



**ST. JOHNS
MIDDLE SCHOOL
ATHLETIC PACKET
2020-2021**

St. Johns Middle School Athletic Program

Basic rules and regulations for practice and interscholastic competition play.

As an athlete representing the St. Johns Middle School, you have the opportunity to learn new skills, be a part of a team, make new friends, get a lot of exercise and have fun!

- 1. Athletes shall abide by all rules and regulations established by the White Mountain League, the St. Johns Board of Education, and the members of the SJMS coaching staff.**
- 2. Athletes are expected to know the training rules as outlined by the coach for that given sport. Each coach is responsible for providing an orientation to these rules and the rules for their given sport.**
- 3. All equipment and uniforms issued to a player are to be worn ONLY at practice sessions or scheduled games. Each athlete is individually responsible for all equipment issued to him/her.**
- 4. Athletes MAY NOT participate in or go out for another sport if they HAVE NOT returned all of the equipment that has been issued to them for a previous sport. Please note: coaches will not be allowed to get their addendum if they do not have all equipment/uniforms turned in.**
- 5. Athletes must be in school one-half (½) day in order to compete in a contest or practice that day or night. Any exception must have the prior approval from the SJMS principal.**
- 6. Athletes shall be expected to dress properly when representing their school in all athletic contest, both home and away. They should attempt to create a positive image of themselves and their teams in the eyes of their fellow classmates, student body and the community.**
- 7. A player must be in good standing and not under disciplinary action (suspension) in order to be eligible for interscholastic competition. If an athlete receives an "F" that week, they may still practice; however, they MAY NOT compete or travel with the team. Grades are checked on Monday, a player is responsible to stay up to date with their own grades.**
- 8. Athletes need to notify the coach if they are going to be absent or late to practice. Unexcused absences from practice will result in disciplinary action by the coach. Attendance at practice can affect playing time. This will include leaving practice early.**
- 9. All team members shall travel to and from all out of town contest by means of transportation provided by the school.**
- 10. After a game, athletes may go home with their parents/guardians IF the parent verbally tells the coach.**
- 11. Athletes shall not go home with other adults, friends, or athletes without having prior written approval from the SJMS Athletic Director. A copy of the note will be given to the coach and the original copy will stay in the office. Coaches MAY NOT release a child to anyone by a phone call.**
- 12. Athletes shall not begin practice until the SJMS Athletic packet has been completed and filed in the office AND the one time \$20 sports fee has been paid.**

13. All athletes that are sick or injured must report it to the coach in charge immediately. Situations requiring medical attention will require a medical sheet submitted by the coach and to be turned into the SJMS office ASAP. After the injury, please note that athletes/parents will need to submit written permission from a doctor in order to resume activity.
14. Athletes with chronic physical problems that require daily taping or bracing etc. may be required to provide their own materials. The school cannot provide expensive braces or daily taping for extended periods. It is our intention to tape for games and emergency situations.

Academic eligibility "NO PASS NO PLAY" criteria

to determine student athlete's participation is as follows-

Grade checks will be every Monday. Monday morning your child will receive a red ineligibility slip if they have an "F". If your child receives a RED slip on Monday, they will have until 3:30 on Monday to get those grades taken care of and have the teacher sign the slip. Any unsigned red slips will result in your child's ineligibility for the week. Athletes who are ineligible ARE allowed to practice with the team. They may not dress out, participate in events or travel with the team. Academic success is very important. We want them to be great scholars and athletes.

Sports	When Offered	Grades that Can Participate
Softball	First 9 Week Grading Period	7th & 8th Grade Girls
Football	First 9 Week Grading Period	7th & 8th Grade Boys
Volleyball	Second 9 Week Grading Period	7th & 8th Grade Girls
Wrestling	Second 9 Week Grading Period	3rd - 8th Grade Boys 3rd graders may practice only
Basketball	Third 9 Week Grading Period	7th & 8th Grade Boys & Girls
Track	Fourth 9 Week Period	6th, 7th & 8th Grade Boys & Girls
Spiritline	First 9 weeks through the Third 9 weeks	7th & 8th Grade Girls

St. Johns Middle School

Parental or Legal Guardian Consent and Proof of Insurance Waiver

I/We give our permission for _____
To participate in organized interscholastic sports. We realize that such activity involves the potential for injury, which is inherent in all sports. I/We acknowledge that even with the best coaching, use of proper protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions the injuries can be so severe as to result in total disability, paralysis, or even death.

I/We also agree to provide medical insurance coverage for our student at our own expense and to carry that insurance in force for the duration of the sports participation. This insurance policy will include coverage for injuries incurred during participation in all interscholastic sports.

I/We acknowledge that I/We have read and understand this warning and insurance agreement.

I/We further acknowledge that I/We have read, understand and agree to, the basic White Mountain League rules and local school rules and policies including those included in the SJMS Athletic Packet. I/We further agree to abide by the decisions and interpretations of these rules by the athletic committee and/or administration.

Mother/Legal Guardian Signature Date

Father/Legal Guardian Signature Date

Student Athlete Signature Date

PROOF OF INSURANCE

Company Name _____ Employer _____

Policy/Group # _____

St. Johns Middle School Out of Town Travel Policy for Athletes

Parents- Please read, sign and have your student athlete return this form to the Middle School office.

Our policy states that student athletes must travel to and from out of town game sites on a bus/van provided by our school district.

The parent or legal guardian of a student athlete may take their child home from the away game, but the parent must be sure to personally speak with the coach before leaving the event.

A student athlete may NOT leave the event with a friend, adult or others without having prior written approval from the SJMS Athletic Director.

Coaches MAY NOT release a child to anyone by a phone call.

If you have any questions please call the SJMS office at 337-2132

Parent's Signature

Date

St. Johns Middle School

Athlete/Parent Code of Conduct

Coaches, athletes, and spectators are at all times representing the St. Johns Middle School and should always remember that their actions will influence others.

ATHLETE- I will-

1. Value my own personal integrity.
2. Strive for excellence
3. Willingly abide by the spirit of the rules as well as the letter of the rules throughout all games and practices.
4. Treat all athletes, officials and coaches with respect and courtesy.
5. Graciously accept constructive criticism.
6. Exhibit dignity in manner and dress when representing my school both on and off the court or playing field.
7. Recognize and value the contribution of each team member.
8. Be a graceful winner/loser.
9. Remember the importance of the team and teamwork. YOU are not the team, YOU are part of the team.

PARENTS/SPECTATORS- I will-

1. Recognize the official as a person of integrity and qualification, and respect the decisions accordingly.
2. Refrain from creating disturbances which would be detrimental to the flow of the game and/or the safety of the participants involved.
3. Show respect for ALL players, coaches and officials regardless of their own team loyalty. This is essential to raising the standards of good sportsmanship.
4. Cheering should be limited to encouraging words; spectators should refrain from taunting official or opponents.
5. Spectators who do not follow the code of conduct may be asked to leave an athletic contest whether home or away.

Athlete's Name _____ Date _____

Signature _____

Parent/Guardian Name _____ Date _____

Signature _____



2020-21 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

(The parent or guardian should fill out this form with assistance from the student-athlete)

Exam Date: _____

Name: _____
Home Address: _____
Phone: _____
Date of Birth: _____
Age: _____
Gender: _____
Grade: _____
School: _____
Sport(s): _____
Personal Physician: _____
Hospital Preference: _____

In case of emergency contact:
Name: _____
Relationship: _____
Phone (Home): _____
Phone (Work): _____
Phone (Cell): _____

Name: _____
Relationship: _____
Phone (Home): _____
Phone (Work): _____
Phone (Cell): _____

Explain "Yes" answers on the following page.
Circle questions you don't know the answers to.

	Y	N
1) Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you have an ongoing medical conditional (like diabetes or asthma)?	<input type="checkbox"/>	<input type="checkbox"/>
3) Are you currently taking any prescription or nonprescription (over-the-counter) medicines or supplements? (Please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>
4) Do you have allergies to medicines, pollens, foods or stringing insects? (Please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>
5) Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6) Has a doctor ever told you that you have (check all that apply): <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> A Heart Murmur <input type="checkbox"/> High Cholesterol <input type="checkbox"/> A Heart Infection		
7) Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>
8) Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
9) Have you ever had an injury (sprain, muscle/ligament tear, tendinitis, etc.) that caused you to miss a practice or game? (If yes, check affected area in the box below in question 11)	<input type="checkbox"/>	<input type="checkbox"/>
10) Have you had any broken/fractured bones or dislocated joints? (If yes, check affected area in the box below in question 11):	<input type="checkbox"/>	<input type="checkbox"/>
11) Have you had a bone/joint injury that required X-rays, MRI, CT, surgery, injections, rehabilitation physical therapy, a brace, a cast or crutches? (If yes, check affected area in the box below):	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder <input type="checkbox"/> Upper Arm <input type="checkbox"/> Elbow <input type="checkbox"/> Forearm		
<input type="checkbox"/> Hand/Fingers <input type="checkbox"/> Chest <input type="checkbox"/> Upper Back <input type="checkbox"/> Lower Back <input type="checkbox"/> Hip <input type="checkbox"/> Thigh		
<input type="checkbox"/> Knee <input type="checkbox"/> Calf/Shin <input type="checkbox"/> Ankle <input type="checkbox"/> Foot/Toes		

	Y	N
12) Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>
13) Have you ever been told that you have, or have you had an X-ray for atlantoaxial (neck) instability?	<input type="checkbox"/>	<input type="checkbox"/>
14) Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>
15) Has a doctor told you that you have asthma or allergies?	<input type="checkbox"/>	<input type="checkbox"/>
16) Do you cough, wheeze or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
17) Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>
18) Have you ever used an inhaler or taken asthma medication?	<input type="checkbox"/>	<input type="checkbox"/>
19) Were you born without, are you missing, or do you have a nonfunctioning kidney, eye, testicle or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
20) Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
21) Do you have any rashes, pressure sores or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
22) Have you had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
23) Have you ever had an injury to your face, head, skull or brain (including a concussion, confusion, memory loss or headache from a hit to your head, having your "bell rung" or getting "dinged")?	<input type="checkbox"/>	<input type="checkbox"/>
24) Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
25) Have you ever had numbness, tingling or weakness in your arms or legs after being hit, falling, stingers or burners?	<input type="checkbox"/>	<input type="checkbox"/>
26) While exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
27) Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
28) Have you ever been tested for sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>
29) Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
30) Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
31) Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
32) Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
33) Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
34) Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
35) Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
36) Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>

Females Only

	Y	N
37) Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
38) How old were you when you had your first menstrual period?	_____	
39) How many periods have you had in the last year?	_____	

Explain "Yes" Answers Here



2020-21 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

The physician should fill out this form with assistance from the parent or guardian.)

Student Name: _____

Date of Birth: _____

Patient History Questions: Please Tell Me About Your Child...

	Y	N
1) Has your child fainted or passed out DURING or AFTER exercise, emotion or startle?	<input type="checkbox"/>	<input type="checkbox"/>
2) Has your child ever had extreme shortness of breath during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
3) Has your child had extreme fatigue associated with exercise (different from other children)?	<input type="checkbox"/>	<input type="checkbox"/>
4) Has your child ever had discomfort, pain or pressure in his/her chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
5) Has a doctor ever ordered a test for your child's heart?	<input type="checkbox"/>	<input type="checkbox"/>
6) Has your child ever been diagnosed with an unexplained seizure disorder?	<input type="checkbox"/>	<input type="checkbox"/>
7) Has your child ever been diagnosed with exercise-induced asthma not well controlled with medication?	<input type="checkbox"/>	<input type="checkbox"/>

Family History Questions: Please Tell Me About Any Of The Following In Your Family...

	Y	N		Y	N
8) Are there any family members who had sudden/unexpected/unexplained death before age 50? (including SIDS, car accidents, drowning or near drowning)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9) Are there any family members who died suddenly of "heart problems" before age 50?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
10) Are there any family members who have unexplained fainting or seizures?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
11) Are there any relatives with certain conditions, such as:	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Enlarged Heart	<input type="checkbox"/>	<input type="checkbox"/>	Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)	<input type="checkbox"/>	<input type="checkbox"/>
Hypertrophic Cardiomyopathy (HCM)	<input type="checkbox"/>	<input type="checkbox"/>	Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)	<input type="checkbox"/>	<input type="checkbox"/>
Dilated Cardiomyopathy (DCM)	<input type="checkbox"/>	<input type="checkbox"/>	Marfan Syndrome (Aortic Rupture)	<input type="checkbox"/>	<input type="checkbox"/>
Heart Rhythm Problems	<input type="checkbox"/>	<input type="checkbox"/>	Heart Attack, Age 50 or Younger	<input type="checkbox"/>	<input type="checkbox"/>
Long QT Syndrome (LQTS)	<input type="checkbox"/>	<input type="checkbox"/>	Pacemaker or Implanted Defibrillator	<input type="checkbox"/>	<input type="checkbox"/>
Short QT Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	Deaf at Birth	<input type="checkbox"/>	<input type="checkbox"/>
Brugada Syndrome	<input type="checkbox"/>	<input type="checkbox"/>			

Explain "Yes" Answers Here

I hereby state that, to the best of my knowledge, my answers to all of the above questions are complete and correct. Furthermore, I acknowledge and understand that my eligibility may be revoked if I have not given truthful and accurate information in response to the above questions.

Signature of Athlete _____

Signature of Parent/Guardian _____

Date _____

Signature of MD/DO/ND/NMD/NP/PA-C/CCSP _____

Date _____



2020-21 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

Name: _____ Date of Birth: _____
 Age: _____ Sex: _____
 Height: _____ Weight: _____
 % Body Fat (optional): _____ Pulse: _____
 BP: ____ / ____ (____ / ____ / ____)
 Vision: R20/____ L20/____ Corrected: Y N
 Pupils: Equal Unequal

	Normal	Abnormal Findings	Initials *
Medical			
Appearance			
Eyes/Ears/Throat/Nose			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary &			
Skin			
Musculoskeletal			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hands/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

* Multi-examiner set-up only
& Having a third party present is recommended for the genitourinary examination

NOTES:

Cleared Without Restriction
 Cleared With Following Restriction: _____
 Not Cleared For: All Sports Certain Sports: _____ Reason: _____
 Recommendations: _____

Name of Physician (Print/Type): _____ Exam Date: _____
 Address: _____ Phone: _____
 Signature of Physician: _____, MD/DO/ND/NMD/NP/PA-C/CCSP