**Cleveland Cluster Athletics Fall Sports Forms**

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

**Information night: Time Commitment:** 

Cleveland HS Library2 practices, 1 contest/wk

Thursday, September 3 **Cost:**

XC: 6:30 - VB: 7:30 $125, or $35 for free/reduce

Recommended, **Practices**: @ Sellwood or

not mandatory Hosford MS

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| **Cross Country Information** | **Volleyball Information** |
| **Basics of XC:**   * This is a *no-cut* sport for middle grades students in the CHS boundary. * The season runs from Sept. 9 through Oct. 29. * Practices are Mon. and Wed. or Thurs., 4-5 PM. * Meets are Wednesdays or Thursdays. * The meets are 3K (1.86 miles) or 2K (1.24 miles). * Coordinator: Jessica Russell, [jrussell@pps.net](mailto:jrussell@pps.net) | **Basics of VB:**   * Tryouts will be held Saturday, Aug 29 at the CHS gym (east side of building). * The season runs from Sept. 1 – Oct. 31. * Practices will be 2x a week at SMS or HMS. * Each Saturday teams have two matches at PPS schools. * We’ll have an end of season tournament. * Coordinator: Heidi Moore, [CHSyouthsports@gmail.com](mailto:CHSyouthsports@gmail.com) |
| **Transportation and practice sites:**   * Practices are at either Sellwood MS or Hosford MS. Students who don’t go to either school can choose a practice site. * We compete together as one team. * Buses will transport students to and from meets. They pick up and drop off at the two practice sites. * If you plan to take your student home from a meet, please email Jessica by 2 PM that day. | **Transportation of practice sites:**   * Practices are at either Sellwood MS or Hosford MS. Students may get assigned to a practice site other than the school they attend. * We compete as two teams for Cleveland Cluster at each grade level. Players may play up, depending on skill and needs of the teams. * Parents are responsible for transporting students to and from practices and matches. |
| ***Forms and fees are due Wednesday, Sept. 9***   * You may turn them in at SMS or HMS offices. * You may turn them in at the first practice. * You may turn them in at the info night. | ***Forms and fees are due Wednesday, Sept. 9***   * You may turn them in at tryouts Aug. 29. * You may turn them in at the first practice. * You may turn them in at the info night. |
| **Payment details:**   * Make checks payable to PIL Athletics. * Please put your athlete’s name in the memo line of the check. * If you send cash, please put it in a sealed envelope with the student’s name and sport on it. | |

**Cleveland High School Health Center**

The Cleveland school-based Health Center is sponsored by the Multnomah County Health Department and Portland Public Schools. All school-aged youth who live or attend school in Multnomah County are welcome at the 13 School-Based Health Centers operated by the Health Department.  Any visitor to the clinic who is not a student at Cleveland MUST report to the main office upon entering the school to receive a visitor’s badge.

The Health Center is located in Room 163. All services are confidential. Students are not charged for services received at the Health Center, but Medicaid and other third-party insurers will be billed.

***To schedule an appointment, call 503-988-3350. Walk-ins are welcome.***

**Cost**

School-based health centers are funded by insurance, Medicaid, grants and public funds. Providing your insurance information allows us to bill your insurance so we can serve as many students as possible.

If your insurance doesn’t pay for all or part of the cost, you are not responsible for any out-of-pocket expenses for services received from us.

Families with no health insurance or who do not provide insurance information are referred to an eligibility specialist to see if they qualify for the Oregon Health Plan or other insurance. This could fully insure your child for medical, dental and emergency services. We strongly encourage you to apply for this coverage.

**About your visit**

Appointments are recommended but walk-ins are welcome. Forms are available online for new clients, clients who have not been seen in a year or more, or for any changes to address, phone, and household situation. In order to avoid delays or the possibility of having to reschedule your appointment, please print and complete these forms and bring them with you to your appointment. With advanced notice, we can mail the forms to you. You can also come in and pick them up before your appointment or come at least a half hour prior to your appointment to fill them out. You are welcome to fax them to the clinic.

**Sports physicals**

Anyone getting a sports physical must have an OR Student Activity Association (OSAA) sports physical clearance form filled out (history section), signed by parent/guardian and brought to their appointment for the provider to complete. This form is also available through most schools’ athletic offices. For a more comfortable physical exam, we suggest you wear shorts to your appointment.

For forms and more information visit <https://multco.us/health/school-based-health-centers>

**Cleveland Cluster Fall Sports**

**Expectations, Volunteer and Permission Forms**

**For families to read and sign:**

The team will occasionally take runs off campus. The athletes will always be in the company of running adults. We will discuss rules and will keep safety in mind at all times; however, there is inherent risk in running beside roads, crossing streets and running on uneven paths through woods.

I give my child permission to run off campus with Cleveland Cluster Athletics.

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

**For the runner to read and sign:**

In order to run off campus with the team, I need to be trustworthy. I agree to listen carefully to the rules before we leave on the run. I understand that I must always run with an adult. I will stay with the group. I agree not run through anyone’s yard. I will leave for the run only if I leave with the group. I understand that if all of these rules are not followed, I may not be allowed to run off campus during future practices, suspended, or kicked off the team.

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Expectations of student athlete behavior:**

* The expectation is that students participate in the full practice each practice.
* Students must attend at least one practice each week to participate in competitions.
* Students may not leave practice without permission.
* Students will check in before each practice and sign out when they leave.
* Students will provide a parent-signed note if they need to leave early. *Students should plan to stay until the end of all contests and practices.*
* Students are required to attend practice in appropriate attire (running shoes, no jeans) and bring a water bottle.
* Students are expected to be safe, respectful, and responsible.
* Students are there to have fun and to work hard.
* Students are expected to stay and support their teammates until the contest is finished and the team has done their cheer.
* Parents will be notified when these expectations are not being met.

Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How would you like to help?**

\_\_\_\_ I can help with practices (run with us, help time results, run a station during circuit training workout).

\_\_\_\_ I can input meet results on Athletic.net (XC only).

\_\_\_\_ I’d like to bring snacks and/or water for our athletes after competitions (not required, but the kids would love it).

\_\_\_\_ I can help plan the end of season celebration.

\_\_\_\_ I can volunteer at the end of season celebration.

\_\_\_\_ I can help coordinate the parent volunteers.

\_\_\_\_ I can help pass out uniforms (at first competition).

\_\_\_\_ I can help collect uniforms (at last competition).

\_\_\_\_ I can help collect uniforms (at end of season celebration).

Your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We know you are busy, but we appreciate your help!