



# MELVA DAVIS

## *Academy of Excellence*

**15831 DIAMOND ROAD, VICTORVILLE CA 92394**

**(760) 530-7650 FAX- (760) 955-1841**

Principal – Dr. Vanessa Jones    Assistant Principal – Kathryn Youskievicz

Secretary – Martha Vega

## **MELVA DAVIS ATHLETIC PACKET**

To participate in sports, each student must do the following:

1. Complete the Student Athlete Medical history form and have a physician complete and sign the physical complete and sign the physical part.
2. All forms must be completed and signed by the student's parent or legal guardian.
3. Students must meet the minimum requirement of a 2.5 cumulative grade point average to try out and remain on team.
4. Students may not have any outstanding fines, or fees for library books, textbooks, etc. (This includes past schools attended).
5. Good behavior must be met and maintained. A student who receives a suspension during the season will be removed from the team. All athletes must attend any behavioral consequences; failure to attend will result in missing one game.



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Member of the  
High Desert Athletic League  
2016-2017 School Year

Welcome to Melva Davis Academy of Excellence sports program. Cross country, cheer, volleyball, and wrestling are offered in the fall; while basketball, soccer, and track are offered in the spring. Specific dates will be announced once they have been posted by the High Desert Athletic League. Please make sure your son/daughter has an Athletic Packet with a completed sports physical on file with the school before they attend any try-outs.

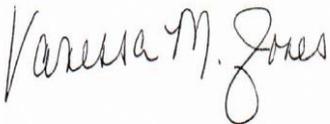
For your convenience game schedules will be available in the front office as well as posted on our website. The important information listed below is for parents and students to assist in making this year successful and enjoyable:

- Playing sports is a privilege which must be maintained throughout the season. Not only must students achieve good grades to try-out for a team, but they must also keep those grades up in order to stay on the team (a minimum 2.5 GPA). Students may not try-out if they owe any fines for textbooks, library books, or any other fee (this includes past schools attended).
- Character counts. Students who get suspended from school during the season will automatically be removed from the team – there will be no exceptions to this expectation. Any exhibitions of inappropriate behavior during school or sports competitions will result in game suspensions. Failure to attend any behavioral consequences will result in a game suspension.
- Everyone gets equal time in practice, but playing time in the game is at the coach's discretion. This is competitive league play so players have to earn time according to the coach's judgment. Playing time can be lost due to poor attitude, lack of effort, tardiness, absences, inexperience, not executing the proper plays – and more. If you have any questions about what your child needs to do to increase playing time please make an appointment to speak with the coach. Team Captains are chosen by the coach based on several factors: skill, focus, attitude, dedication, timeliness, attendance, and leadership. This position of trust and responsibility must be earned by the athlete every day and can be revoked at the coach's discretion.

- Let our coaches coach: We all get excited, but please refrain from coaching from the stands – it makes the kids nervous and distracts the coach.
- Support the referees: Yes...they will miss some calls. It's a tough job. Let's remember that we are role models for the kids and must take the bad calls with the good calls.
- Be on time: Arrangements must be made for timely arrival to all games and practices. This also applies to being picked up after games and practices. It is our expectation that students are picked up immediately after practice and as soon as the games have ended.
- Be prepared to pay entry fees: To help support the costs of referees, trophies, and other expenses, the cost of admission is \$2 for adults and \$1 for students at all HDAL games.
- Buses will be provided only to far away games such as Barstow and Big Bear. For all other games, please arrange transportation for your child. If a student rides on the bus to an away game that student must return with the team on the bus. If you want to take them home from the game, please fill out the proper form in the school office at least 24 hours prior to the game.
- If a student is absent from school, he/she may not participate in any competition or practice on that day.

If you have any questions or concerns please contact the Athletic Director at (760)530-7650.

Sincerely,

A handwritten signature in black ink that reads "Vanessa M. Jones". The signature is written in a cursive style with a large, looped "J" at the end.

Dr. Vanessa Jones  
Principal

## **Athletes' Code of Conduct**

The opportunity to participate in the High Desert Athletic League is a privilege that is available to students who demonstrate respect for others and themselves, appreciation of others' talents, adherence to rules and those who regulate them, and the desire to use athletics as an avenue to develop strong character and integrity. It is believed that winning is a byproduct of training, practice, skill and teamwork, but it is not the reason schools participate in the High Desert Athletic League. The goal of this league is to develop character, fairness, ambition, and esteem for self and the group. Students who participate in the High Desert Athletic League agree to the following:

- I am one of a team of athletes, and I appreciate that everyone is giving their best effort, as am I, and win or lose, our effort is what matters most.
  
- I will encourage my teammates in their effort, and I will share responsibility in victory and defeat.
  
- I will respect my coach and his or her direction.
  
- I will respect my opponents, and I will approach each competition with fairness, sportsmanship, and healthy competition.
  
- I will respect the referees and their judgment, and I recognize that no game will ever be decided by a referee's call. I will focus on what my teammates and I could have done differently to affect the game's outcome, rather than what the referees could have done differently.
  
- I will not interact with spectators, as it reduces my effectiveness on the playing field, and it encourages negative interaction between spectators and those participating in the game.
  
- I will refrain from behavior that is profane, argumentative, defiant, boastful or otherwise unsportsmanlike.
  
- When I am visiting other schools, I will respect their property, both private and public, and I will conduct myself in a manner that is appropriate and polite.
  
- I am a student first, and I will place academics ahead of my athletic endeavors. I understand that by not making academics my top priority, I risk losing my athletic eligibility.

Student-athletes who participate in the High Desert Athletic League understand that their behavior must adhere to the highest standards. Ultimately, students represent their coach, their school, and its administrators, their peers, and their parents. The High Desert Athletic League brings out the very best in student-athletes.

I agree to conduct myself to the standards set forth in this Athletes' Code of Conduct.

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Student Signature

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Date

## Parent's Code of Conduct

Interscholastic and youth sports programs play an important role in promoting the physical, social, and emotional development of children. It is therefore essential for parents, coaches, and officials to encourage young athletes to embrace the values of good sportsmanship. Moreover, adults involved in youth sports events should be models of good sportsmanship and should lead by example by demonstrating fairness, respect, and self-control. Adults have the opportunity and the responsibility to each young athletes to enjoy sports for the pleasure, the camaraderie, and the competition, at all times placing sportsmanship and respect-for teammates, coaches, opponents, referees, and spectators-above all else.

**As a parent/guardian of a High Desert Athletic League athlete, I pledge to be responsible for my words and actions while attending, coaching, officiating, or participating in a youth sports event and shall conform my behavior to the following Code of Conduct:**

- I will respect referees and their judgment, whether or not I agree with it, and I will encourage my child to respect officials.
  
- I will not engage in conversations, arguments, or questions with the referees. I will not yell things to them or about them.
  
- My comments and cheering will only be positive in nature (ie: "Go Big Blue" or "You can do it!", as opposed to "Choke!", "That's a lousy call!", etc.)
  
- I will not engage in profanity.
  
- I will respect my child's coach, and I will encourage my child to do the same.
  
- I will encourage and recognize effort by all young athletes.
  
- I understand that my behavior, good or bad, sets the example by which my child will follow. I will aspire to be an excellent role model for all children.
  
- I understand that my failure to control my behavior or my language may result in the loss of the privilege to participate or attend future HDAL events.

I agree to conduct myself to the standard set forth in this Code of Conduct.

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Parent's Signature Date

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Parent's Signature Date

# MELVA DAVIS ACADEMY OF EXCELLENCE

## Student Athlete Physical Form

### MEDICAL HISTORY (To be completed by Parent or Guardian)

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Has your son/daughter ever had:

1. Any restrictions from sports activity? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_

2. Head injuries, unconsciousness, or seizures? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, dates \_\_\_\_\_

3. Concussion? Yes \_\_\_\_\_ No \_\_\_\_\_

if yes, dates? \_\_\_\_\_

4. Eye or ear disease? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_

5. Lung disease? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, dates? \_\_\_\_\_

6. Heart murmurs or disease? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain condition \_\_\_\_\_

7. Bone or joint disease? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain condition \_\_\_\_\_

8. Back or neck injuries? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, dates \_\_\_\_\_

9. Any other medical problems please list below:

\_\_\_\_\_

10. Any medications: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PHYSICAL (To be completed by Physician)**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_

General appearance: Good \_\_\_\_\_ Average \_\_\_\_\_ Less than average \_\_\_\_\_

Stature: Slight \_\_\_\_\_ Medium \_\_\_\_\_ Heavy \_\_\_\_\_ Obese \_\_\_\_\_

Muscle tone: Good \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_

Back, shoulders, or extremity Deformity: No \_\_\_\_\_ Yes \_\_\_\_\_

if yes, restrictive? Yes \_\_\_\_\_ No \_\_\_\_\_

Ears: Evidence of past or present disease: No \_\_\_\_\_ Yes \_\_\_\_\_

Throat: Airway unrestricted \_\_\_\_\_ Airway restricted \_\_\_\_\_

Chest Excursion: Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

Lungs: Clear \_\_\_\_\_ Abnormality \_\_\_\_\_

Heart: Tones normal \_\_\_\_\_ Function Murmur \_\_\_\_\_ Questionable Murmur \_\_\_\_\_

Hernia: No \_\_\_\_\_ Yes \_\_\_\_\_

Impression: Qualified for sports \_\_\_\_\_ Referral to family physician \_\_\_\_\_

Qualified, but with the following restrictions:

\_\_\_\_\_

Medications needed to participate: \_\_\_\_\_

Physician's statement: I hereby certify that this student was examined by me and found to be physically fit to engage in sports.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please stamp with Facility stamp here.

# MELVA DAVIS ACADEMY OF EXCELLENCE

## EMERGENCY INFORMATION FORM

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Mailing address (if different): \_\_\_\_\_

Birth Date: \_\_\_\_\_ Home Language: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Company Name/Occupation: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Cellphone #: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

Company Name/Occupation: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Cellphone #: \_\_\_\_\_

\_\_\_\_\_  
Father/Guardian signature

\_\_\_\_\_  
Mother/Guardian signature

IN CASE WE ARE UNABLE TO REACH YOU DURING ANY EMERGENCY, YOU ARE AUTHORIZING US TO CONTACT AND, IF NECESSARY, RELEASE YOUR CHILD TO ANY OF THE FOLLOWING:

1. \_\_\_\_\_  
Name Phone #
2. \_\_\_\_\_  
Name Phone #
3. \_\_\_\_\_  
Name Phone #

Does your child have any brothers or sisters in school?

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_



# Adelanto Elementary School District

11824 Air Expressway, Adelanto, California 92301  
Phone: 760-246-8691 Fax: 760-246-4259 Web: www.aesd.net

*Superintendent  
Dr. Edwin Gomez*

*Board of Trustees  
Debra S. Jones, President  
Evelyn Glasper, Clerk  
Teresa Rogers, Member  
Jayson Hughes, Member  
Holly Eckes, Member*

Adelanto ESD  
Exhibit  
E6153  
Instruction

## School-Sponsored Trips Activity Travel Release

This is to certify that \_\_\_\_\_ Has my permission to ride  
(to/from/both) the \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_\_,  
at \_\_\_\_\_  
(Location of Activity)

I certify that I am personally transporting the above- named student, who is my child, in my vehicle.

The reason for not riding the bus is \_\_\_\_\_  
\_\_\_\_\_  
(Reason must be sufficient urgent to family needs to justify not riding the bus)

I understand that the rules of the Adelanto Elementary School District require that students ride the buses to and from all activities and a departure from this requirement will release the Adelanto Elementary School District from all liability for any adverse results that may occur.

I agree to release the Adelanto Elementary School District and its employees and officers from all liability with reference to the above-stated transportation.

This form must be on file in the School Administrator's Office the day prior to the dismissal of school on the day of the activity.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Site Administrator

\_\_\_\_\_  
Date

Exhibit ADELANTO ELEMENTARY SCHOOL DISTRICT  
Version: September 18, 2001 Adelanto, California

*AESD strives to be the High Desert's premier learning establishment where dreams are awakened, academic achievement soars, and integrity leads the way to future success.*



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Jayson Hughes, Member  
Holly Eckes, Member

## ADELANTO SCHOOL DISTRICT INFORMED CONSENT SHEET FOR ALL SPORTS WARNING TO STUDENTS AND PARENTS: SERIOUS, CATASTROPHIC AND PERHAPS FATAL INJURY MAY RESULT FROM ATHLETIC PARTICIPATION.

By its very nature, competitive athletics may put students in situations in which SERIOUS, CATASTROPHIC and perhaps, FATAL ACCIDENTS may occur.

Many forms of athletic competition result in violent physical contact among players, the use of equipment, which may result in accidents, strenuous physical exertion, and numerous other exposures to risk and injury.

Students and parents must address the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. Just as driving an automobile involves choice of risk, athletic participation by middle school students also may be inherently dangerous. The obligation of the parents and students in making this choice to participate cannot be overstated. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairment as a result of athletic competition.

By granting permission for your son/daughter to participant in athletic competition, you, the parent or guardian, acknowledge that such risk exists.

Students will be instructed in proper techniques to be used in athletic competition and in the proper utilization of all equipment worn or used in practice and competition. Students must adhere to that instruction and utilization and must refrain from improper use and techniques.

If any of the foregoing is not completely understood, please contact your principal for further information.

THIS WILL AKNOWLEDGE THAT WE HAVE READ AND THAT WE UNDERSTAND THE MATERIAL CONTAINED IN THE NOTICE TO ATHLETES AND PARENTS OR GUARDIANS:

_____	_____
Student Name - Print	Grade
_____	_____
Student's Signature	Date
_____	_____
Parent/Guardian's Signature	Date

### AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

The undersigned, legal custodian of \_\_\_\_\_, a minor, hereby authorizes the principal or designee, into whose care the aforementioned minor pupil has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist.

This authorization is given by provisions of Section 25.8 of the California Civil Code, and shall remain effective for the full school year unless revoked in writing and delivered to said agents(s). I understand that the Adelanto School District, its officers, and its employees assume no liability of any nature in relation to the transportation of the said minor. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be borne by the undersigned.

Doctor/Hospital \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_

Medication/Allergies \_\_\_\_\_

Other Medications Taken Regularly \_\_\_\_\_

\_\_\_\_\_  
Signature of Father/Guardian

\_\_\_\_\_  
Signature of Mother/Guardian

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