



**BONITA UNIFIED SCHOOL DISTRICT**  
**Ed Jones Educational Center**  
**AFTERSCHOOL SPORTS PROGRAM**  
**PARENT RELEASE FORM 2023-2024**

\_\_\_\_\_ has my permission to participate in the Ed Jones Educational Center Afterschool Sports program. My child and I agree to follow all the rules and regulations set forth by the school, the league, the coaches, and the officials.

In consideration of this participation, I hereby release and hold harmless, the Bonita Unified School District, their employees, and any volunteers who may assist with said program, from any and all liability which may occur by reason of their environment with the program.

My student has permission to be transported by school bus or by private transportation to any away games during the season in which they are participating.

In order to be eligible to participate in any extra-curricular activity at the Ed Jones Educational Center, a student must maintain a "C" grade (2.0) point average and not have any Unsatisfactory ("U") or two or more Needs Improvement ("N") citizen marks.

In case of injury, my student may \_\_\_ or may not \_\_\_ be admitted to a hospital in case of an emergency.

\_\_\_\_\_  
(Signature of parent or guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of student)

\_\_\_\_\_  
(Date)

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

City/Zip: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_



**BONITA UNIFIED SCHOOL DISTRICT  
PERMISSION TO PARTICIPATE IN SCHOOL ACTIVITY**

Dear Parent/Guardian:

\_\_\_\_\_ has my permission to participate in the following voluntary school activity:

School Activity	Date(s)
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In case of emergency, I give permission for any necessary treatment/medication to be administered to my child by the attending physicians/nurses/hospital/paramedics.

California Education Code Section 35330 states, in pertinent part, 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.”**

I have read and understand Education Code Section 35330 as quoted above. I further understand that I hold harmless the Bonita Unified School District, its officers, agents, and employees, from any and all liability or claims that may arise out of or in connection with my child’s participation in this activity.

I fully understand that participants are to abide by all rules and regulations governing conduct during the school activity. Any violation of these rules and regulations may result in that individual being disciplined and/or sent home at his/her and/or parents’/guardians’ expense.

Signature of Parent/Guardian	Date	Address	Phone #
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Signature of Student	Date of Birth
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Family Medical Insurance Carrier	Policy Group No.	Phone #
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A special note to Parents/Guardians: For safety purposes, the school needs to be aware of any medical situation which may affect your child while participating in this school activity.

\_\_\_\_\_ Check here if there are no special medical problems of which the staff should be aware and no medications are required during the school activity.

\_\_\_\_\_ Check here if there are special medical problems of which the staff should be aware and/or medications that are required during the school activity. If medications are required, you must sign and attach the “Authorization for Medication” form obtained from the School Health Office and describe the medical problem:

**STUDENT WILL NOT BE PERMITTED TO PARTICIPATE IN THE  
SCHOOL ACTIVITY WITHOUT THIS FORM ON FILE.**

**BONITA UNIFIED SCHOOL**  
**PERMISSION TO PARTICIPATE IN SCHOOL ACTIVITY**

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Date of Birth

Has my permission to participate in the following school activity. Students will be transported by a Bonita Unified School District van.

\_\_\_\_\_  
School Activity

\_\_\_\_\_  
Date(s)

In case of emergency, I give permission for any necessary treatment/medication to be administered to my child by the attending physicians/nurses/dentists/hospital/paramedics.

California Education Code Section 35330 states, in pertinent part 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.”

For safety purposes, the school needs to be aware of any medical situation which may affect your child while participating in this school activity.

\_\_\_\_\_ Check here if there are no special medical problems of which the staff should be aware and no medications are required during the school activity.

\_\_\_\_\_ Check here if there are special medical problems of which the staff should be aware and/or medications that are required during the school activity. If medications are required, you must sign and attach the “Authorization for Medication” form obtained from the School Health Office and describe the medical problem:

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

(If swimming, please indicate your child’s ability)

I have read and understand Education Code Section 35330 as quoted above.

I fully understand that my child is to abide by all rules and regulations governing conduct during the school activity. Any violation of these rules and regulations may result in my child being disciplined and/or sent home at his/her and/or parents’/guardians’ expense.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Family Medical Insurance Carrier

\_\_\_\_\_  
Policy/Group No.

\_\_\_\_\_  
Phone #

**NO STUDENT WILL BE PERMITTED TO PARTICIPATE IN THE SCHOOL ACTIVITY WITHOUT THIS FORM SUBMITTED PRIOR TO THE ACTIVITY**



## **Student Athlete Contract**

I understand that a fulfilling educational sport experience requires the exercise of responsibilities on the part of both personnel associated with the athletics program and student-athletes. As a student-athlete, I understand my responsibility to commit to the principles of self-discipline, collaborative effort and team building, and to be an ambassador for the institution.

### **Academic Standards**

I understand that all student-athletes must exhibit behaviors that demonstrate a commitment to maximizing academic success as their first priority. I understand that Chaparral and Vista High Schools have created the following standards, strategies, and policies to maximize the possibility of student-athletes meeting their academic goals. I understand that I am obligated to comply with these standards:

- Student-athletes must adhere to all academic requirements (class attendance, GPA of 2.0)
- Student-athletes are expected to submit a progress report to the coach every two weeks.
- Student-athletes are not permitted to miss any regularly scheduled classes for activities other than scheduled athletics competitions.
- Student-athletes are expected to meet all deadline dates for class assignments and are required to make pre-arrangements with instructors when quizzes, tests or special assignments conflict with contest dates.

### **Behavioral Expectations**

I understand that student-athletes are visible representatives of the institution both on campus and off-campus. Student-athlete behavior affects public perception of the school, athletic standards, and the character of the student body. Therefore, it is an expectation that student-athletes will demonstrate consistent role model behavior, sportsmanship and self-control. More specifically:

- Student-athletes must be committed to fair play. Intentional acts of unsportsmanlike behavior or cheating will not be tolerated.
- When representing their teams during competition, student-athletes will exercise self-control in all ways including, but not limited to, resisting the use of profanity, demonstrating unnecessary aggression or hostility towards others, making inappropriate physical gestures, taunting or excessively celebrating, and disrespecting coaches, officials, teammates or opponents.
- The ability to play in a school supported athletics program is a privilege, not a right.
- The goal of the athletic program is to foster a better understanding of what it means to be a part of a team, through teamwork and commitment. The goal is NOT to win every game.



### **Practice and Participation Expectations**

I understand that practice is an important aspect of being on a team. My attendance at all practices is important and my absence from practice may affect my playing time during games and may result in dismissal from the team. Participation during practices is just as important as attendance. It is important for me to give full effort at each and every practice. Therefore, I understand the need for and accept the following practice and participation responsibilities:

- Report to my coach any change in my physical, mental or emotional well-being that may affect my ability to participate safely.
- Commit to completing all conditioning activities and practice session I am asked to perform to ready me for the physical, mental, and emotional stress associated with my sport.
- Report to my coach any time I will be absent from practice. I am allowed to miss two (2) practices without giving the coach notice before being dismissed from the team.

### **Teamwork and Team Expectations**

I understand that team unity and team chemistry are key variables for a positive and successful athletics experience. Commitment to team goals is essential which, at times, may take precedence over individual goals. Under these conditions, I understand that student-athletes are expected to exhibit a level of selflessness that promotes team goals.

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(read/sign and return "bottom portion to coach)

I confirm that I have read and understand the Student Athlete Contract and affirm that I will follow all the requirements of the Student Athlete Contract.

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Student

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Date