



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 DIRECTORS: CHRIS PRINTZ, ROBERT FISHER



GRIZZLY ATHLETICS

2010 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 3, 2010 – June 25, 2010

- 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-TH	6/7-6/25	1000am-1200pm	GVHS	PRINTZ	80
GIRLS BASKETBALL	M-F	6/14-7/2	100pm-300pm	GVHS	HAWKINS	85
BASEBALL RETURNING PLAYERS	M-F	6/7-6/25	100pm-300pm	GVHS	DROOTIN	85
BASEBALL FROSH	M-F	6/7-6/25	800am-1000am	GVHS	DROOTIN	85
BOYS SOCCER	M-TH	6/14-7/1	830am-1100am	GVHS	LOPEZ	80
GIRLS SOCCER	M-TH	7/12-7/29	830-1030 am	GVHS	LEON	90
TENNIS-NEW PLAYERS	M-TH	6/7-7/8	200-300	GVHS	STIMAC	100
X COUNTRY/ TRACK	M-F	6/28-8/6	700-1000am	GVHS	EVANS	115
VOLLEYBALL GIRLS JV/FROSH	M-TH	7/5-7/29	TBD	GVHS	CODY	90
VOLLEYBALL GIRLS VARSITY	TBD	TBD	TBD	GVHS	CODY	TBD
SOFTBALL	TBD	TBD	TBD	GVHS	WILLIAMS	TBD
FOOTBALL	M-FR	6/14-7/15	200-600pm	GVHS	CAMPBELL	105
BOYS GOLF	M-TH	6/14-7/1	TBD	VISTA VALENCIA	MOSKAL	80
BOYS/GIRLS SWIMMING	M-Th	TBD	TBD	SCAC	MARSDEN	TBD



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 _____

PLEASE READ NOTICE REGARDING INSURANCE ON THE NEXT PAGE

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 _____



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NOTICE REGARDING INSURANCE

Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses.

Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored insurance programs. Information about these programs may be obtained by calling Medi-Cal Healthy Families at 1-800-880-5305.