



California School for the Deaf  
DEPARTMENT OF ATHLETICS

39350 Gallaudet Drive Fremont, CA 94538  
510-344-6022 video phone • 510-794-3766 tty/ voice • 510-794-2422 fax

March 26, 2013

Dear Parent/Guardians,

It is required by C.I.F. that you have the forms filled out for your child if s/he plans to play sports at any time during the 2013-14 year. If your child does not plan to play any fall sports, we still encourage you to have them filled out because your child may decide to play in the winter or spring. Or if your child decides s/he wants to be a manager for a team, s/he will need the forms filled out as well. Please read each from carefully and make sure you have all the signatures and information required. Enclosed is a checklist for your assistance. Thank you.

Below is the contact information for our Athletic Department Staff.

Kevin Kovacs- Athletic Director  
(510) 344-6022 Videophone  
[KevinKovacs@csdf-cde.ca.gov](mailto:KevinKovacs@csdf-cde.ca.gov)

Lacey Kotake-Athletics Secretary  
(510) 794-3766 TTY/Voice  
[Lkotake@csdf-cde.ca.gov](mailto:Lkotake@csdf-cde.ca.gov)

Athletics Office Fax  
(510)794-2422



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DEPARTMENT OF ATHLETICS  
39350 Gallaudet Drive Fremont, CA 94538  
510-794-3766 voice • 510-794-2422 fax • 510 344-6022 VP

Dear Parents/Guardians,

I have created an easy-to-follow-checklist for you to use. Please make sure that each form has been filled out completely and signed by your child and yourself.

Thank you,

Kevin Kovacs  
CSD Athletic Director

## **CHECKLIST**

- Signed and completed Athletic Clearance Form  
**(Green Form)**
- Athlete's Agreement Form **(Orange Form)**
- Signed and Completed Athletic Pre-Participation Screening Exam Form \*Doctor signs the back of the form\*  
**(Yellow Form)**
- Signed and completed Authorization for Medical Care/Treatment and Release Information **(White Form)**  
\*Must have Insurance Information\*
- Concussion Form **(Red Form)**
- Volunteer Form **(Blue Form)**
- CIF Student Code of Conduct Form **(Purple Form)**

**CALIFORNIA SCHOOL FOR THE DEAF – ATHLETIC CLEARANCE FORM**  
 School Year 2013-2014

(Please initial sports you are trying out for)

FALL

\_\_\_\_ Cheerleading  
 \_\_\_\_ Football  
 \_\_\_\_ Volleyball  
 \_\_\_\_ Cross Country

WINTER

\_\_\_\_ Cheerleading  
 \_\_\_\_ Boys Basketball  
 \_\_\_\_ Girls Basketball  
 \_\_\_\_ Wrestling

SPRING

\_\_\_\_ Baseball  
 \_\_\_\_ Softball  
 \_\_\_\_ Boys/Girls Track & Field

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**Student's Name**

**Date of Birth**

**Grade**

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**Present Address**

**City/State**

**Zip Code**

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**Home Phone Number**

**Work Phone Number**

**Cell Phone Number**

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**E-mail Address**

**Pager Address**

**Unisex T-Shirt Size**

By its nature, participation in interscholastic athletics includes risk of injury which may range in severity from minor to disabling. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk. Participants can and have the responsibility to help reduce the chance of injury. Participants must obey all safety rules, report all physical problems to their coaches, and follow a proper conditioning program and inspect their own equipment daily.

**PARENT/GUARDIAN'S CONSENT:** By signing this Clearance Form, we acknowledge that we have read the above information. Parents or students who do not wish to accept the risks described in this warning should not sign this Clearance Form.

We further agree not to hold the school or anyone acting upon its behalf responsible for any injury occurring to the above-named student in the proper course of such athletic activities or travel.

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**Student's Signature**

**Date**

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**Parent/Guardian's Signature**

**Date**

**EMERGENCY INFORMATION:** In the event of an accident or emergency, we give consent for the above-named student to receive, through a medical doctor of the school's choice, emergency medical care that may become reasonably necessary in the course of such athletic activities or such travel.

**INSURANCE CERTIFICATION (REQUIRED)** – California School for the Deaf does not provide the required medical coverage for its athletes, please provide the following insurance information as evidence of your child's medical coverage on the ***Authorization for Medical Care and Treatment*** form. If your student is not insured, the school office can furnish you with an application for medical coverage through an independent company. All costs for such insurance coverage will be the sole responsibility of the parent or responsible guardian.

The ***Authorization for Medical Care and Treatment*** form must be completed and signed by you.

CALIFORNIA SCHOOL FOR THE DEAF

2013-14 ATHLETE'S AGREEMENT

I understand that:

- 1) I must maintain a 2.0 grade point average in order to participate in any athletic program.
- 2) I must be committed to my sport and attend all practices, games, and tournaments unless illness or emergency situations arise. A lack of commitment to my current sport, may cause me to miss some games the next season.
- 3) On the day of a contest, I must attend at least 6 class periods or 3 block periods.
- 4) Possession, use, sale, furnishing or being under the influence of alcohol, drugs, or any controlled substance (tobacco/cigarettes) will result in disciplinary action and removal from the team.
- 5) I am financially responsible for ALL uniforms & athletic equipment issued to me and WILL PAY for lost or damaged items.
- 6) Equipment and uniforms not returned will remain as athletic debts on my account and will prevent report cards, transfer to the next sport, registration and or graduation.
- 7) I must pay all fees related to my sport before playing the next sport season.
- 8) At any time when I feel or experience a head injury, I must report it to both, my coaches and parents/guardians.

**Student's Agreement:** I agree to participate under the above stated conditions.

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Student's Signature

Date

**Parent's Agreement:** We, the parents/legal guardians have read and understand the athlete's agreement. We also understand and agree that my child is subject to all CSD and North Coast Section eligibility requirement. We also understand and agree that we are financially responsible for any items lost, stolen or damaged by my child.

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Parent/Guardian's Signature

Date



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**2013- 14 C.I.F. Code of Conduct for Interscholastic Student-Athletes**

*Interscholastic athletic competition should demonstrate high standards of ethics and sportsmanship and promote the development of good character and other important life skills. The highest potential of sports is achieved when participants are committed to pursuing victory with honor according to six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship (the "Six Pillars of Character<sup>sm</sup>"). This Code applies to all student-athletes involved in interscholastic sports in California. I understand that, in order to participate in high school athletics, I must act in accord with the following:*

**TRUSTWORTHINESS**

1. *Trustworthiness* — be worthy of trust in all I do.

*Integrity* — live up to high ideals of ethics and sportsmanship and always pursue victory with honor; do what's right even when it's unpopular or personally costly.

*Honesty* — live and compete honorably; don't lie, cheat, steal or engage in any other dishonest or unsportsmanlike conduct.

*Reliability* — fulfill commitments; do what I say I will do; be on time to practices and games.

*Loyalty* — be loyal to my school and team; put the team above personal glory.

**RESPECT**

2. *Respect* — treat all people with respect all the time and require the same of other student-athletes.

3. *Class* — live and play with class; be a good sport; be gracious in victory and accept defeat with dignity; give fallen opponents help, compliment extraordinary performance, show sincere respect in pre- and post game rituals.
4. *Disrespectful Conduct* — don't engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual or **racial** nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.
5. *Respect Officials* — treat contest officials with respect; don't complain about or argue with official calls or decisions during or after an athletic event.

## **RESPONSIBILITY**

6. *Importance of Education* — be a student first and commit to getting the best education I can. Be honest with myself about the likelihood of getting an athletic scholarship or playing on a professional level and remember that many universities will not recruit student-athletes that do not have a serious commitment to their education, the ability to succeed academically or the character to represent their institution honorably.
7. *Role-Modeling* — Remember, participation in sports is a privilege, not a right and that I am expected to represent my school, coach and teammates with honor, on and off the field. Consistently exhibit good character and conduct yourself as a positive role model. ***Suspension or termination of the participation privilege is within the sole discretion of the school administration.***
8. *Self-Control* — exercise self-control; don't fight or show excessive displays of anger or frustration; have the strength to overcome the temptation to retaliate.
9. *Healthy Lifestyle* — safeguard your health; don't use any illegal or unhealthy substances including alcohol, tobacco and drugs or engage in any unhealthy techniques to gain, lose or maintain weight.

10. *Integrity of the Game* — protect the integrity of the game; don't gamble. Play the game according to the rules.

### **FAIRNESS**

11. *Be Fair* — live up to high standards of fair play; be open-minded; always be willing to listen and learn.

### **CARING**

12. *Concern for Others* — demonstrate concern for others; never intentionally injure any player or engage in reckless behavior that might cause injury to myself or others.
13. *Teammates* — help promote the well being of teammates by positive counseling and encouragement or by reporting any unhealthy or dangerous conduct to coaches.

### **CITIZENSHIP**

14. *Play by the Rules* — maintain a thorough knowledge of and abide by all applicable game and competition rules.
15. *Spirit of rules* — honor the spirit and the letter of rules; avoid temptations to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship.

**I have read and understand the requirements of this Code of Conduct. I understand that I'm expected to perform according to this code and I understand that there may be sanctions or penalties if I do not.**

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**Student-Athlete Signature**

**Date**

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**Parent Signature**

**Date**

# 2013-2014 CSD & ATHLETIC PRE-PARTICIPATION SCREENING EXAM

CALIFORNIA SCHOOL FOR THE DEAF, FREMONT

39350 Gallaudet Drive – Fremont, CA 94538 – 510.794.3766 – Fax: 510.794.2422

NAME \_\_\_\_\_

**ATHLETE INFORMATION** (to be completed by parent/guardian and student-athlete and by Physician on the back page)

Name (Last name first) \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ (V)(TTY)(VP)

E-mail \_\_\_\_\_ Pager E-mail \_\_\_\_\_

Age \_\_\_\_\_ Sex: M F Sport(s) \_\_\_\_\_ Birth Date \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone (\_\_\_\_\_) \_\_\_\_\_ Dr. Fax (\_\_\_\_\_) \_\_\_\_\_

Health Insurance Carrier & Policy Number \_\_\_\_\_

**HEALTH HISTORY (Must be completed prior to the examination)**

	YES	NO	Has this student-athlete had any:
1	<input type="checkbox"/>	<input type="checkbox"/>	Chronic or recurrent illness?
2	<input type="checkbox"/>	<input type="checkbox"/>	Illness lasting over 1 week?
3	<input type="checkbox"/>	<input type="checkbox"/>	Surgery other than removal of tonsils?
4	<input type="checkbox"/>	<input type="checkbox"/>	Missing organs (eye, kidney, testicle)?
5	<input type="checkbox"/>	<input type="checkbox"/>	Allergies (medicines, insect bites, food)?
6	<input type="checkbox"/>	<input type="checkbox"/>	Problems with heart or blood pressure?
7	<input type="checkbox"/>	<input type="checkbox"/>	Chest pain or severe shortness of breath with exercise?
8	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or fainting with exercise?
9	<input type="checkbox"/>	<input type="checkbox"/>	Concussion or loss of consciousness?
10	<input type="checkbox"/>	<input type="checkbox"/>	Heat exhaustion, heat stroke, or other problems with heat?

	YES	NO	Does this student-athlete:
11	<input type="checkbox"/>	<input type="checkbox"/>	Wear eye glasses or contact lenses?
12	<input type="checkbox"/>	<input type="checkbox"/>	Wear dental bridges, braces, or plates?
13	<input type="checkbox"/>	<input type="checkbox"/>	Take any medications? Please list them:

	YES	NO	Is there any history of:
14	<input type="checkbox"/>	<input type="checkbox"/>	Injuries requiring physician treatment?
15	<input type="checkbox"/>	<input type="checkbox"/>	Neck or back injury?
16	<input type="checkbox"/>	<input type="checkbox"/>	Knee injury?
17	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder or elbow injury?
18	<input type="checkbox"/>	<input type="checkbox"/>	Ankle injury?
19	<input type="checkbox"/>	<input type="checkbox"/>	Other serious joint injury?
20	<input type="checkbox"/>	<input type="checkbox"/>	Broken bones?
21	<input type="checkbox"/>	<input type="checkbox"/>	Seizures?
22	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes?
<b>Further History:</b>			
23	<input type="checkbox"/>	<input type="checkbox"/>	Is there any reason why this student-athlete should not participate in sports?
24	<input type="checkbox"/>	<input type="checkbox"/>	Has any family member died suddenly at less than 40 years of age of causes other than an accident?
25	<input type="checkbox"/>	<input type="checkbox"/>	Has any family member had a heart attack at less than 55 years of age?

Medications: \_\_\_\_\_

Date of last known tetanus (lockjaw) shot: \_\_\_\_\_

Use this space to explain any 'YES' answer to the above history questions:

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**Parent/Guardian & Student-Athlete Acknowledgment: (Parent/guardian required if student-athlete is under age of 18)**

I have reviewed and agree with the above information. I also understand that this examination is primarily for sports participation screening and is not intended to replace the routine health care visits as recommended by the student-athlete's primary physician. I know of no reason why the above named student-athlete should not participate and represent his or her school in supervised athletic activities.

Print name (Parent/Guardian) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name (Student-Athlete) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



**GENERAL EXAMINATION (To be filled out by the examining physician)**

	Normal	Abnormal (describe)
Eyes, Ears, Nose, Throat		
Skin		
Lungs		
Heart		
Abdomen		
Genitalia / Hernia (males)		

Pulse		
Blood Pressure	/	
Height		
Weight		
Visual Acuity		
R	/20	/20
L	/20	/20
	w/ glasses	

**SUGGESTED MUSCULOSKELETAL EXAM**

	NL	AB		NL	AB	Describe Any Abnormal Findings:
<b>MOTION/STRENGTH</b>			<b>KNEE JOINT</b>			
Flexion			<b>K</b> Effusion			
<b>N</b> Extension			<b>N</b> Tenderness			
<b>E</b> Rotation left			<b>E</b> QUADRICEPS			
<b>C</b> Rotation right			<b>E</b> Size			
<b>K</b> Lateral flexion left			Defects			
Lateral flexion right			<b>&amp;</b> Patella			
			Tenderness			
<b>MOTION/STRENGTH</b>			<b>S</b> Crepitus			
<b>S</b> Forward flexion			<b>U</b> Abnormal tracking			
<b>H</b> Abduction			<b>R</b> Subluxable			
<b>O</b> Extension			<b>R</b> PATELLAR TENDON			
<b>U</b> Internal rotation			<b>O</b> TIBIAL TUBERCLE			
<b>L</b> External rotation			<b>U</b> LIGAMENTS			
<b>D</b> Horizontal adduction			<b>N</b> Medial collateral			
<b>E</b> STABILITY			<b>D</b> Lateral collateral			
<b>R</b> A-C JOINT			<b>I</b> Anterior cruciate			
			<b>N</b> Posterior cruciate			
<b>MOTION/STRENGTH</b>			<b>G</b> CARTILAGE TESTING			
<b>E</b> Biceps extension						
<b>L</b> Triceps extension			<b>A</b> <b>STRENGTH</b>			
<b>B</b> Supination			<b>R</b> Hip flexors			
<b>O</b> Pronation			<b>E</b> Hamstrings			
<b>W</b>			<b>A</b>			
<b>GENERAL FLEXIBILITY</b>			<b>S</b>			
Hamstrings			<b>MOTION/STRENGTH</b>			
Lumbar spine			<b>A</b> Plantarflexion			
Adductors (groin)			<b>N</b> Dorsiflexion			
Achilles			<b>K</b> Inversion			
Quadriceps			<b>L</b> Eversion			
<b>WRIST/HAND</b>			<b>E</b> LIGAMENTS			
			SPINE/SCOLIOSIS			
			FEET			

**ORTHOPEDIC EVALUATION**

Approved

Not Approved

**RECOMMENDATIONS:**

Unlimited participation

Clearance withheld pending further evaluation

Participation limited to specific sports

No athletic participation

\_\_\_\_\_  
Orthopedist / Physician Signature

**COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CALIFORNIA DEPARTMENT OF EDUCATION**  
**California School for the Deaf-Fremont**  
**SPORTS MEDICAL CONSENT FOR TREATMENT FORM**

**ATHLETE NAME:** \_\_\_\_\_ **Year 2013-2014**

- PERMISSION IS HEREBY GRANTED TO THE ATTENDING PHYSICIAN TO PROCEED WITH ANY MEDICAL OR MINOR SURGICAL TREATMENT, X-RAY EXAMINATIONS, AND IMMUNIZATIONS FOR THE ABOVE NAMED ATHLETE. IN THE EVENT OF SERIOUS ILLNESS, OR THE NEED FOR SURGERY, OR THE SIGNIFICANT ACCIDENTAL INJURY, I UNDERSTAND THAT AN ATTEMPT WILL BE MADE BY THE ATTENDING PHYSICIAN TO CONTACT ME IN THE MOST EXPEDITIOUS WAY POSSIBLE. IF THE ATTENDING PHYSICIAN IS NOT ABLE TO COMMUNICATE WITH ME, THE TREATMENT NECESSARY IN THE BEST INTEREST OF THE ABOVE NAMED ATHLETE MAY BE GIVEN.
- IN THE EVENT THAT AN EMERGENCY ARISES DURING PRACTICE OR A GAME, AN EFFORT WILL BE MADE TO CONTACT THE PARENTS OR GUARDIANS AS SOON AS POSSIBLE.
- PERMISSION IS ALSO GRANTED TO THE ATHLETIC TRAINERS TO PROVIDE THE NEEDED EMERGENCY TREATMENT, REGULAR INJURY TREATMENT AS NECESSARY IN THE BEST INTEREST OF THE ABOVE NAMED ATHLETE.
- PERMISSION IS ALSO GRANTED TO THE ATHLETIC TRAINERS TO PROVIDE OVER THE COUNTER MEDICATION IN CASE OF MINOR ILLNESS, WITH OUR TEAM PHYSICIAN CONSENT. EXAMPLES: TYLENOL/ADVIL.

\_\_\_\_\_  
**SIGNATURE OF PARENT OR GUARDIAN** \_\_\_\_\_  
**DATE**

**RELEASE OF MEDICAL RECORDS AND MEDICAL INFORMATION:**

**I AUTHORIZE THE RELEASE OF ANY AND ALL MEDICAL RECORDS AND INFORMATION TO THE ATHLETIC TRAINERS AND STUDENT HEALTH STAFF OF THE CALIFORNIA SCHOOL FOR THE DEAF-FREMONT. I ALSO AUTHORIZE THE STUDENT HEALTH STAFF TO RELEASE MY MEDICAL INFORMATION TO THE COACHING STAFF AND APPROPRIATE CSD STAFF.**

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Home Phone Cell Phone Work Phone

VP Phone \_\_\_\_\_

\_\_\_\_\_ Email/Pager

Address with Person's Name & Relationship

(\_\_\_\_\_) \_\_\_\_\_  
 Emergency Phone or VP# with Person's Name & Relationship

Insurance	Policy, Group or Card Number	Issue Date

Please list all **ALLERGIES** your child has. Tell us what the reactions are if known. If no allergies, please state NONE. \_\_\_\_\_

**PARENT/GUARDIAN/ADULT STUDENT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**\*\*INSURANCE INFORMATION IS REQUIRED BEFORE PARTICIPATION IN SPORTS.\*\***

California School for the Deaf-Fremont 2013-2014  
Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

<b>Symptoms may include one or more of the following:</b>	
<ul style="list-style-type: none"> <li>• Headaches</li> <li>• “Pressure in head”</li> <li>• Nausea or vomiting</li> <li>• Neck pain</li> <li>• Balance problems or dizziness</li> <li>• Blurred, double, or fuzzy vision</li> <li>• Sensitivity to light or noise</li> <li>• Feeling sluggish or slowed down</li> <li>• Feeling foggy or groggy</li> <li>• Drowsiness</li> <li>• Change in sleep patterns</li> </ul>	<ul style="list-style-type: none"> <li>• Amnesia</li> <li>• “Don’t feel right”</li> <li>• Fatigue or low energy</li> <li>• Sadness</li> <li>• Nervousness or anxiety</li> <li>• Irritability</li> <li>• More emotional</li> <li>• Confusion</li> <li>• Concentration or memory problems (forgetting game plays)</li> <li>• Repeating the same question/comment</li> </ul>

<b>Signs observed by teammates, parents and coaches include:</b>
<ul style="list-style-type: none"> <li>• Appears dazed</li> <li>• Vacant facial expression</li> <li>• Confused about assignment</li> <li>• Forgets plays</li> <li>• Is unsure of game, score, or opponent</li> <li>• Moves clumsily or displays incoordination</li> <li>• Answers questions slowly</li> <li>• Slurred speech</li> <li>• Shows behavior or personality changes</li> <li>• Can’t recall events prior to hit</li> <li>• Can’t recall events after hit</li> <li>• Seizures or convulsions</li> <li>• Any change in typical behavior or personality</li> <li>• Loses consciousness</li> </ul>

California School for the Deaf-Fremont 2013-2014

Concussion Information Sheet

**What can happen if my child keeps on playing with a concussion or returns too soon?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

**If you think your child has suffered a concussion**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

"a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time"

and

"...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider".

You should also inform your child's coach if you think that your child may have a concussion. Remember its better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/Concussion>

**This head injury information sheet shall be signed and returned by the athlete and the athlete's parent or guardian before the athlete can initiate practice.**

\_\_\_\_\_  
Student-athlete Name Printed

\_\_\_\_\_  
Student-athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date



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DEPARTMENT OF ATHLETICS

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Dear Parents/Guardians,

We need your help! We would like to ask you for assistance in supporting our Athletic Program for our student-athletes. We can do more with your support.

We are seeking volunteers to help us in different areas (Check and/or Circle):

- Statisticians/Scorekeeper
  - Football/Volleyball      Basketball      Baseball/Softball
- Scoreboard Operator
  - Football/Volleyball      Basketball      Baseball/Softball
- Team Mom/Dad- Refreshments, Schedules, Volunteers (All Sports)
- Concessions
  - Football/Volleyball      Basketball
- Other \_\_\_\_\_

\_\_\_\_\_  
Parent's name

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Text or Cell Number

Fax to 510 794-2422 or Mail this form to:

Kevin Kovacs, Athletic Director  
39350 Gallaudet Dr.  
Fremont, CA 94538

Should you have any questions, please do not hesitate to contact me at 510 344-6022 or email at [Kevinkovacs@cddf-cde.ca.gov](mailto:Kevinkovacs@cddf-cde.ca.gov)

Thanks!!

Sincerely,

Kevin Kovacs, Athletic Director