

Name: _____

San Elijo Middle School
San Marcos Unified School District

**A HANDBOOK FOR
Middle School Athletics**



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I. Introduction

Middle school students have unique developmental characteristics. Through current understanding of child development sixth grade is seen as a very appropriate age for children to have the opportunity to learn to work together as teammates. This age group has such a wide range of intellectual, physical, psychological, social, and ethical systems developing that the transition from childhood to young adulthood becomes very complex. It is this very important transition, often challenging, that makes so many middle school students to appear very self-absorbed and often confused or even depressed. This document addresses how we the adults can assist in this transition and delineates characteristics of quality instruction that meet the needs of students with diverse developmental characteristics and needs.

II. Mission Statement

The mission of San Elijo Middle School's after-school sports program is to create an activity environment that stimulates student participation, supplements and reinforces academic progress, and promotes physical and social development. It is expected that all student-athletes display a spirit of engagement, exhibit good sportsmanship, and maintain exemplary character throughout the year.

III. Statement of Philosophy

The after-school athletic program at San Elijo Middle School will provide equal opportunity for all students, regardless of personal skill level, to acquire knowledge and physical skills in the areas of their sports interests. Participation in athletics can provide students with the opportunity for personal growth. Teamwork, the mental and physical challenges of training and competition, and the experiences both of winning and of losing with grace and respect are important life lessons that will serve students well in their future. Emphasis will be placed on the enjoyment of the sport, the development of self-esteem, the formation of character, and the acquisition of physical skills. All participants will be members of a team and will have an opportunity to apply those skills in competition commensurate with their level of achievement.

IV. Purpose

Our sports program opens the opportunity for students to participate in team sports, to work together to understand the meaning of teamwork, and to learn the importance of discipline, respect and sportsmanship, especially in the face of adversity. It gives the athletes a healthy regimen of physical exercise to balance the challenges of their daily academic work.

V. San Marcos Unified School District and School Board Policies
<http://www.smusd.org/site/Default.aspx?PageID=29>

- BP (6145)- Extracurricular and Co-Curricular Activities
- AP (6145)- Extracurricular and Co-Curricular Activities
- BP (4127)- Temporary Athletic Team Coaches
- AP (2127)- Temporary Athletic Team Coaches

VI. To the Parents

This handbook is being provided for you because your son or daughter has indicated a desire to participate in the after-school sports program, and you have expressed your willingness to permit him/her to compete. Your interest in this school program is important. We believe that participation in sports provides a wealth of opportunities and experiences which will assist your son/daughter in personal adjustments and development. It is our hope that the after-school program for middle school will be strong in purpose and will further each student's educational experience.

A student who is participating in athletics is making a choice to participate fully and cooperate with the coaches. Failure to comply with the coaches' rules of training may lead to expulsion or suspension from the team. Each coach has the responsibility to recognize the rights of the individuals within the objectives and rules of the team. Participation in the after-school sports program for middle school requires discipline, both mentally and physically.

When your son/daughter agreed to participate in after-school sports program for middle school, he/she can be assured of the following: 1) adequate equipment and facilities will be provided; 2) well-trained adults will be coaching his/her team; 3) contests with skilled officials will be provided; 4) supervised transportation to and from competitions will be provided, either through parent drivers or through use of school vehicles.

Similarly, we feel that you and your child have assumed certain responsibilities and obligations as a result of participation in the after-school sports program. We would like to take this opportunity to acquaint you with the following eight problems that could be detrimental to a well-organized after-school sports program; each will be discussed separately:

- Student Academic standing
- Parent/Coaching Relationship
- Communication from the coach
- Communication from parents
- Appropriate concerns to discuss with coaches
- Issues which are NOT appropriate to discuss with coaches
- What parents can do if the meeting with the coach did not provide a satisfactory resolution
- Issues with game officials

Your Student's Academic Standing and the Academic Mentoring Program

The most important aspect of your student's involvement in school is his/her academic achievement. The after-school sports program is an extension of this responsibility. In support of your student's academic achievement, the after-school sports program includes an academic mentoring component. This occurs each practice day during the 30 minutes between the end of the school day and the start of practice. It is open to all student athletes and is a requirement for

those students whose grades fall below 2.0 on a 4.0 scale. There are two supports to this mentoring program: 1) a member of the teaching staff to guide the attendees; and 2) peer tutors who are seeking community service hours by helping out in the mentoring program.

Parent/Coach Relationship:

Both parenting and coaching can be extremely challenging. By establishing an understanding of each position, we are better able to accept the actions of each other and provide the greater benefit to children who become involved in the after-school sports program. You have a right to understand what the expectations are that your child will be faced with. This begins with open communication between coaches, parents, and student athletes.

Communication from the coach:

You can expect the following from your child's coach during the pre-season team meeting:

- 1) Philosophy of the coach
- 2) Expectations of your child as well as others players on the team
- 3) Location and times of all practices and contests
- 4) Team requirements, such as special equipment (if needed), conditioning, etc.
- 5) Procedures which will be followed should your child be injured during practice or a contest
- 6) Discipline or consequences for failure to comply with team rules

Communication from parents:

The coach can expect the following from parents:

- 1) Concerns that parents express directly to the coach at appropriate time and place and discussed below
- 2) Notifications of any schedule conflicts well in advance
- 3) Specific concerns in regard to coach's philosophy and/or expectations, presented at the pre-season team meeting.

It is our hope and desire that your child's participation in the after-school sports program for the middle school will be a rewarding and valuable experience. However, it is important to understand that there are times when things do not go as expected for you and your child. When this occurs, discussion with the coaches in a respectful, courteous manner is encouraged. Coaches are advised that they do not need to tolerate any disrespectful or discourteous or untimely behavior from student athletes or their parents.

Appropriate concerns to discuss with coaches:

- 1) Ways to help the child improve
- 2) Concerns about your child's behavior
- 3) Treatment of your child, both mentally and physically

Coaches are professionals. Coaches make judgment decisions based on what they believe to be the best for the team and for the individual student athletes involved. As you can see from the list above, there are certain issues which are appropriate to discuss with your child's coach. However, other decisions must be left to the discretion of the coach(es).

Issues which are NOT appropriate to discuss with coaches:

- 1) Playing time
- 2) Team strategy
- 3) Calling plays
- 4) Other student athletes

There are situations that may require a conference between the coach and the parents. These are encouraged. It is important that all parties involved have a clear understanding of each other's position. When the need for a conference is apparent, the following procedure should be followed to help promote a resolution to the issues of concern:

- 1) Call to set up an appointment
- 2) Please **DO NOT** attempt to confront a coach before or after a contest or practice. These can be emotional times for the parent, coaches and student athlete. Meetings of this nature are rarely productive and are often destructive in nature.

It can be very difficult to accept when your athlete is not playing as much as you may have hoped. Coaches make decisions based on what they believe to be in the best interest of the team. The coach must take into account all members of the team-not just one individual. As noted in the above lists, certain concerns should be discussed with the coach. Other decisions, like the examples on the list of "Inappropriate Concerns" must be left to the discretion of the coach.

Procedures for discussing concerns with coaches

If you have a concern to discuss with the coach, please follow the procedures below:

Step 1

Call the coach at school and set up an appointment. Ask for the coach by name. If the coach is a JV coach and is not a staff member, leave a message with the Varsity coach of that sport. If the Varsity coach is not a staff member, ask for his/her voicemail and call the Athletic Coordinator to leave a message. Please do not attempt to confront a coach before or after a contest. This can be an emotional time for both the parent and the coach. Confrontations of this nature do not promote positive resolutions.

If a satisfactory resolution between the parent and coach does not take place after the initial communication, then:

Step 2

Contact the Athletic Coordinator who will set up a meeting with the parent, coach and possibly the student-athlete. The Athletic Coordinator will attempt to mediate a resolution. If a satisfactory resolution is not reached at the meeting, contact the school site Assistant Principal in charge of Athletics, who will try to mediate a resolution.

Step 3

If the above mediation fails, contact the principal for a meeting and resolution.

VII. To the Student Athlete

Being a member of an after-school sports program is a very fulfilling experience. There are some expectations and standards for the student-athlete to follow.

The most important of these responsibilities is to broaden yourself and develop strength of character. You owe it to yourself to put forth the greatest amount of effort to make your middle school experience the best it can be. Your studies, your participation in other extracurricular activities, as well as sports, prepare you for your life as a middle school student, high school student, and beyond.

Attendance at school

Students must attend all classes the entire school day on the day of a competition to participate. The exceptions to this rule are as follows:

- a family-arranged medical appointment which would allow for the student to attend classes before the scheduled appointment and/or return to classes before the end of the regular school day
- the observance of a religious holiday (unless observance of the religious holiday itself also prohibits participating in the competition)
- a family emergency
- a planned absence for a personal or educational purpose which has been approved in advance by the school and the Coach
- a field trip or other school-related activity.

Attendance at practice

All participants are to be on time for practices. Student-athletes are expected to be in attendance at all weekday practices and contests. If an absence is expected, a note is to be supplied from a parent/guardian to a coach in advance of the planned absence. When a student athlete is involved in other programs outside of the after-school sports program at San Elijo Middle School, it will be necessary to adjust the schedule to accommodate the after-school sports program at the middle school for all practices and games. If a student athlete misses a practice without a valid reason, the student will not be allowed to participate in the next contest. After the third such absence, the student will be removed from the team roster for that sport for the remainder of the season.

Practices held on non-school or vacation days are not mandatory. If a student needs individual attention from the coach, he/she should be at practice 15 minutes before the scheduled start time. If the student is being mentored for academic purposes by the Athletic Coordinator, then the student will be excused from any time missed, without fear of being penalized.

Quitting one team to join another.

A student athlete who elects not to complete the season on a team once the season has started, cannot join another team during the same season. If a student athlete leaves the team due to an injury or illness on a physician's recommendation and later is certified as capable to participate in athletics, such a student athlete may rejoin the team, or another team if mutually agreed upon by the coaches of both teams and by the athletic coordinator.

Code of Standards

1. Each team is an individual situation and could have its own standards that are more restrictive than district or school policy. Violating team standards will result in disciplinary action and possible removal at the discretion of the coach and the school administration.
2. If a student is suspended from school; he/she is suspended from all group activities until reinstated to classes.
3. Students shall not:
 - a. Smoke or be in possession of tobacco (including chewing tobacco) (Ed. Code 48900, 48901)
 - b. Drink or be in the possession of alcoholic beverages (Ed. Code 48900, HS Code 11-53)
 - c. Use or be in the possession of non-prescription drugs (Ed. Code 48900, HS Code 11053)
4. Students shall:
 - a) Maintain a 2.0 GPA
 - b) Maintain a mark of satisfactory or higher on progress reports and report cards.
 - c) Respect school personnel and property.

Consequences When Standards Are Violated

- A. Any member of a team apprehended with or under the influence of alcohol or other controlled substances (drugs) will be automatically suspended from school and his or her privilege of participation taken away for the remainder of that sport's season.
- B. Second time offenders will lose 12 months of eligibility from the day of the infraction. Some infractions may result in possible expulsion from the school under school and district disciplinary procedures.
- C. Reinstatement after a suspension can be attained as follows:
 - The student must initiate a request for a hearing with the Athletic Review board.
 - The Athletic Review board shall consist of an Assistant Principal/Athletic Coordinator, and the athlete's coaches and parents.
 - The review board may or may not grant reinstatement. Final appeal of the decision may be made to the Principal.
- D. Less severe violations will result in an Athletic or Activity Review for disposition. The athlete's Coach or the Athletic Coordinator will conduct this review.

Athletic/Extra-Curricular Pledge

Membership as a student-athlete on an after-school sports team is an honor that carries certain responsibilities to the team itself and to the school and community that the team represents. Student-Athletes are required to read and sign off on the following pledge.

The Student-Athlete Pledge

- I. I will study hard, complete my assignments and make every effort to earn a better than average academic grade.
- II. I will attend, if directed, the after-school sports Academic Mentoring Program.
- III. I will abide by the training rules at all times because of my desire to realize 100% of my potential and not because of fear of punishment.
- IV. I will attend all practice sessions, meetings and contest. If for any reason I must miss a practice, meeting, or contest, I will contact my coach or advisor in advance.
- V. I will be punctual at all meeting and practices, and at school for all classes.
- VI. I will put forth 100% effort at all times.
- VII. I realize I will be subject to school-imposed discipline, including possible removal from my team, for off campus involvement in drugs, alcohol, tobacco, anabolic steroids or criminal offenses.
- VIII. I will use clean language to show respect for my parents, coaches, school and opponents.
- IX. I will respect my teammates, their abilities, weaknesses and rights. The team will come before the individual.
- X. I will be neat in appearance.
- XI. I will respect my equipment as if it were my own. I will pay for all issued items which are damaged or not returned. I realize I will not be allowed to participate on any team until previous athletic debts have been paid.
- XII. If I participate on an outside team in a different sport, my first obligation is to my sport at school. I am not allowed to participate in the same sport on an off campus team during the high school season.
- XIII. 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.

VIII. Permission for Treatment

I hereby grant permission to the team physicians and those professional personnel designated by school site and/or school district to treat my child in the event of an injury. In the event of a serious injury, if I am unable to give my consent at the time, this consent is to include any and all emergency procedures deemed necessary by the attending emergency personnel. I also understand that in the event of injury, every reasonable attempt will be made to contact me prior to securing medical treatment beyond basic first-aid.

Parent/Guardian signature

Home phone

Work phone

Cell phone

IX. Insurance and Physical

Proof of Insurance

1. In compliance with California Education Code 32221, I certify that there is in effect at this time insurance coverage for medical expenses resulting from bodily injury of at least \$5,000 for my son/daughter, and that this coverage will remain in effect throughout the time that he/she participates in sports. I also give my permission for the above named student to participate in sports, including regularly scheduled trips by supervised school transportation.

Parent/Guardian signature Insurance Carrier Policy number

X. Medical History Questionnaire

1. Have you ever been hospitalized overnight? Yes No
Have you ever had surgery? Yes No
2. Are you currently taking medication? Yes No
3. Do you have any allergies (medicines, pollen, bees)? Yes No
List allergies: _____
4. Have you ever passed out during exercise? (Not from heat) Yes No
Have you ever been dizzy during exercise? (Not from heat) Yes No
Have you ever had chest pain? Yes No
Do you tire more quickly than your friends during exercise? Yes No
Have you ever had high blood pressure? Yes No
Have you ever been told you have a heart murmur? Yes No
Have you ever had racing of your heart or skipped beats? Yes No
Has anyone in your family died of heart problems or
died suddenly before the age of 40? Yes No
Does anyone in your family have Marfan's Syndrome? Yes No
5. Do you have any skin problems (itching, rashes, breaking out)? Yes No
6. Have you ever had a head injury? Yes No
Have you ever been knocked out? Yes No
Have you ever had a seizure? Yes No
Have you ever had pain from neck into arm? Yes No
7. Have you ever had heat cramps? Yes No
Have you ever been dizzy or passed out in the heat? Yes No
8. Do you use special pads or braces? Yes No
9. Have you ever injured (broken/fractured, sprained, or dislocated) your (*check all that apply*):
___hand/fingers ___shoulder ___hip ___shin/calf ___wrist/forearm
___neck ___thigh ___elbow ___chest/ribs ___knee
___ankle ___upper arm ___back ___stress fracture
10. Have you ever had (*check all that apply*):
___mononucleosis ___diabetes ___measles ___hernia
___sickle cell trait/disease ___headaches-frequent ___ulcers ___hepatitis

___asthma

___eye/ear injuries

___tuberculosis

11. When was your last tetanus shot? _____

12. About your weight; do you think you are: ___just right ___too heavy/fat ___too light/thin

13. Do you like to drink dairy (milk) products? Yes No

14. For Females:

When was your 1st period and how old were you? _____

When was your last period? _____

15. Please feel free to ask the doctor to address any questions/concerns that you have

On the lines below please explain all “Yes” responses in items 1 - 15:

X. Cuestionario de Historial Médico

1. ¿Alguna vez ha sido hospitalizado durante la noche? Sí No
¿Alguna vez ha tenido una cirugía? Sí No
2. ¿Está tomando medicamentos? Sí No
3. ¿Tiene alguna alergia (medicinas, polen, abejas)? Sí No
Lista de las alergias: _____
4. ¿Alguna vez se ha desmayado durante el ejercicio? (No de calor) Sí No
¿Alguna vez se ha sentido mareado durante el ejercicio? (No de calor) Sí No
¿Alguna vez has tenido dolor en el pecho? Sí No
No te cansas más rápido que tus amigos durante el ejercicio? Sí No
¿Alguna vez ha tenido la presión alta? Sí No
¿Le han dicho alguna vez que tiene un soplo en el corazón? Sí No
¿Alguna vez ha tenido las carreras de su corazón o latidos omitidos? Sí No
Alguien en su familia ha muerto de problemas del corazón o
murió repentinamente antes de los 40 años? Sí No
¿Alguien en su familia tiene el síndrome de Marfan? Sí No
5. ¿Tiene algún problema de la piel (picor, erupciones, estallando)? Sí No
6. ¿Alguna vez has tenido una lesión en la cabeza? Sí No
¿Alguna vez fue noqueado? Sí No
¿Alguna vez ha tenido una convulsión? Sí No
¿Alguna vez has tenido dolor de cuello en el brazo? Sí No
7. ¿Alguna vez has tenido calambres por el calor? Sí No
¿Alguna vez se ha sentido mareado o desmayado por el calor? Sí No
8. ¿Utiliza almohadillas o soportes especiales? Sí No

9. ¿Alguna vez ha lesionado (roto / fracturado, esguince o luxación) su (marque todo lo que corresponda):

___ hand / dedos ___ hombro ___ hip ___ shin / ternero ___ muñeca / antebrazo

___ neck ___ muslo ___ codo ___ / costillas torácicas ___ rodilla

___ ankle ___ brazo ___ espalda ___ fractura por estrés

10. ¿Ha tenido (marque todo lo que corresponda):

___ mononucleosis ___ diabetes ___ sarampión ___ hernia

rasgo de células ___ sickle / enfermedad ___ Dolores de cabeza frecuentes ___ úlceras ___ hepatitis

___ asthma ___ lesiones oculares / ___ tuberculosis

11. ¿Cuándo fue su última vacuna contra el tétanos? _____

12. Acerca de su peso.; Qué te crees que eres:

___ justo ___ demasiado pesado / grasa ___ demasiado ligero / fina

13. ¿Le gusta beber productos lácteos (leche)? Sí No

14. para las mujeres.:

¿Cuándo fue su primera época y ¿qué edad tenías? _____

¿Cuándo fue su última menstruación? _____

15. No dude en preguntar al médico para tratar cualquier preguntas / preocupaciones que usted tiene

En las siguientes líneas explique todas las respuestas "Sí" en artículos 1 a 15:

XI. Athletic Screening History & Physical Examination

Explanation of Screening Physical

I realize that the medical evaluations performed are only screens in order to evaluate general health, to disclose existing problems, and to determine my son/daughter's dynamic ability to participate in a given sport so that obvious condition which might be damaged or aggravated by competitive sports can be found, evaluated and treated so as to prevent further injury.

Awareness of Risk

Student and Parent: I am aware that playing/practicing sports can be a dangerous activity involving many risks of injury. I understand that the risks of participation include, but are not limited to, serious internal injury to virtually any internal organs, bones, joints, muscles, tendons, or any other aspect of the skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the risks of participation may result not only in serious injury, or death but in impairment of my future ability to earn a living, to engage in other business, social and recreational activities, and generally to enjoy a good life. I understand the importance of Shared responsibility for sport safety and agree to obey all coaching instructions.

Effective May 4, 2011, screenings may only be performed by a licensed MD, DO, PAC, and NP. Also, screening must be performed AFTER May 25th, 2017 for 2017-2018 school year participation.
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XII. 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.

Symptoms may include one or more of the following:

- 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
- 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:

- 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 to 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 athlete 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. You should also inform your child's coach if you think that your child may have a concussion Remember it's 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/ConcussionInYouthSports/>

Student-athlete Name Printed Student-athlete Signature Date signed

Parent or Legal Guardian Printed Parent or Legal Guardian Signature Date

**XIII. PARENT AUTHORIZATION FOR STUDENT
PARTICIPATION IN A ONE-DAY OR SEASONAL ACTIVITY**

I, the undersigned, authorize my son/daughter _____ to participate in extra-curricular activities for San Elijo Middle School for the _____ school year.

I understand that California law (Education Code 35330) provides that any person making a field trip or excursion waives all claims against the school district and the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. Accordingly, I hereby waive all claims which I/we might have against the school district or the State of California, their officers agents and employees for injury, accident, illness, or death occurring during or by reason of the above described activity.

Date (Signature of parent or guardian)

**XVI. Parent/Student Authorization
for Use of Private Vehicles for Student Transportation**

I/We understand that participation in the above-listed field trip or school activity will on occasion require transportation by bus or private vehicle. These vehicles may be driven by bus drivers, staff members, or parents. I certify that when bussing to the activity is not made available, I will be responsible for transporting my daughter/son to the designated activity site. I accept the fact that my child may be released from school prior to the standard release time in order to be transported to the activity on a timely basis.

When transportation is not provided, I take full responsibility for arranging transportation of my son/daughter to and from the designated activity site. This may include arrangements with other adult drivers, my son/daughter driving with other licensed minors, as allowed by law (students). I understand and accept that school administration will not be responsible for supervising transportation once my child is released from school. I waive all claims against the District and State of California for any injury accident, illness or death occurring during or be reason of the transportation arrangement that I have made to and from the school activity. I certify that my daughter/son will be transported by a licensed driver, with State of California required insurance coverage, and in a safe and legal manner.

Type or Print student's name

Parent/Guardian Signature

Date Signed

Type or Print Parent/Guardian's Name

XV. Donations

Donations:

If you would like to assist with team transportation or other athletic costs through a voluntary Athletic Donation, this would be greatly welcomed and helpful. Please indicate below the amount of your donation. Make all checks out to SEMS PTO and indicate on the front of the check your student's school-issued ID number and sport on the memo line.

Yes, I would like to make the following voluntary Athletic Donation.

\$40.00 \$50.00 \$80.00 Other \$ _____

Donation being provided by my check number _____

Parent name

XVI. After-School Program for Middle School Athletics

Please Complete and Return this Form: Athletic Coordinator – Hillarie Coleman

Indicate below your student's interest (no more than one sport per season):

3 Fall Sports: Flag-Football
(September to Cross Country
end of November) Girls Volleyball

1 Winter Sport: Boys Basketball
(December to
end of February)

3 Spring Sports: Girls Basketball
(March to Co-ed Soccer
end of April) Track & Field

No athlete will be allowed to try out or to participate without athletic clearance.

Student Name: _____ **Student ID #:** _____ **Gender:** _____

STUDENT'S NAME (Please Print) _____

Date of Birth _____

PHYSICAL EXAMINATION

SEH Middle School Sports Program

To be completed by medical personnel *

Height: _____ Weight: _____ BP: _____ / _____ Pulse: _____

Vision (optional) Left eye: 20/_____ Right eye: 20/_____

KEY: ✓ = WNL X = Item omitted + = see "Notes" below

1.	Skin	
2.	Head	
3.	Eyes (PERL, EOMI, Fundi)	
4.	Ear, Nose, Throat	
5.	Neck	
6.	Lymphatic	
7.	Cardiovascular	
8.	Heart (murmurs?)	
9.	Abdomen	
10.	Genitalia (including hernia)	

11.	Extremities	
12.	Neurological	
13.	Orthopedic	
	Cervical spine/back	
	Arms / elbows / wrists / hands	
	Hips	
	Knees	
	Ankles / feet	
14.	Developmental	
	Tanner staging (1-5)	

Please initial or check one of the two clearance options below:

1. _____ Full, unrestricted clearance

or

2. _____ Not cleared. Needs clearance by specialist(s) as indicated below and in Notes.

_____ Orthopedist _____ Cardiologist _____ Other: _____

Notes: _____

* Effective **May 4, 2011**, screenings may only be performed by a licensed **MD, DO, PAC, or NP**.

** Screening must be performed **AFTER May 25 of the current school year**.

Example: For the 2017-2018 school year, physical must be after 5/25/17.

Athletic Screening Performed By:

Screener's Office Stamp

Print Name/Title (M.D. / D.O. / P.A.C. / N.P.)

Signature

Date Signed