

# VALENCIA HIGH SCHOOL

## SUMMER ATHLETICS PROGRAM 2017

The 2017 Summer Athletics Program will be held at Valencia High School and will consist of three to six week camps depending on the sport you choose. You must complete all sections of each form before your student can register and participate in interscholastic athletic practices and contests.

### **Opt 1: Mail / In Person Registration**

*March 23 to June 5 - Registration*

*After June 5 Late Registration is Online only →  
Cash or Check*

#### **Step # 1**

Fill out the attached  
“Mail / In Person Registration Form”

#### **Step #2**

Mail or drop off the one page “Mail / In Person Registration Form” ONLY and payment to the Valencia ASB Office or ASB mailbox in the main office. Receipts can be viewed and printed through the Valencia ASB online store at [www.ValenciaASB.com](http://www.ValenciaASB.com) the following business day.

Valencia High School ASB  
27801 N. Dickason Drive  
Valencia, CA 91355

#### **Step #3**

Turn in the Athletic Emergency Form, Athletic Clearance Form, Athletic Ethics Form, and the CIF Code of Ethics Form to your coach on the first day of your first camp. Students enrolled in more than one camp should give these forms to the coach of the first camp.



### **Opt 2: Online Registration**

*March 23 to June 5 - Registration*

*June 6 to July 17 - Late Registration - \$25 late fee  
Credit / Debit Card*

#### **Step # 1**

Visit [www.ValenciaASB.com](http://www.ValenciaASB.com) click the link that says “Summer Athletics Online Registration”. This page will provide you with instructions for using the web store. Accounts are not automatically created so you will need to register for account if you have not previously done so.

**You will need your student’s ID number to use the web store.** If you are an incoming freshmen from a William S. Hart District junior high school your ID number is the same. If you are coming from outside the district please email [kgallion@hartdistrict.org](mailto:kgallion@hartdistrict.org) for your ID number.

#### **Step #2**

Once you have created an account and logged into the web store you can proceed to select the camps you wish to participate in and add them to your shopping cart. When finished select “View Cart” and proceed to “Checkout” where you will be prompted to pay for your items. You will receive a receipt once the transaction is completed.

#### **Step #3**

Turn in the Athletic Emergency Form, Athletic Clearance Form, Athletic Ethics Form, and the CIF Code of Ethics Form to your coach on the first day of your first camp. Students enrolled in more than one camp should give these forms to the coach of the first camp.

*For registration questions please email the ASB Office at [kgallion@hartdistrict.org](mailto:kgallion@hartdistrict.org)  
or the Athletic Director at [bstiman@hartdistrict.org](mailto:bstiman@hartdistrict.org)*



# VALENCIA HIGH SCHOOL SUMMER ATHLETICS PROGRAM

## MAIL / IN PERSON REGISTRATION FORM

### Student Information

Student's Full Name: \_\_\_\_\_

Students ID Number (ex. 99001234): \_\_\_\_\_ Grade: \_\_\_\_\_  
2017-2018 School Year

*Please Circle all camps you wish to participate in this summer:*

- |  |                                     |  |
|--|-------------------------------------|--|
| Baseball (Var) - \$115                 | Cross Country (All) - \$115         | Boys Volleyball (Var/JV) - \$85          |
| Baseball (JV) - \$115                  | Cross Country Strength/Cond. - \$80 | Boys Volleyball (Fr) - \$85              |
| Baseball (Fr) - \$115                  | Football (Var) - \$115              | Girls Volleyball (Var) - \$105           |
| Baseball Strength/Cond. - \$100        | Football (JV) - \$115               | Girls Volleyball (JV) - \$105            |
| Boys Basketball (Var) - \$95           | Football (Fr) - \$115               | Girls Volleyball (Fr) - \$105            |
| Boys Basketball (JV) - \$95            | Girls Soccer (All) - \$115          | Girls Volleyball Strength/Cond. - \$90   |
| Boys Basketball (Fr) - \$105           | Boys Soccer (All) - \$115           | Dance Team <i>Members Only</i> - \$85    |
| Boys Basketball Strength/Cond. - \$110 | Softball (All) - \$85               | Cheerleading <i>Members Only</i> - \$115 |
| Girls Basketball (All) - \$115         | Tennis (All) - \$115                | Hip Hop <i>All Welcome</i> - \$85        |
| Girls Basketball Strength/Cond-\$65    | Tennis Strength/Cond. - \$115       |  |

### Payment Information

*Cash, check (payable to Valencia ASB), and money order accepted in ASB Office.  
Credit / debit cards may also be used online at [www.ValenciaASB.com](http://www.ValenciaASB.com).*

Total Amount Paid: \_\_\_\_\_

*There is no requirement of enrollment in a summer athletic camp to be on a team. Enrollment in a summer athletic camp does not guarantee making an athletic team. Families may take summer vacations during summer athletic camps. If you have any questions about each camp please contact the coach using the information provided on the attached camp schedule. Refund / cancellation deadline is June 9, 2017. A \$25 administrative fee will be withheld from all refunds. Registration deadline is June 5, 2017. All late students MUST register online at [www.valenciaasb.com](http://www.valenciaasb.com) - a \$25 late fee will be charged for students who turn in their registration form after June 5.*

*Summer athletic programs are not subject to the same restrictions against fee collection that apply to school-year, educational activities. Hart District summer athletic programs are fee-based, and all participating students must have their registration (including payment of fees) completed before taking part in camp activities. Summer athletic camp programs differ from school-year programs in many ways, including the brevity of the program, the fact that there are no grades given, and participation in camps is optional.*

*- Greg Lee, Director of Human Resources and Equity Services*

## **RETURN THIS FORM TO THE ASB OFFICE**

*Mail or drop off ONLY this one page form and payment to the Valencia High School ASB Office by June 5.*

# VALENCIA HIGH SCHOOL SUMMER SPORTS PROGRAM 2017

SPORT	DAYS	Start Date	End Date	TIME	LOCATION	COACH	COST
BASEBALL - VAR	M-F	Wed-6/7/17	Wed-7/12/17	11:30-2 PM	VHS BB FIELD	Killinger EXT 832	\$115
BASEBALL - JV	M-F	Wed-6/7/17	Wed-7/12/17	11:30-2 PM	VHS BB FIELD	Killinger EXT 832	\$115
BASEBALL - FR	M-F	Wed-6/7/17	Wed-7/12/17	11:30-2 PM	VHS BB FIELD	Killinger EXT 832	\$115
BASEBALL STRENGTH/CONDITIONING	M,W,F	Mon-6/12/17	Wed-7/12/17	10:30-11:30 AM	WEIGHT ROOM	Yudin EXT 832	\$100
BOYS BASKETBALL - VAR	M-F	Mon-6/5/17	Fri-6/30/17	10-12 PM	VHS MAIN GYM	Phillips EXT 612	\$95
BOYS BASKETBALL - JV	M-F	Mon-6/5/17	Fri-6/30/17	8-10 AM	VHS MAIN GYM	Paggeo EXT 612	\$95
BOYS BASKETBALL - FR	M-F	Mon-6/5/17	Fri-6/30/17	8-10 AM	VHS SM GYM	Harris EXT 612	\$105
BOYS BASKETBALL STRENGTH/CONDITIONING	M,W,F	Mon-6/5/17	Fri-6/30/17	12-1 PM	WEIGHT ROOM	Yudin EXT 612	\$110
GIRLS BASKETBALL - ALL	M-Th	Mon-6/5/17	Thu-6/29/17	10 AM-1 PM	VHS SM GYM	Mike EXT 831	\$115
GIRLS BASKETBALL - ALL STRENGTH/CONDITIONING	T&Th	Tue-6/6/17	Thu-6/29/17	9-10 AM	GYM/WEIGHT ROOM	Lucero EXT 831	\$65
CROSS COUNTRY - ALL	M-F	Mon-6/26/17	Mon-7/31/17	6-8 PM	WEST CREEK PARK	Maldonado EXT 510	\$115
CROSS COUNTRY - ALL STRENGTH/CONDITIONING	M-Th	Mon-6/5/17	6/22/2017	6-7:30 PM	WEIGHT ROOM	Maldonado EXT 510	\$80
FOOTBALL - VAR	M-F	Mon-6/5/17	Fri-7/14/17	4:30-8 PM	VHS FB FIELD (6:00-8:15) WEIGHT ROOM (4:30 -6:00)	Muir EXT 714	\$115
FOOTBALL - JV	M-F	Mon-6/5/17	Fri-7/14/17	1:45-6:15 PM	WEIGHT ROOM(1:45-3:00) VHS FIELD WORK(3-6:15)	Muir EXT 714	\$115
FOOTBALL - FR	M-F	Mon-6/5/17	Fri-7/14/17	3-6:30 PM	WEIGHT ROOM(3:00-4:30) VHS FIELD WORK(4:30-6:30)	Muir EXT 714	\$115
GIRLS SOCCER - ALL	M-F	Mon-6/5/17	Fri-6/30/17	7-10 AM	VHS STADIUM	Goralsky EXT 1942	\$115
BOYS SOCCER - ALL	M-F	Mon-6/5/17	Fri-6/30/17	10 AM-1 PM	VHS STADIUM	Scalercio EXT 620	\$115
SOFTBALL - ALL	M-F	Mon-6/5/17	Fri-6/30/17	8-10 AM	VHS SOFTBALL FIELD	Lee EXT 712	\$85
BOYS & GIRLS TENNIS - ALL	M-F	6/6 & 7/5/17	TBA	6-8 PM	VHS TENNIS COURTS	Kellogg EXT 717	\$115
BOYS & GIRLS TENNIS - ALL STRENGTH/CONDITIONING	M-F	Wed-7/5/17	TBA	5-6 PM	WEIGHT ROOM	Azevedo EXT 717	\$115
BOYS VOLLEYBALL - VAR/JV	M-F	Wed-7/5/17	Fri-7/21/17	1-3 PM	MAIN GYM	Kornegay Ext 713	\$85
BOYS VOLLEYBALL - FR	M-F	Wed-7/5/17	7/21/2017	11 AM-1 PM	MAIN GYM	Kornegay Ext 713	\$85
GIRLS VOLLEYBALL - VAR	M-F	Mon-7/17/17	TBA	7-9 AM	VHS MAIN GYM	Sanchez EXT 201	\$105
GIRLS VOLLEYBALL - JV	M-F	Mon-7/17/17	TBA	4-6 PM	VHS MAIN GYM/SM GYM	Tidwell EXT 201	\$105
GIRLS VOLLEYBALL - FR	M-F	Mon-7/17/17	TBA	4-6 PM	VHS MAIN GYM/SM GYM	Sanchez EXT 201	\$105
GIRLS VOLLEYBALL STRENGTH/CONDITIONING	M-TH	Mon-7/17/17	TBA	Frosh 3-4 PM JV & Var 6-7 PM	WEIGHT ROOM T&TH VHS GYM M&W	Yudin EXT 201	\$90
DANCE (TEAM MEMBERS ONLY)	M-F	Mon-6/19 to Additional	Fri-6/30 & TBA	Wks 1&2 1-3 PM Wk 3 1:30-3:30 PM	GYM	Brown EXT 508	\$85
CHEERLEADING - ALL (TEAM MEMBERS ONLY)	M-F	Mon-6/5 to Additional	Thu-6/29 & TBA	6:30-9:30 AM	VHS TRACK/MPR	Broers EXT 828	\$115
HIP HOP (OPEN TO ALL)	T&Th	Tue-6/6 to Additional	Thurs-6/29 & TBA	9:30-11:30 AM	MPR - Orientation Mtg. 4/12	Broers EXT 828	\$85

**Must sign up by 6/5 - Late Fee \$25**

Sign-up forms will be available at your middle school and VHS.  
Call VHS for information at (661) 294-1188 (Coaches' extensions are below their name).

# PHYSICAL EXAMS

Valencia High School Athletes are required to have an annual physical examination. A physical is good for one school year starting after June 5, 2017.

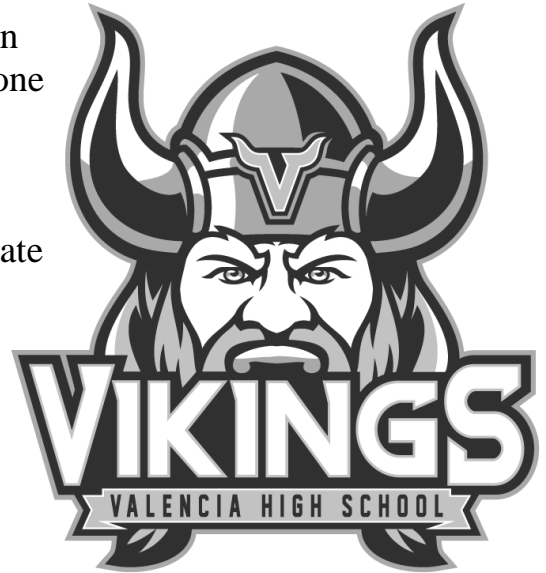
All physicals must be signed from a M.D. or D.O.

No other type of Doctor will be accepted.

Also, physicals must be with the student/athletes private Doctor or with the Doctor provided by Sports Med.

**For your convenience the Valencia High School Sports Medicine Program partners with local Doctors to provide low cost physicals on campus.**

Participating in on campus physicals saves you the hassle of scheduling an appointment with a doctor and having to turn in your paperwork to the school. This will also align your physical to the school year, so that you won't have to worry about it expiring mid-season.



Date: Friday, June 16

Time: 2:00pm

Where: Room 707

Cost: \$25.00 - Cash or Checks

For more information please visit:

*[vhssportsmed.weebly.com](http://vhssportsmed.weebly.com)*

# MEDICAL INSURANCE

California Education Code states that all students who participate in a co-curricular activity must have insurance coverage prior to practice or participation. If students do not have insurance coverage with their family, they may purchase low cost school insurance from Myers-Stevens Accident & Health Insurance. Brochures are available at [myers-stevens.com](http://myers-stevens.com) or in the Sports Medicine Room 707.



# SUMMER ATHLETICS PROGRAM

## ATHLETIC EMERGENCY FORM

### Student Information

Student's Full Name: \_\_\_\_\_

Students ID Number (ex. 99001234): \_\_\_\_\_ Grade: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

### Parent Information

Father: \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Mother: \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

### In an emergency (if parents cannot be reached) notify:

1. \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

2. \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

3. \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

NOTE: Please state any pertinent medical information coaches or physicians should know about the student-athlete. (Allergies, medications, or conditions that require immediate emergency treatment such as Epi-Pen, Glucagon, inhalers, etc.)

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Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination or immunizations for the above-named student. In the event of an emergency arising out of serious illness, the need for major surgery, or 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 said physician is not able to communicate with me, the treatment necessary for the best interest of the above-named student may be given. Permission is also granted to the Certified Athletic Trainer to provide the needed first aid treatment prior to the student's admission to any medical facility.

## **RETURN THIS FORM TO YOUR COACH**

*Please turn this athletic emergency / clearance form to your coach the first day of camp.  
Students enrolled in more than one camp should give this form to the coach of the first camp.*



# VALENCIA HIGH SCHOOL SUMMER ATHLETICS PROGRAM

## ATHLETIC CLEARANCE FORM

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

### 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 student-athlete to participate in athletic competition, you, the parent or guardian, acknowledge that such risks exist.

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

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

### 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 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 \_\_\_\_\_

### Parental Consent and Co-Curricular Agreement:

I hereby give consent for my student to participate in Interscholastic Athletics in the Wm. S. Hart Union High School District. In case of injury to my daughter/son, you are authorized to have him/her 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 in 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's Signature \_\_\_\_\_ Date \_\_\_\_\_

## **RETURN THIS FORM TO YOUR COACH**

*Please turn this athletic emergency / clearance form to your coach the first day of camp.  
Students enrolled in more than one camp should give this form to the coach of the first camp.*



# VALENCIA HIGH SCHOOL ATHLETICS PROGRAM

## ATHLETIC ETHICS FORM

In accordance with the William S. Hart School District's zero tolerance policy on drugs and alcohol, the Valencia High School Athletic Department is adopting the same stance. The Athletic Department will immediately suspend "indefinitely" any player from a team who is involved on or off campus in a drug or alcohol related incident such as use or possession (Cited or Charged).

In addition, any participation in an incident, which involves law enforcement authorities, will result in the player being suspended from his or her team until all matters have been resolved or the charges have been dropped.

I understand that as a part of the athletic programs, I agree to the above policy and am obligated to uphold the spirit and intent of it for myself and my teammates. As a parent, I agree to the terms outlined and will support the administration in any and all decisions with regard to this zero tolerance policy.

Our signatures below indicate our acceptance and support of the aforementioned policy.

Participation in Valencia Athletics is contingent upon signing and returning this agreement. Please keep the second copy for your records.

Printed Student-Athlete's Name \_\_\_\_\_ Date \_\_\_\_\_

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

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

## **RETURN THIS FORM TO YOUR COACH**

*Please turn this athletic emergency / clearance form to your coach the first day of camp.  
Students enrolled in more than one camp should give this form to the coach of the first camp.*



# VALENCIA HIGH SCHOOL ATHLETICS PROGRAM

## CIF SOUTHERN SECTION CODE OF ETHICS

Athletics is an integral part of the school’s total educational program. All school activities, curricular and extra-curricular, 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 523).

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 202, there could be penalties for false or fraudulent information.

We also understand that the Valencia High School and Wm. S. Hart Union High School District policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Printed Student-Athlete’s Name \_\_\_\_\_ Date \_\_\_\_\_

Student-Athlete’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent’s / Guardian’s Signature \_\_\_\_\_ Date \_\_\_\_\_

## **RETURN THIS FORM TO YOUR COACH**

*Please turn this athletic emergency / clearance form to your coach the first day of camp.  
Students enrolled in more than one camp should give this form to the coach of the first camp.*