



**STUDENT ATHLETE  
PARTICIPATION HANDBOOK &  
FORMS**

Revised 7/2025

## **Philosophy of Student Athletics**

Great Valley Academy recognizes the importance of athletics as an integral part of a student's educational development. Participation in athletics should encourage positive academic and social growth and achievement. All participants, including students, coaches, and parents/guardians, will positively represent GVA and will reflect the mission and purpose of GVA.

## **Athletic Guidelines**

Participation in the athletic program requires adherence to the highest standards.

**Sportsmanship** – Sportsmanship is an understanding of and commitment to fair play, ethical behavior, integrity, and general goodwill toward an opponent. It is an affirmation that an athlete is disciplined enough to have perspective, maintain poise, and do what is best for his or her teammates.

**In the Classroom** – Student-athletes are expected to demonstrate success in the classroom. They shall demonstrate good citizenship and maintain a good attendance record without instances of truancy.

**On Campus** – Student-athletes should be leaders and exhibit traits that will inspire fellow students to follow the example of student-athletes.

**As Visiting Student-Athletes** – Student-athletes are representing Great Valley Academy; therefore, student-athletes shall act and dress accordingly.

**Participation** – Athletics is a privilege, not a right. To earn that privilege, student-athletes must abide by the rules, and they must conduct themselves as positive role models who exemplify good character.

**Team Membership** – Student-athletes learn many skills to play their chosen sport, but the most important skill that must be learned is teamwork.

**Prepared to Play** – Student-athletes should come to practice on time, ready to listen and learn. They should be prepared physically and mentally for the season, including training in the preseason and taking care of their body and minds at all times.

**Conduct During Competition** – Student-athletes shall demonstrate respect towards their teammates, coaches, opponents, spectators, and officials at all times. Student-athletes shall play by the rules at all times.

### **Sportsmanship Expectations**

Responsibility of the athletes for sportsmanship is extremely important as athletes are expected to lead the student body by example. Their level of sportsmanship exerts a significant influence over the actions and behavior of spectators. Specifically, it is recommended that athletes:

- Treat opponents with respect
- Exercise self-control at all times, accepting all decisions and abiding by them
- Respect the official's judgment/interpretations of the rules and never argue or make gestures indicating dislike for a decision

### **The Student-Athlete Pledge**

- I understand the importance of doing my best in the classroom by completing assignments, putting in the effort, showing strong character, and remaining academically eligible to participate in athletics.
- I will attend and be punctual to all practice sessions, meetings, and contests. If for any reason I must miss a practice, meeting, or contest, I will contact my coach in advance.
- I will put forth 100% effort at all times.
- I realize I will be subject to school-imposed discipline, including possible removal from my team for not following the athletic guidelines.
- I will use clean language to show respect for my parents/guardians, coaches, teachers, administration, and opponents.
- I will respect my teammates, their abilities, weaknesses, and rights. The team will come before the individual.
- I will be neat in appearance.
- I will respect my equipment as if it were my own. I will pay for all issued items that are damaged or not returned. I realize I will not be allowed to participate on any team until previous athletic debts have been paid.
- If I participate on an outside team in a different sport, my first obligation is to my sport at school.
- I understand that bullying of any kind is not allowed. This includes mental, verbal, and physical acts. I further understand that I will report any acts of bullying that I see to a coach or administrator.

### **Athlete Suspension**

A student-athlete may be immediately suspended from a team at any time under the following circumstances:

- Failed to follow the direction of an athletic coach
- Intentionally caused, attempted to cause, or threatened to cause physical injury to another person, official, coach, or other school personnel
- Verbally abused a coach, spectator, teammate, official, or other school personnel
- Engaged in disruptive behavior in and around the athletic team during practice, school, school time, travel, competition, etc
- Engaged in harassing other students, coaches, officials, fans, or other school personnel
- Engaged in drug, alcohol, or vaping use or participated in hazing
- Violation of the Student-Athlete Pledge
- Committing an obscene act or gesture, or engaging in habitual profanity or vulgarity
- Academic ineligibility
- Violation of team rules

Student-athletes will not be able to participate in practice or games while they are suspended from a team. If a student-athlete is dismissed from a team, they shall not participate in another sport until a meeting with the coach, parent/guardian, student, and Athletic Director has happened to discuss next steps.

### **Eligibility for Athletic Team Participation**

Student-athletes who represent Great Valley Academy in any sport must comply with eligibility rules. Student-athletes are required to solicit a teacher report each week of the athletic season and provide it to their coach.

Eligibility standards:

- Keep a Satisfactory academic grade in each of the following classes: Homeroom, PE, Elective, and Special - No incompletes on teacher report.
- Keep a Satisfactory behavior grade in each of the following classes: Homeroom, PE, Elective, and Special
- Maintain strong character

## **Athletic Department Policies**

**Dropping or Quitting Sports** – On occasion, a student-athlete may find it necessary to drop or quit a sport. If this does occur, the student-athlete is required to adhere to the following procedures:

1. Communicate with the coach of the team
2. Report the situation to the Athletic Director
3. Check in all equipment if necessary

Failure to follow these procedures in dropping or quitting can result in the loss of all future athletic privileges.

**Equipment** – School equipment checked out to the student-athlete is their responsibility. They are expected to keep it clean and in good condition. Loss of any equipment is the athlete's financial obligation. A student-athlete must turn in all uniforms and equipment for one sport before being issued a uniform or equipment for the next sport.

**Missing Practice** – A student-athlete should always consult their coach before missing practice or leaving campus. Missing practice or a game without a valid reason will be dealt with at the discretion of the coach. Sudden illness or a family emergency are examples of a valid reason for missing practice or a game. It is the student-athlete's responsibility to inform the coach prior to the event that the student-athlete will miss.

**Travel** – All student-athletes will need to travel to athletic contests with their parents or have a permission to drive form on file with another parent volunteer. Student-athletes will remain with their team and under the supervision of the coach while attending away contests.

**Minimum Attendance** – While students are expected to attend all classes each school day, a student must attend a minimum of 50% of the school day to be eligible to participate on the day of a contest. Administration may make an exception, at their discretion, based on the circumstances surrounding the absence.

**Physicals** – All student-athletes must have a signed physical for the current school year on file with the athletic department before participation in any athletic tryout, practice or contest.

**Tryouts** – During some seasons, the number of interested students may exceed the available number of positions on the team. In these cases, a tryout may be required along with a review of the student's academic, behavioral, and character performance. Great Valley Academy wants to see as many students participate in athletics and will make every attempt to adjust team counts or offer alternative options to those students who do not make the original team.

### **Conflict Resolution**

There are times when questions or conflicts arise either between student-athletes, student-athletes and the coach, and/or the parent and the coach. The athletic department believes that most conflicts can be resolved quickly and fairly if the appropriate parties meet to discuss the issue. When conflicts do occur, there is an appropriate order to seek resolution.

The following order should be followed:

- Player to Coach
- Parent to Coach
- Player & Parent to Coach
- Player & Parent to Athletic Director
- Parent & Player to Principal

### **Parent/Guardian Conduct**

We understand parents and guardians want their student-athletes to be successful on and off the field of competition. The athletic department strives to mesh the needs of the individual with the goals and objectives of the athletic department and its teams. Each student-athlete is given a fair opportunity to become a member of a team and to improve their individual skills. It is important that parents understand that effort does not always equate with skills. It is the coach's determination based on experience, observation at practice, and the needs of the team as to who makes the team, starts, plays, plays in which position, and substitutes.

The coaches will be happy to discuss with parents (and student-athletes) things such as attitude, behavior, discipline, and the student-athlete's role on the team and what a player can do to change that role. Additionally, coaches will not discuss with any parent information or opinions about other student-athletes.

## **Signature Form**

Please sign and turn in this form to your campus Athletic Director. This must be turned in prior to the start of the season.

I, as the parent or guardian of \_\_\_\_\_ have carefully read and acknowledge this athletic handbook and fully understand its contents and voluntarily consent to its terms and conditions.

Print Name of Parent/Guardian

\_\_\_\_\_

Signature of Parent/Guardian

Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, as a the student-athlete \_\_\_\_\_ have carefully read and acknowledge this athletic handbook and fully understand its contents and voluntarily consent to its terms and conditions.

Print Name of Student-Athlete

\_\_\_\_\_

Signature of Student-Athlete

Date

\_\_\_\_\_

\_\_\_\_\_

Sport

\_\_\_\_\_

# A FACT SHEET FOR Parents



## What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious. Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

## What are the signs and symptoms of a concussion?

You can't see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how your child or teen is acting or feeling, if symptoms are getting worse, or if s/he just "doesn't feel right." Most concussions occur without loss of consciousness.

If your child or teen reports one or more of the symptoms of concussion listed below, or if you notice the signs or symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

## Signs & Symptoms of a Concussion

### Signs Observed by Parents or Guardians

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to hit, bump, or fall
- Can't recall events *after* hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

### Symptoms Reported by Your Child or Teen

#### Thinking/Remembering

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

#### Physical

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

#### Emotional

- Irritable
- Sad
- More emotional than usual
- Nervous

#### Sleep\*

- Drowsy
- Sleeps *less* than usual
- Sleeps *more* than usual

*\*Only ask about sleep symptoms if the injury occurred on a prior day.*





# Danger Signs

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if she or he has one or more of these danger signs:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

**Children and teens with a suspected concussion should NEVER return to sports or recreation activities on the same day the injured occurred.**

They should delay returning to their activities until a healthcare provider experienced in evaluating for concussion says it's OK to return to play. This means, until permitted, not returning to:

- Physical Education (PE) class
- Sports practices or games
- Physical activity at recess

## ➤ What should I do if my child or teen has a concussion?

### 1. Seek medical attention right away.

A healthcare provider experienced in evaluating for concussion can determine how serious the concussion is and when it is safe for your child or teen to return to normal activities, including physical activity and school (concentration and learning activities).

### 2. Help them take time to get better.

If your child or teen has a concussion, her or his brain needs time to heal. Your child or teen may need to limit activities while s/he is recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse. After a concussion, physical and cognitive activities—such as concentration and learning—should be carefully managed and monitored by a healthcare provider.

### 3. Talk to your child or teen about how they are feeling.

Your child may feel frustrated, sad, and even angry because s/he cannot return to recreation and sports right away, or cannot keep up with schoolwork. Your child may also feel isolated from peers and social networks. Talk often with your child about these issues and offer your support and encouragement.

## ➤ How can I help my child return to school safely after a concussion?

Most children can return to school within a few days. Help your child or teen get needed support when returning to school after a concussion. Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms.

Your child's or teen's healthcare provider can use CDC's Letter to Schools to provide strategies to help the school set up any needed supports.

As your child's symptoms decrease, the extra help or support can be removed gradually. Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed
- Spend fewer hours at school
- Be given more time to take tests or complete assignments
- Receive help with schoolwork
- Reduce time spent reading, writing, or on the computer
- Sit out of physical activities, such as recess, PE, and sports until approved by a healthcare provider
- Complete fewer assignments
- Avoid noisy and over-stimulating environments

To learn more, go to [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP) or call 1.800.CDC.INFO

January 2021



**PARENT/GUARDIAN CONSENT AGREEMENT FOR VOLUNTARY ACTIVITY PARTICIPATION  
AND AUTHORIZATION FOR MEDICAL CARE**

I, \_\_\_\_\_, provide permission for my  
child, \_\_\_\_\_

to participate in the following extracurricular activities, athletics, club, program, or special class:

\_\_\_\_\_

to be held throughout the school year.

**PARENTS, PLEASE NOTE:** It is a privilege, not a right, to participate in extra-curricular activities; the privilege may be revoked at any time. The acceptance and inclusion of the student is at the discretion of school and subject to program standards and criteria. The student shall comply with all applicable codes of conduct and maintain high ethical and moral standards.

**ASSUMPTION OF RISK:** By signature hereon, parent/guardian waives liability against and holds harmless the school and its board members, staff, volunteers, agents; the school district; and State of California; and further acknowledges that this voluntary activity and/or transportation to and from (as applicable) may expose the student to potential harm including injury or death. If the student believes that an unsafe condition or circumstance exists with respect to activity(s), the student will discontinue participation and immediately notify the Principal or Vice Principal. Student shall not further participate until the unsafe circumstance is remedied.

By signing below: (1) I am giving up substantial actual or potential rights in order to allow the student to voluntarily participate in this activity(s); (2) I have signed this agreement with full appreciation and understanding of the risks inherent in the activity(s); (3) I have no question regarding the intent of this agreement; (4) I, as parent or guardian, have the right to bind myself, the student and any other family member, representative, assign, heir, trustee or guardian to the terms of this agreement; and (6) I have explained this agreement to the student, who understands his/her obligations hereunder.

X \_\_\_\_\_  
Authorized Signature of Parent or Guardian

**AUTHORIZATION FOR MEDICAL CARE**

If it becomes necessary for my child to have medical care while participating in this activity, I hereby give school personnel permission to use their judgment in obtaining medical care for the child, and I give permission to the physician selected by school personnel to render medical care deemed necessary and appropriate by the physician. I understand that the school carries student accidental injury insurance in an amount limited to \$50,000 (applies excess of family health insurance if applicable.)

Student Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Phone No. \_\_\_\_\_

Alternate Emergency Contact Phone No. \_\_\_\_\_

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

☐ **PLEASE CHECK HERE IF INSTRUCTIONS FOR SPECIAL MEDICAL TREATMENT AND/OR  
OVER-THE-COUNTER MEDICATION FOR THE STUDENT ARE ON FILE IN THE SCHOOL  
OFFICE.**

## ATHLETIC TRANSPORTATION AGREEMENT FORM

I, as the parent/guardian of \_\_\_\_\_ acknowledge that it is my responsibility to provide or arrange transportation to and from athletic events for my student.

Team \_\_\_\_\_ Season \_\_\_\_\_

My student and I agree and understand that we assume all risks inherent in transportation, and with full knowledge of the risks, we agree to defend, indemnify, and hold harmless Great Valley Academy, its officers, agents, employees, and/or volunteers from any and all claims, demands, losses, damages and expenses, including legal fees and costs, or other obligations or claims arising out of any liability or damage to property, or any other loss, sustained or claimed to have been sustained arising out of the transportation described above.

I have carefully read the agreement and fully understand its contents and voluntarily consent to its terms and conditions.

Name of Student \_\_\_\_\_

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

Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## ATHLETE MEDICAL HISTORY

Athlete Name \_\_\_\_\_ Gender M F Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

### Medical History

Athletes and parents: This health history is a critical element in the determination of an athlete's risk of injury during athletic participation. Please review and answer all questions before seeing a physician for the athlete's physical examination. Please give details on any "Yes" answers from the above health history.

Has anyone in the athlete's family died suddenly before the age of 50?	Yes	No	Don't Know
Has the athlete ever stopped exercising because of dizziness or passed out during exercise?	Yes	No	Don't Know
Does the athlete have asthma (wheezing), hay fever, or coughing spells after exercise?	Yes	No	Don't Know
Has the athlete ever broken a bone, had to wear a cast, or had an injury to any joint?	Yes	No	Don't Know
Does the athlete have a history of concussion?	Yes	No	Don't Know
Has the athlete ever suffered heat-related illness (heat stroke)?	Yes	No	Don't Know
Does the athlete have a chronic illness or see a doctor regularly for any particular problem?	Yes	No	Don't Know
Does the athlete take any medication(s)?	Yes	No	Don't Know
Is the athlete allergic to any medications or bee stings?	Yes	No	Don't Know
Does the athlete have only one of any paired organs? (kidneys, ears, etc.)	Yes	No	Don't Know
Has the athlete had an injury in the last year that caused missing 3 or more consecutive days of practice or competition?	Yes	No	Don't Know
Has the athlete had surgery or been hospitalized in the past year?	Yes	No	Don't Know
Has the athlete missed more than 5 consecutive days of participation in usual activities because of illness, or has the athlete had a medical illness diagnosed that has not been resolved in the past year?	Yes	No	Don't Know
Are you, the parent or athlete, worried about any problem or condition at this time?	Yes	No	Don't Know

Please give details on any "Yes" answers from the above health history.

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**PHYSICAL EXAM**  
**TO BE COMPLETED BY A PHYSICIAN**

Athlete Name \_\_\_\_\_ Gender M F Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Vision:

R \_\_\_\_/\_\_\_\_ uncorrected R \_\_\_\_/\_\_\_\_ corrected L \_\_\_\_/\_\_\_\_ uncorrected L \_\_\_\_/\_\_\_\_ corrected

	Normal	Abnormal Findings	Initials
Eyes			
Ears, Nose & Throat			
Mouth & Teeth			
Neck			
Cardiovascular			
Chest & Lungs			
Abdomen			
Skin			
Genitalia-Hernia (Male)			
Musculoskeletal: ROM, strength, etc.			
a. Neck			
b. Spine			
c. Shoulders			
d. Arms/Hands			
e. Hips			
f. Thighs			
g. Knees			
h. Ankles/Feet			
Neuromuscular			

**Please Print/Stamp**

Physician's Name \_\_\_\_\_

Street

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

I certify that I have examined this athlete and found him/her medically qualified to participate in sports. I also certify that I am a licensed medical physician, physician's assistant, or family nurse practitioner. (Doctor of Chiropractic Medicine is not satisfactory.)

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

**Participation Restrictions** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## GREAT VALLEY ACADEMY ATHLETICS TEACHER REPORT

**STUDENT-ATHLETE NAME:** \_\_\_\_\_

**SPORT:** \_\_\_\_\_ **COACH:** \_\_\_\_\_ **DUE:** \_\_\_\_\_

The GVA Athletics program asks for your assistance with helping us to monitor the academic progress of our student-athletes. We believe that working hard in the classroom is just as important as working hard on the field. If academic, behavior and/or character requirements are not met, students may not participate and may be removed from the team. Please complete the section below for your specific subject.

Student-Athlete grade check report instructions. Players are to follow these steps:

1. PRINT your NAME, SPORT, COACH and DUE DATE
2. Give this form to your teacher at the beginning of class and pick it up at the end of class.
3. Take the completed form home and have PARENT/GUARDIAN sign it.
4. Return the completed form, including PARENT/GUARDIAN signature to your coach.

Fill in all classes that apply	Grade (Satisfactory or Unsatisfactory)	Behavior (Satisfactory or Unsatisfactory)	Character (Satisfactory or Unsatisfactory)	Teacher Signature
Homeroom Teacher				
PE				
Elective/ Specials				

Teacher comments: \_\_\_\_\_

This report will be reviewed by the student-athlete's parent/guardian and coach only, respecting the privacy of each athlete. A negative report or indicated area of struggle does not necessarily mean the student-athlete cannot participate in activities. It does, however, allow the coach to gauge the student-athlete's academic success and determine if additional assistance is needed. **Student-athletes are to have no U's on a single report. If there is a U, they may be out for up to a week to improve their standing. A repeat of unsatisfactory progress may lead to dismissal from the team.** They are expected to adhere to all rules and regulations of their school, teachers, and other staff members while also showing respect towards all teachers, staff, volunteers, and fellow classmates at all times.

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