

"Where every student is a Champion!"

*Check List with signed forms and physical form must be returned to the Administration Office BEFORE TRY-OUTS.

ATHLETICS REGISTRATION PACKET CHECK-LIST

Student Name:		Grade:		
Activity (Mark all that apply):	Flag Football	Volleyball	Soccer	Softball
	Bas	sketball Ch	neerleader	
L	, please initi /or submitte	•		
	or submitte	d the attac	neu iorni	
Rece	eived TCDS Athle	etic Packet Poli	cy and Proce	edures
Pern	nission for Partici	pation Form		
Pare	nt Responsibilitie	es and Code of	Conduct	
Regi	Registration and Emergency Information Form			
Tran	sportation Permis	ssion		
Phys	sical Form (C	Check here if su	bmitted earli	ier this school year)
If ap	plicable, notified	After Care Pro	gram of chai	nge in schedule
		<u>Activi</u>	<u>ty Fee</u>	
				y outs (\$25 is non-refundable)
\$50 is d	<u>ue after studen</u>	ts make the to	<u>eam</u>	
, _	Athletic Fee P	aid (Choose Or	ne Below)	
_	\$75 ACTIVIT	Y FEE		
_	\$75 ACTIVIT	Y FEE paid <u>on</u>	<u>line</u>	
' ' _	\$75 payment t	toward our TAX	CREDIT F	OR KIDS
_	\$75 payment 1	toward our TAX	CREDIT F	OR KIDS paid online

*Please make checks payable to: TCDS (in the memo section of the check please WRITE THE STUDENT'S NAME AND ACTIVITY.)

Payments can be made online, in the Administration Office or dropped into the Tuition Box after hours.

Cash payments are welcome only during office hours.



School Sponsored Athletic Activity Registration and Emergency Information Form

Activity (Mark all that apply):	Flag Football	Volleyball	Soccer	Softball	
	Bas	sketball	Cheerleader		
Student Name:		Da	ate of Birth:	//	_ Grade:
Parent(s) Name(s):	 				
Address:					
Home Phone:		(F	ather)	_/	(Mother)
Cell Phone:(Father)	/	`			,
(Father) Email:					
Person(s) to contact in cas	e of emergency (of	her than paren	t)		
Name:	F	Relationship: _		Phone #:	
Name:	F	Relationship: _		Phone #:	
Does your child have any Yes No If yes, ple	medical concerns t ase provide a brief		his/her particip	ation in any	athletics?
CONSENT FOR M If emergency care requirin guardian cannot be contact deemed necessary by scho to school officials to admin I understand that I am respaccident that may occur du	g medical action o ted; I hereby autho ol officials, includinister first-aid.	r treatment by rize that my ch ing securing an edical expenses	a physician is r aild be given en abulance services that may be in	nergency med ce. I also give	dical care as e permission
Parent/Guardian: Printed Name		Signature			Date

Permission for Participation in School Athletics

Tucson Country Day School's athletic activities were established on the foundation that athletic activities can play an essential role in the development of students. Our athletic programs are intended to promote academic achievement, commitment, leadership, responsibility, respect, sportsmanship, and teamwork, each representing essential characteristics that we believe will assist students to experience success for years to come. You are encouraged to attend and watch your student display his/her abilities during school sponsored activities and interscholastic competition.

I/We give permission for

(First	Middle	Last Name)	(Grade)
		during the	school year.
(Spo	ort)		(Year)
oyees, ager action arise ading, with s hereby au fucson Cou by my stu	nts, and represing out of or in nout limitation thorized. untry Day Schudent(s) during	sentatives, from and an connection with my n, the player's transposed ool does not provide it g tryouts, practices, o	against all claims, liabilities, student's participation in the ortation to/from any activity nsurance that covers injuries
		student's removal fro	
	(Spo n for my oyees, ager action aris: ading, with s hereby au fucson Cou by my stu- rance is my	(Sport) In for my student, I herebyees, agents, and represent action arising out of or including, without limitations hereby authorized. Fucson Country Day Schaby my student(s) during ance is my responsibility stand the TCDS Athleticalicies may result in my	during the

Mild Traumatic Brain Injury/Concussion Statement & Acknowledgment Form

 TCDS has provided me with the concussion fact sheet (http://www.cdc.gov/concussion/HeadsUp/youth.html) on what a concussion is and has given me an opportunity to ask questions. I have fully disclosed to my coaches any prior medical conditions and will also disclose any future conditions. There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death. A concussion is a brain injury, which I am responsible for reporting to the coaches, officials and/or coordinators. A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance. Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury. If I suspect a teammate has a concussion, I am responsible for reporting the injury to the TCDS coaches and/or staff. I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms. I will not return to play in a game or practice until my symptoms have resolved, AND I have written clearance to do so by a qualified health care professional. Following a concussion, the brain needs time to heal, and you are much more likely to have a repeat concussion or further damage if you return to play before your symptoms resolve. Based on the incidence of concussion as published by the CDC, the following sports have been identified as high risk for concussion: basketball, football, soccer, and softball. I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences, and implications of signing this document, and that I agree to be bound by this document. 	I,my own health and have the school staff (coaches, officials, upon providing accurate medic and-or disabilities experienced. By signing below, I acknowledges	direct responsibility for rep coordinators). I further rec- cal history and a full disclosu- before, during or after athlet	porting all of my injur ognize that my physical are of any symptoms, co	l condition is dependent
as high risk for concussion: basketball, football, soccer, and softball. I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences, and implications of signing this document, and that I agree to be	 TCDS has pro (http://www.cdc.gov/cogiven me an opportunit I have fully disclosed than future conditions. There is a possibility to concussion. In rare case death. A concussion is a bray officials and/or coordin A concussion can affect time, balance, sleep, and some of the symptoms can show up hours or dear to the symptoms of the sy	povided me with oncussion/HeadsUp/youth.ht by to ask questions. To my coaches any prior me that participation in my spotes, these concussions can carrie in injury, which I am respectors. It my ability to perform ever diclassroom performance. It is of concussion may be not any after the injury. It has a concussion, I am respectant. It is a concussion, I am respectant. It is a game or practice if coussion related symptoms. It is a game or practice untited do so by a qualified health on, the brain needs time to be	dical conditions and we have received a blow I my symptoms have really and you are much care professional.	sion is and has fill also disclose ad injury and/or mage, and even to the coaches, fect my reaction other symptoms the injury to the v to the head or esolved, AND I
understand the contents, consequences, and implications of signing this document, and that I agree to be	as high risk for concussion: bas	ketball, football, soccer, and	l softball.	
Student Athlete: Printed Name Signature Date	understand the contents, consection bound by this document.	quences, and implications o		it, and that I agree to be

Signature

Date

Parent/Guardian: Printed Name

Parent Responsibilities and Code of Conduct

Parent Responsibilities

- 1. Encourage your child to participate in program, but do not pressure him or her. Let your child choose to participate and to quit if he or she does not want to participate.
- 2. Understand what your child wants from the program and provide a supportive atmosphere for achieving those goals.
- 3. Keep winning in perspective, and help your child do the same.
- 4. Help your child set realistic performance goals.
- 5. Help your child understand the valuable lessons that athletics can teach.
- 6. Help your child meet his or her responsibilities to the team and the coach.
- 7. Turn your child over to the coach/coordinator at practices, meetings, and games.
- 8. Supply the coach with information regarding any allergies or special health conditions your child may have. Make sure your child takes any necessary medications to games, meetings, and practices.

Parent Code of Conduct

- 1. Remain in the spectator area during games, meetings, and practices.
- 2. Let the coaches coach.
- 3. Let the coaches and/or officials work with the other team.
- 4. Cheer for your child's team, and <u>not</u> against the other team.
- 5. Show interest, enthusiasm, and support for your child.
- 6. Be in control of your emotions.
- 7. Help when asked to do so by coaches or officials.
- 8. Thank coaches, officials and other volunteers who conduct the event.

I have read and understand the TCDS As to adhere to these policies may result TCDS events.		
Parent/Guardian: Printed Name	Signature	Date

Transportation Permission and Indemnity Form

Families MUST provide transportation for their student athletes to and from all games and practices.

I/We understand that I/we may transport ONLY my/our child to or from the games.

As the parent/guardian for my child, I hereby release and indemnify all TCDS parties, to include owners, employees, agents, and representatives, from and against all claims, liabilities, damages or causes of action arising out of or in connection with my child's participation in the TCDS Athletic Program including, without limitation, the player's transportation to/from any activity which transportation is hereby authorized.

I authorize the following per and/or away games:	rson(s) to provide transportation to and/or	from practices
Name:	Phone #:	
	Transportation Permission and Indemnity Formay result in the removal of my student from	
Parent/Guardian: Printed Name	Signature	Date

Please keep this portion for your records.

TCDS Athletic Program Policies and Procedures

Physical Examination Requirement for Athletic Program

A physical form must be on file for an athlete to practice or play. Forms are available in the TCDS office or online at https://tcdcharterschool.com. Physical forms are valid for 1 year from the date of the examination.

Athletics Program Registration and Fees

The Athletic Registration Packet must be completed and turned into the office BEFORE a student can participate in tryouts.

Tucson Country Day School assesses a \$75.00 participation fee for each school sponsored activity. \$25 of that fee is due before students will be permitted to tryout. The remaining \$50 is due after the student makes a team. Funds are used to defray costs associated with Tucson Country Day School's Athletics Program.

The Participation Fee must be paid prior to the first game of the season. Team members are not eligible to play in a game if their Participation Fee has not been paid. There are no refunds for participants who are removed from the activity for any reason.

Athletic Teams

Students must be in at least fifth grade to participate in the after-school sports programs.

In most cases, there are two teams for each sport (with the exception of softball). The "A" team is for students that demonstrate advanced skills in that particular sport. The "A" team is also used to prepare students to play competitive high school sports. If you are selected for the "A" team, you are not guaranteed to be played in any game during the year. Playing time is decided by the coach, and the coach is not obligated to play every player. If you have any additional concerns about this issue, please see Mr. Hall, TCDS Athletic Director, first.

The "B" teams are created to develop players to later become successful "A" team players and to teach the students the rules of the game. The goal is to familiarize the students with competition and organized sport. "B" team students that attend practice regularly should play at least one quarter of the game.

Thank you for your time, support and understanding. We look forward to another "CHAMPIONship" season.

If you have any further questions, please feel free to contact Mr. Hall, TCDS Athletic Director, at thall@tcdschampions.com or 296-0883, ext 1148.

Expectations

Students are to represent the school teams with dignity, respect, and pride. Sportsmanship shall always be exhibited when representing Tucson Country Day School.

Eligibility

Eligibility for students will be based on tardiness and absences. Students who reach 5 tardies or 5 absences in each quarter will be ineligible to participate in one game the week following the 5th offense. Students who reach 8 tardies or 8 absences in a given quarter will be ineligible to participate in two games the week(s) following the 8th offense. Students who reach 10 tardies or 10 absences in each quarter may be removed from the team for the season.

Students who receive behavioral referrals will have their athletic eligibility taken into consideration by administration and/or the athletic director.

Please Note:

If a student is ineligible, they may participate in practices, but are not allowed to play in games. Ineligible players are expected to attend games. They player may sit on the bench and must be in their "street clothes." Students who are ineligible to play will miss a minimum of one week of competitive performance. Ineligible students may rejoin the team on the first Monday that they become eligible.

Coaches may suspend or permanently remove a player from the team for repeated tardy/absence and/or behavior issues.

Practices

Practices start 15 minutes after the school day has ended unless the coach teaches grades K-3rd. In those cases, students must go to "sibling care" until the coach/coordinator is released at 3:15 p.m.

Practice end times may vary depending on the coach. Please make sure that you pick up your child within a 15-minute time period after the scheduled practice is supposed to end.

Failure to pick up your child in the above time period may result in dismissal from the team.

Athletic Uniforms

Students are expected to care for the uniform and to return it in good condition as soon as the season is finished. Students who do not return their uniform, or who lose or damage the uniform beyond normal wear and tear, will be required to pay for the cost of replacing the uniform. A student's report card may be held until payment is received.

School Expectations

- School rules are in effect during all practices and home and away games.
- Sportsmanship and respect among students, coaches and parents shall not be compromised.
- Concerns that may arise during the season should be expressed to the coach at a time that does not interfere with class time, meetings, events, practices, or games.
- Exemplary student behavior is expected at all times.
- Student athletes must be in school on the day of the game to participate. Please make every effort to schedule medical appointments on non-game days.
- Student participants should maintain exemplary attendance and arrive promptly for school.
- Students are to represent the school with dignity, respect, and pride. Sportsmanship shall always be exhibited when representing TCDS.
- Students can be deemed ineligible to participate in competition for violating any school expectations.

Updated 2/24/2021