

Cross Country

For Grades 3rd-5th

Like to run??? Join the team and have fun!!! Race is 1 mile.
Wear running shoes, team shirt or a red shirt, and bring a bottle of water.



2021 Meet Schedule

<u>Date</u>	<u>Location</u>	<u>Times</u>
September 16 ^h	Serra School	Girls 4:00 Boys 4:15
September 23 rd	PVSEA	Girls 4:00 Boys 4:15
October 7 th	VUSD (we host)	Girls 4:00 Boys 4:15
October 14 th	Camino Real	Girls 4:00 Boys 4:15
October 21 st	Montalvo	Girls 4:00 Boys 4:15

*****Race times and locations are subject to change.*****

Practice Schedule: Begins August 31st ALL FORMS MUST BE IN TO ATTEND PRACTICES
Tuesday & Thursday 7:00AM at Poinsettia

NO practices on race days

MANDATORY parent meeting **Aug. 31st @ 7:00AM, 5-10 mins**

*** **ALL 6 FORMS must be completed. NO EXCEPTIONS.** Students will not be eligible to participate in any practices and races until all forms are completed per VUSD.

*** **Physicals must be valid and current for the entire season per VUSD.**

Physicals MUST be dated after Nov. 2020.

*** **Submit ALL 5 forms to the Poinsettia front office**

*** **Transportation NOT provided**

*** **Coaches: David Gilbert: dwgilby@gmail.com**

Linda Brown: lindabrownpt@yahoo.com

**Donation of \$15 for a team jersey Payable to "Poinsettia PTO" at front office
OR--- wear a red shirt**

Welcome to Poinsettia's Cross Country Team 2021

Purpose: teaching athletes how to run workouts at the right paces, working on form and strength while developing fitness and speed. Everything we do is one of those 4 components.

Poinsettia Non-Paid Coaches:

David Gilbert dwgilby@gmail.com and Linda Brown lindabrownpt@yahoo.com

Teacher Volunteers: Rachel Rood (a teacher must be present, per district rules); make sure to thank her, without them we can not have a program!!!

Practices

- Will be held on Poinsettia school, Tues/Thursday mornings 7-7:40AM. Please be on time.
- Practice maybe cancelled due to weather-informed through the Team app
- No practice on race days
- Wear loose fitting clothes, flexible and lightweight running shoes
- Bring a sweatshirt, water bottle, and breakfast if your child chooses to eat after practice

Meets

- 5 meets (races) throughout the season (1-mile race)
- All races are on Thursdays (4:00, 4:15) more info provided through the Team app
- All meets are in Ventura (typically at school sites, local parks)
- Parents are responsible for providing their own transportation and water for their child
- Each student will be provided an electronic bib to use at each race which is collected at the end of each race. If a student loses their bibs, replacement bibs will be \$5 through Josh Spiker at his store, Mile 26. Parents are responsible for pinning their child's bib on them.

Parent Help/Volunteer

The entire program is **dependent on volunteers, teacher volunteer(s), & non paid coaches.**

Each parent is expected to contribute as able for the following: sign ups available through the app

- E-Z up Tents: parent-picks up/returns at Poinsettia's Cafeteria (for each race)
- Popsicle parent-after bib is collected
- We will need 4-8 or so for course monitors when we host, date TBD
- Awards preparation

Uniforms: red Poinsettia shirt or any red shirt & black shorts (parent provides black shorts)

-\$15 donation for the red Cross Country Poinsettia climate shirt

-Cash or checks payable to Poinsettia PTO or wear any red shirt

Join the ***Poinsettia's 2021 Cross Country Team*** and compete against other Ventura Elementary Schools! **Please complete and sign** the following **6 forms** and turn them in at the front office. ALL forms must be signed, including a current physical, and turned in by the deadline.

Forms include the following:

1. VUSD Student Emergency Contact Form and Insurance Information
2. VUSD Informed Consent--Voluntary Sports/Athletic Event Packet or Activity Informed Consent and Liability Release Acknowledgment and Assumption of Potential Risk
3. VUSD Sudden Cardiac Arrest Information Sheet
4. VUSD Concussion Information Sheet
5. VUSD Prescription Opioids
6. VUSB Pre-Participation Physical Evaluation Clearance Form-**have your doctor complete it, also known as a "physical".** **Ventura Unified School District requires** a yearly physical for each student and it must be valid, dated after November 2020. Student physicals must be signed by a MD (medical doctor) or DO (Doctor of Osteopathy). Please note, physicals are valid for 1 year and must cover the race season.

****Please note: -----Please read completely.**

- 3rd-5th graders can join; the Ventura Cross Country league may transition to 4th-5th graders possibly by 2022.
- It is **MANDATORY** that parents join the **Team** app. We **will "Invite"** you and you must acknowledge it **so that you are accepted to the group** **OR** it will drop you. Once added, you can add other folks like grandparents. We request that you directly email Linda Brown or Dave Gilbert for any questions and **NOT** to the **entire group** as the group will consist with over of the entire team. Everything you need to know about the team, schedules, parent volunteer sign ups, practice cancels, etc..will be on this app.
- **All 6 forms are available** at **our Poinsettia school** in the Parent Square app.
- Practices will be Tuesday/Thursday mornings 7:00AM- 7:40AM
- Our first practice is Tuesday, **August 31st at 7:00AM.**
- Races are on Thursdays (5 races). If a Championship race (6th race) is offered, the fastest 7 boys & 7 girls from each school will race. Coaches will determine who will race based on race times throughout the season & attending practices regularly, per league rules.
- If your child has any medical conditions that require injections/inhalers we ask a parent bring their child's medication and to be **available at every practice and race.** As coaches, we do not administer medication nor carry them. Our nurse's office is not open until 8AM.

***8-24-21

VUSD Student Emergency Contact and Insurance Information

Last Name _____ First _____ M.I. _____ Grade _____

Birthday _____ School of Attendance _____

Address _____

E-mail Address _____

Family Physician _____ Phone # _____

Health/Allergy Conditions/Necessary Prescription Information

Parent(s)/Guardian(s) Name (s) _____ Cell # _____

Home # _____ Work # _____

Other Emergency Contact _____ Phone # _____

The State of California Education Code No. 32221 requires that each member of an athletic team has insurance protection for medical and hospital expenses resulting from accidental bodily injuries in the amount of at least \$1500 through group, blanket, or individual policies of accident insurance from authorized insurers. My son/daughter has health insurance through:

Name of Company _____

Address of Company _____

Policy Number _____

Coverage Period of Policy _____

- ☐ My student has my permission to compete in athletics and travel with the team
- ☐ In case my student is injured, the coach is authorized to seek treatment
- ☐ I verify the insurance information provided is correct and in effect
- ☐ My student and I have read the VUSD Athletic Policy and Code of Conduct and have signed the VUSD Athletic Participation Contract (high School)

PARENT SIGNATURE _____ DATE _____

Ventura Unified School District 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 cannot 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.

Symptoms may include one or more of the following:

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

Signs observed by teammates, parents and coaches include:

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

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. California Education Code section 49475 and CIF Bylaw 313 now require implementation of long and well-established return to play concussion guidelines that have been recommended for several years.

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

Return to Play (RTP)

Concussion symptoms should be completely gone before returning to full practice or competition. A RTP progression involves a gradual, step-wise increase in physical effort, sports-specific activities and the risk for contact. If symptoms occur with activity, the progression should be stopped. If there are no symptoms the next day, exercise can be restarted at the previous stage.

RTP after concussion should occur only with medical clearance from a medical doctor trained in the evaluation and management of concussions, and a step-wise progression program monitored by an athletic trainer, coach, or other identified school administrator. Please see cifstate.org for a graduated return to play plan. Return to play (i.e., full practice and competition) must be no sooner than 7 days after the concussion diagnosis has been made by a physician.

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

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

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

Legal References:

California Education Code section 49475,

California Interscholastic Federation Bylaw 313

**VENTURA UNIFIED SCHOOL DISTRICT VOLUNTARY SPORTS/ATHLETIC EVENT
OR ACTIVITY INFORMED CONSENT AND LIABILITY RELEASE
ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK**

Student name

M F
Sex

Birth date

Parent or legal guardian (Please print)

Student address

School

Sport/Activity

Coach/Instructor

I authorize my son/daughter, named above, to participate in the indicated sport/athletic event or activity. I understand and acknowledge that sport/athletic activities, by their very nature, pose the potential risk of serious injury and/or illness to the individuals who participate in such sport/athletic events or activities.

This sport/athletic event or activity, by its very nature, poses some inherent risk of a participant being seriously injured. These injuries could include, but are not limited to, the following:

- | | |
|--|---------------------|
| 1. Sprains and strains | 6. Disfigurement |
| 2. Fractured bones | 7. Head injuries |
| 3. Lacerations, abrasions, and avulsions | 8. Loss of eyesight |
| 4. Unconsciousness | 9. Death |
| 5. Paralysis | |

I understand and acknowledge that participation in sport/athletic events or activities is completely elective and voluntary and as such is not required by the Ventura Unified School District for completion of graduation requirements. I also understand that, if I do not consent to my son's/daughter's participation in the sport/athletic event or activity, he/she will be offered an alternative course of study, in which he/she may work for graduation credit.

I understand that all participants are to abide by and accept all rules and requirements governing conduct and safety in the sport/athletic event or activity. To the extent permitted by the Education Code, any participant determined to be in violation of behavior standards may be removed from this sport/athletic event or activity.

I understand and acknowledge that in order to participate in these activities, I and my son/daughter agree to assume liability and responsibility for any and all potential risks that may be associated with participation in sport/athletic events or activities.

I agree to, and do hereby release and hold the Ventura Unified School District and its officers, agents, employees and/or volunteers harmless for any and all claims; demands; causes of action; liability; damages; expenses; or loss of any sort, including bodily injury or death; because of or arising out of acts or omissions with respect to the sport/athletic event or activity.

I acknowledge that I have carefully read this "Voluntary Sports/Athletic Event or Activity, Informed Consent and Liability release, Acknowledgment and Assumption of Potential Risk" form and that I understand and agree to its terms.

Signature (Student)

Date

Signature (Parent or legal guardian)

Date

Home telephone

Work telephone

Mobile telephone or pager

VUSD Preparticipation Physical Evaluation Clearance

Name of

Athlete: _____

Birthdate: _____

Grade: _____

School: _____

Athlete is cleared without restrictions.

Athlete is cleared with the following restrictions:

Athlete is not cleared to participate

Name of Physician: _____ M.D. or D.O. Date: _____

Address _____ Phone: _____

Signature of Physician _____

Ventura Unified School District

Prescription Opioids: What You Need to Know

Prescription opioids can be used to help relieve moderate-to-severe pain and are often prescribed following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use. An opioid overdose, often marked by slowed breathing, can cause sudden death. The use of prescription opioids can have a number of side effects as well, even when taken as directed.

Side effects may include one or more of the following:

- Tolerance - meaning you might need to take more of a medication for the same pain relief
- Physical dependence—meaning you have symptoms of withdrawal when a medication is stopped
- Increased sensitivity to pain
- Constipation: the most common side effect
- Nausea, vomiting, and dry mouth
- Sleepiness and dizziness
- Confusion
- Depression
- Low levels of testosterone that can result in lower sex drive, energy, and strength
- Itching and sweating

Risks are greater with the following:

- History of drug misuse, substance use disorder, or overdose
- Mental health conditions (such as depression or anxiety)
- Sleep apnea
- Older age (65 years or older)
- Pregnancy

Unless specifically advised by your health care provider, medications to avoid include:

- Benzodiazepines (such as Xanax or Valium)
- Muscle relaxants (such as Soma or Flexeril)
- Hypnotics (such as Ambien or Lunesta)
- Other prescription opioids
- In addition, avoid alcohol while taking prescription opioids.

KNOW YOUR OPTIONS

Talk to your health care provider about ways to manage your pain that do not involve prescription opioids. Some of these options may actually work better and have fewer risks and side effects. Options may include:

- Pain relievers such as acetaminophen(Tylenol), ibuprofen (Advil, Motrin), and naproxen
- Some medications that are also used for depression or seizures
- Physical therapy and exercise
- Cognitive behavioral therapy, a psychological, goal-directed approach, in which patients learn how to modify physical, behavioral, and emotional triggers of pain and stress.

IF YOU ARE PRESCRIBED OPIOIDS FOR PAIN:

- Never take opioids in greater amounts or more often than prescribed.
- Follow up with your primary health care provider within.
 - Work together to create a plan on how to manage your pain.
 - Talk about ways to help manage your pain that don't involve prescription opioids.
 - Talk about any and all concerns and side effects.
- Help prevent misuse and abuse.
 - Never sell or share prescription opioids.
 - Never use another person's prescription opioids.
- Store prescription opioids in a secure place and out of reach of others (this may include visitors, children, friends, and family).
- Safely dispose of unused prescription opioids: Find your community drug take-back program or your pharmacy mail-back program, or flush them down the toilet, following guidance from the Food and Drug Administration:
www.fda.gov/Drugs/ResourcesForYou
- Visit www.cdc.gov/drugoverdose to learn about the risks of opioid abuse and overdose.
- If you believe you may be struggling with addiction, tell your health care provider and ask for guidance or call SAMHSA's National Helpline at 1-800-662-HELP.

LEARN MORE:

www.cdc.gov/drugoverdose/prescribing/guideline.html

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date**Legal References:**

California Education Code section 49476

Ventura Unified School District Sudden Cardiac Arrest Information Sheet

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the victim to collapse. The malfunction is caused by a congenital or genetic defect in the heart's structure.

Recognize the Warning Signs and Risk Factors of Sudden Cardiac Arrest.

Tell your coach and consult your health care provider if these conditions are present in your student athlete:

Potential indicators that SCA may occur:

- ☐ Fainting or seizure, especially during or right after exercise;
- ☐ Fainting repeatedly or with excitement or startle;
- ☐ Excessive shortness of breath during exercise;
- ☐ Racing or fluttering heart palpitations or irregular heartbeat;
- ☐ Repeated dizziness or lightheadedness;
- ☐ Chest pain or discomfort with exercise;
- ☐ Excessive, unexpected fatigue during or after exercise.

Factors that increase the Risk of SCA:

- ☐ Known structural heart abnormality, repaired or unrepaired;
- ☐ Family members with unexplained fainting, seizures, drowning or near drowning, or car accidents;
- ☐ Family history of known heart abnormalities or sudden death before age 50;
- ☐ Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD);
- ☐ Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks or performance-enhancing supplements.

How Common is Sudden Cardiac Arrest in the United States?

As the leading cause of death in the U.S., there are more than 300,000 cardiac arrests outside hospitals each year, with nine out of 10 resulting in death. Thousands of sudden cardiac arrests occur among youth, as it is the #2 cause of death under 25 and the #1 killer of student athletes during exercise.

Who is at Risk for Sudden Cardiac Arrest?

SCA is more likely to occur during exercise or physical activity, so student athletes are at greater risk. While a heart condition may have no warning signs, studies show that many young people do have symptoms but neglect to tell an adult. This may be because they are embarrassed, they do not want to jeopardize their playing time; they mistakenly think they are out of shape and need to train harder, or they simply ignore the symptoms, assuming they will “just go away.” Additionally, some health history factors increase the risk of SCA.

What Should You do if your Student Athlete is Experiencing any of these Symptoms?

We need to let student-athletes know that if they experience any SCA-related symptoms it is crucial to alert an adult and get follow-up care as soon as possible with a primary care physician. If the athlete has any of the SCA risk factors, these should also be discussed with a doctor to determine if further testing is needed. Wait for your doctor’s feedback before returning to play, and alert your coach, trainer and school nurse about any diagnosed conditions.

Return to Play (RTP)

The California Interscholastic Federation (CIF) amended its bylaws to include language that adds SCA training to coach certification and practice and game protocol that empowers coaches to remove from play a student-athlete who exhibits fainting. A student athlete who has been removed from play after displaying signs or symptoms associated with SCA may not return to play until he or she is evaluated and cleared by a licensed health care provider (medical doctor or doctor of osteopathy). Parents, guardians and caregivers are urged to dialogue with student athletes about their heart health.

Acknowledgment

I have reviewed and understand the symptoms and warning signs of SCA and the new CIF protocol to incorporate SCA prevention strategies into my student’s sports program

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

Legal References:

California Interscholastic Federation Bylaw 503