not allowed.

As directed by the team head coach, all student athletes must wear the prescribed practice uniform to every practice session.

All team game / match / meet uniforms must be returned at the end of the season. The financial cost of any unreturned uniform item will be charged to the parents or legal guardian of the SDJA student athlete who was issued game / match / meet uniforms.

VARSITY LETTERS

Varsity letters are awarded to all high school varsity student athletes who fulfill the following requirements:

1. The student athlete must participate in at least 50% of all varsity contests.
2. The student athlete is recommended by his or her varsity coach. Recommendations are based on sportsmanship, contributions to the team and work ethic.

Varsity letters are awarded at the completion of each athletic season.

PARTICIPATION FORMS

The following documents must be completed and turned into the athletic department prior to a student athlete's participation in SDJA athletic programs.

1. An annual Physical Examination must be performed by a Physician or Physician's Assistant.
2. The Physical Survey must be completed annually by the parent of the student athlete
3. The Statement of Permission and Understanding must be signed by both the parent and student athlete annually.
4. The CIF Ethics in Sport document must be signed annually by the parent and student athlete (for high school sports only).
5. The Seasonal Medical Screening form must be completed by the parent for each sport played
6. The Emergency Treatment Consent form must be completed by the parent seasonally.

These documents make up the "Athletic Participation Form," and are available for download on the SDJA Athletic webpage or in the Athletic Department.

FEES

There is a high school athletic fee of \$250.00 and a middle school fee of \$210.00 for each sport that must be paid with your clearance packet. Team fees are used to fund operational costs and "Spirit Packs." Operational costs include equipment, officials' fees, coaches' salaries, facilities, uniforms and transportation. "Spirit Packs" contain practice items are retained by the student athlete upon completion of the athletic season.