



**GRIZZLY ATHLETICS**

**GOLDEN VALLEY HIGH SCHOOL**



**SUMMER SPORTS CAMP**

**REGISTRATION PACKET**

GOLDEN VALLEY HIGH SCHOOL, 27051 ROBERT C. LEE PARKWAY  
SANTA CLARITA, CA 91321 661 298-8140, FAX 661 250-8362  
PRINCIPAL: SAL FRIAS ASST. PRINCIPAL: JOEL NELSON  
ATHLETIC DIRECTOR: CHRIS PRINTZ, ROBERT FISHER



## GRIZZLY ATHLETICS

# 2009 GRIZZLY SUMMER CAMP REGISTRATION PACKET

### How To Register:

Step 1: Complete all the Registration Forms listing the camp(s) you wish to enroll.

Step 2: Complete all of the following forms:

- a. Athlete's Code of Ethics
- b. Medical History
- c. Certificate of Physical Examination
- d. Athletic Clearance Form/ Athletic Emergency Form

Step 3: Submit All Forms including the Registration Form to the Golden Valley ASB Office.

Step 4: Payment

- a. In Person: Submit your fees by cash or check, (payable to Golden Valley ASB) in the ASB Office.
- b. By mail: Mail completed forms to Golden Valley High School Attn: ASB Summer Camps. 27051 Robert C. Lee Parkway Santa Clarita, Ca. 91350. A copy of your receipt and your all-clear slip will be returned to you by mail promptly.

### **Confirmation of Registration:**

You will receive a registration confirmation and all-clear slip when you pay in person or by mail. Please keep all forms and return the all-clear slip to the coach the first day of the camp. Cancellation deadline is one week after starting date of the first camp for which you have registered.

### When to Register:

**May 1, 2009 – July 2, 2009**

- a. In Person - Business Hours: Monday through Friday, 8:00am-4:00pm.



# GRIZZLY ATHLETICS

PLEASE PRINT LEGIBLY

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

Student's Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Student ID# \_\_\_\_\_

PLEASE LIST EACH CAMP YOU WISH TO ENROLL

SPORT	LEVEL	DAYS	DATE	TIME	COACH	FEE

**TOTAL**

\_\_\_\_\_

**PLEASE NOTE:**

- Cancellation deadline is one week after starting date of the first camp for which you have registered. \$25.00 registration fee is non-refundable.
- Participation in the summer camp does not guarantee making an athletic team.
- Participation in the camps is highly recommended but not mandatory.

**FOR OFFICE USE ONLY - Total Received \$** \_\_\_\_\_

**Registered in camp(s):**

**Date:** \_\_\_\_\_ **Check #** \_\_\_\_\_ **By:** \_\_\_\_\_



# GRIZZLY ATHLETICS

SPORT	DAYS	DATES	TIME	LOCATION	COACH	COST
BOYS BASKETBALL	M-F	6/8-6/26	1230-230	GVHS	PRINTZ	85
GIRLS BASKETBALL	M-F	TBA	3-6	GVHS	TBA	TBA
BASEBALL RETURNING PLAYERS	M-F	6/16-7/25	800-1000	GVHS	DROOTIN	TBA
BASEBALL NEW PLAYERS	M-F	TBA	TBA	GVHS	DROOTIN	TBA
BOYS SOCCER	M-TH	TBA	TBA	GVHS	LOPEZ	TBA
GIRLS SOCCER	M-TH	7/6-7/30	800-1000am	GVHS	LEON	90
TENNIS	M-TH	TBA	TBA	GVHS	INGERSOLL	TBA
X COUNTRY/ TRACK	M-F	6/29-8/7	700AM-900	GVHS	EVANS	115
VOLLEYBALL BOYS	M-F	TBA	TBA	GVHS	TBA	TBA
VOLLEYBALL GIRLS VARSITY	M-TH	7/14-8/8	600-900 AM	GVHS	HUDSON	100
VOLLEYBALL GIRLS JV	TBA	TBA	TBA	TBA	TBA	TBA
VOLLEYBALL GIRLS FROSH	TBA	TBA	TBA	TBA	TBA	TBA
SOFTBALL	M-TH	6/15 – 7/2	1230-230	GVHS	CARR	80
FOOTBALL	M-F	TBA	TBA	GVHS	FISHER	TBA



# GRIZZLY ATHLETICS

## Code of Ethics - Athletes

Athletics is an integral part of the school's total educational program. All school activities, curricular and extracurricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Code of Ethics is presented.

### As an athlete, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials and coaches.
3. Respect the integrity and judgment of game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
5. Maintain a high level of safety awareness.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. Win with character, lose with dignity.

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Article 524).

By signing below, both the participating student athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We recognize that under CIF Bylaw 200 D, there could be penalties for false or fraudulent information. We also understand that the (school/school district name) policy regarding the use of illegal drugs will be enforced for any violations of these rules.

\_\_\_\_\_  
Printed Name of Student Athlete

\_\_\_\_\_  
Signature of Student Athlete Date

\_\_\_\_\_  
Signature of Parent/Caregiver Date



# GRIZZLY ATHLETICS

## WILLIAM S. HART SCHOOL DISTRICT CERTIFICATE OF PHYSICAL EXAMINATION

NAME \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ PULSE \_\_\_\_\_ BP \_\_\_\_\_/\_\_\_\_

PLEASE PLACE "X" AS NORMAL OR ABNORMAL FOR ALL FINDINGS BELOW. PLEASE DESCRIBE IN DETAIL ALL ABNORMAL FINDINGS.

	NORMAL	ABNORMAL	COMMENTS
HEART			
PULSES			
LUNGS			
NECK			
BACK			
SHOULDER/ARM			
WRIST/HAND			
HIP/THIGH			
KNEE			
LEG/ANKLE/FOOT			
OTHER PERTINENT INFO			

ADDITIONAL COMMENTS \_\_\_\_\_

\_\_\_\_\_

LIST ANY RESTRICTIONS AND DURATION \_\_\_\_\_

\_\_\_\_\_

I HEREBY CERTIFY THAT \_\_\_\_\_ WAS EXAMINED BY ME ON \_\_\_\_\_  
20\_\_ AND FOUND TO BE PHYSICALLY FIT TO ENGAGE IN ATHLETICS

STAMP NAME OR PLACE CARD OF MEDICAL OFFICE BELOW



# GRIZZLY ATHLETICS

## WILLIAM S. HART SCHOOL DISTRICT MEDICAL HISTORY TO BE COMPLETED BY PARENT GUARDIAN BEFORE EXAMINATION

NAME OF STUDENT ATHLETE \_\_\_\_\_ SEX\_\_ AGE \_\_\_ DOB \_\_\_\_\_

GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_ SPORT(S) \_\_\_\_\_

Y OR N (CIRCLE Y OR N) IF YES PLEASE EXPLAIN)

1. HAS THE STUDENT ATHLETE HAD A MEDICAL ILLNESS OR INJURY SINCE HIS/HER LAST CHECK UP OR  
SPORTS PHYSICAL? Y N

2. IS THE STUDENT-ATHLETE CURRENTLY TAKING ANY PRESCRIPTION OR NONPRESCRIPTION (OTC)  
MEDICATION OR USING AN INHALER Y N

3. DOES THE STUDENT-ATHLETE HAVE ANY ALLERGIES (POLLEN, MEDICINE, FOOD, BEE STINGS, ETC) Y N

4. HAS THE STUDENT-ATHLETE EVER HAD A SEIZURE? Y N

5 HAS THE STUDENT-ATHLETE EVER BECOME ILL FROM EXERCISING IN THE HEAT? Y N

6. IS THERE ANY PERTINENT MEDICAL INFORMATION COACHES OR PHYSICIANS SHOULD KNOW ABOUT THE  
STUDENT-ATHLETE Y N

7 DOES THE STUDENT-ATHLETE WEAR GLASSES, CONTACTS, OR DENTAL BRACES? Y N

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE



# GRIZZLY ATHLETICS

## William S. Hart Union High School District Athletic Clearance Form/Athletic Emergency Form

- 1. Warning to Student – Athlete and Parents
- 2. Certificate of Student Insurance
- 3. Parent Consent and Co -Curricular Agreement
- 4. Steroids Statement

Active Sports: Fall \_\_\_\_\_  
 Winter \_\_\_\_\_  
 Spring \_\_\_\_\_

**You must complete all sections of this form before your daughter/son can participate in interscholastic athletic practices and contest.**

### Please Print All Information

Name \_\_\_\_\_ ID# \_\_\_\_\_

Grade 9 10 11 12

Address \_\_\_\_\_ Birth date \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ State \_\_\_\_\_ Phone # \_\_\_\_\_

School Attended Last Year \_\_\_\_\_ Sex M F

Name of Doctor \_\_\_\_\_

Doctor Phone \_\_\_\_\_ Fax # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_

#### 1. Warning to Student –Athlete and Parents:

By nature, competitive athletics may put students in a situation where **SERIOUS, CATASTROPHIC**, and perhaps, **FATAL ACCIDENTS** may occur. By granting permission for your students -athlete to participate in athletic competition, you, the parent or guardian, acknowledge that such risks exist.

**Student –Athlete Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

#### 2. Certificate of Student Insurance:

It is the responsibility of the parent/guardian to secure insurance coverage prior to participation in athletics. Sections 32220-32224 of the Education Code requires that each member of an athletic team have insurance. I certify that my student is covered by insurance as required and further, said coverage will be in force for the entire current school year. I understand that the school district has made available an accident insurance program in which my child may enroll and that the program is optional.

**Name of Insurance Company** \_\_\_\_\_ **Policy #** \_\_\_\_\_

**Myers-Stevens Insurance (optional) Date Mailed** \_\_\_\_\_

#### 3. Parental Consent and Co-Curricular Agreement:

I hereby give consent for my student to participate in Interscholastic Athletic in the Wm. S. Hart Union High School District. In case of injury to my daughter/son, you are authorized to have her/him treated. I further understand that in case of injury, the school staff and associated Student Body is relieved of all liability from medical or hospital bills sustained in participation in interscholastic athletic competition. I hereby give my consent for my daughter/son to compete in sports and go with a representative of the school on any trip(s). I have also read the co-curricular policy regarding requirements for participation school activities and agree to abide by the rules and regulations. (See "Notice of rights, Regulations, and Responsibilities")

**Student-Athlete's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent's/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

#### 4. Steroids Statement:

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Bylaw 524).

By signing below, both the participating student-athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We also recognize that that under CIF Bylaw 200.D. , there could be penalties for false or fraudulent information. We also understand that the (*William S. Hart School District*) policy regarding the use of illegal drugs will be enforced for any violations of these rules.

**Student-Athlete's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent's/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_