



**ST. JOHNS MIDDLE
SCHOOL**

ATHLETIC PACKET

**FOR SCHOLASTIC &
EXTRACURRICULAR
ACTIVITIES**

ST. JOHNS MIDDLE SCHOOL
QUICK CHECKLIST
FOR SCHOLASTIC & EXTRACURRICULAR
ACTIVITIES

THIS IS A QUICK CHECKLIST OF THINGS TO DO. BE SURE TO COMPLETE EACH ITEM PRIOR TO GOING OUT FOR A SPORT AT THE ST. JOHNS MIDDLE SCHOOL.

1. Read and be familiar with all the school rules. (SJMS Athletic Brochure, SJMS Student Code of Conduct Form, SJMS Student Handbook, Rules from each Sport, etc.)
2. Must have this SJMS Athletic Packet turned into the SJMS office. The Athletic Packet includes the following documents:
 - * A physical exam form to be filled out by a physician
 - * Waiver of Liability and Proof of Insurance Form. (New every year)
 - * A signed SJMS Student Code of Conduct Form. (New every year)
3. Please note that a student must have on file a copy of his/her birth certificate in the SJMS office.
4. Time Frame for Physicals: All Student who are new to SJMS, in fourth grade or entering Seventh grade must have a physical. (1st Physical Covers: 4th to 6th grade, and 2nd Physical Covers: Seventh and Eighth Grades Sports Seasons)
5. Be sure to fill out every part of every form. (Individuals must sign the Students Code of Conduct them selves, forged documents will result in loss of eligibility.)
6. Make sure you are academically eligible to play.
7. All paperwork must be turned in the SJMS OFFICE so that it can be properly recorded and clearance issued. Please take care of this well in advance of the start of practice. Please contact the SJMS Office if you have any questions.



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 part of a team, make new friends, get lots of exercise, and most of all - have fun.

As an athlete, you will be required to sign the Player/Parent Code of Conduct Form that is provided with this SJMS Athletic Packet.

Listed below are the SJMS - Basic Rules and Regulations for Practice and Interscholastic Competition Play. (In addition to each sport and/or coaches rules, these rules below will also need to be followed for all sports within the SJMS.

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 along with their parents will sign the Code of Conduct that is included in the SJMS Athletic Packet.
2. The athlete is expected to know the training rules as outlined by the coach for that given sport.
3. All equipment and uniforms issued to a player are to be worn only at practice sessions or scheduled games involving that particular sport. (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 equipment or paid the same. (Please note that coaches will not be allowed to get their addendum's if they do not have all equipment/uniforms in.)
5. Athletes must be in school one-half (1/2) day in order to compete in a contest or practice that day or night. (Any exception must have prior approval from the SJMS Principal.)
6. Athletes shall be expected to dress properly when representing their school in all athletic contests both home and away. They should attempt to create a positive image of themselves and their team in the eyes of their fellow classmates, student body, and the community in general.
7. Each coach is responsible for providing an orientation to these rules and the rules for that given sport.
8. 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 w/ the team. **GRADES ARE CHECKED WEEKLY!**)
9. Athletes need to notify the coach if they are going to be absent or late for a practice session.
10. Unexcused absence from practice will result in disciplinary action by the coach. (2 UNEXCUSED PRACTICES WILL BE DEALT WITH BY THE COACHES)
11. If an athlete misses practice the day before a game, they may not start that next day.
12. All team members shall travel to and from all out-of-town contests by means of transportation provided by the school. Special consideration will be given only in the case of injury, illness, or other unusual circumstances.

(Parents allowing their child(s) to travel home with other parents need to provide a note to the Athletic Director prior to the game - a copy will be given to the coach and the original will stay in the office!)

13. After a game, athletes can go home with their parents only if the coach is aware. (The parent must be the one to verbally tell the coach.)
14. Athletes shall not begin practice until the SJMS Athletic packet has been completed and filed in the Athletic Director's office.
15. Attendance at practice can affect playing time. This will include leaving practice early.
16. 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 coach and to be turned into SJMS office ASAP. After injury, please note that athletes/parents will need to submit written permission from a doctor in order to resume activity.
17. 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 participation is as follows:

1. Grade checks will be performed every Friday. As soon as the athlete goes through a grade check on Wednesday of that week without any failing grades from the Friday check, they come off the ineligibility list and can continue to play. NOTE: If a student has a failing grade in any subject they will be ineligible to participate in any extra-curricular activity. They will be allowed to practice, but may not wear their uniforms to school on game day, travel with the team or participate in the game. If at the next grade check they have all passing grades they are restored to full eligibility. (The first grade check of the year will be on the third Friday of the Beginning of the School Year and a grade check will be conducted each week thereafter. All teachers are required to keep their grades updated and have all necessary grades entered into the computer before grades are printed and delivered to athletes on each Friday morning. Every Friday the respective coaches/teachers will be given a list of ineligible players. It is the coach's responsibility to inform their players of their eligibility status. The purpose of the new process is to ensure that all our students have a greater opportunity to maintain scholastic eligibility! We want them to succeed on and off the court, mat or playing field!)
2. The principal or designee will certify a student's ineligibility status following the ineligibility certification. The student becomes ineligible to participate in any extracurricular activity by the end of the school day on which the ineligibility is certified by the administrator. An ineligible student may NOT travel with the club or team.

Extracurricular activities/interscholastic competition that we offer at our school are the following activities:

<u>SPORTS</u>	<u>WHEN OFFERED</u>	<u>STUDENTS THAT CAN PARTICIPATE</u>
SOFTBALL	FIRST 9 WEEK GRADING PERIOD	7 TH & 8 TH GRADE GIRLS
FOOTBALL	FIRST 9 WEEK GRADING PERIOD	7 TH & 8 TH GRADE BOYS
VOLLEYBALL	SECOND 9 WEEK GRADING PERIOD	7 TH & 8 TH GRADE GIRLS
WRESTLING	SECOND 9 WEEK GRADING PERIOD	4 TH THROUGH 8 TH GRADERS
BASKETBALL	THIRD 9 WEEK GRADING PERIOD	7 TH & 8 TH GRADE GIRLS AND BOYS
TRACK	FOURTH 9 WEEK GRADING PERIOD	5 TH THROUGH 8 TH GRADERS



2015-2016 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

(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
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"/>
9) Are there any family members who died suddenly of "heart problems" before age 50?	<input type="checkbox"/>	<input type="checkbox"/>
10) Are there any family members who have unexplained fainting or seizures?	<input type="checkbox"/>	<input type="checkbox"/>
11) Are there any relatives with certain conditions, such as:	<input type="checkbox"/>	<input type="checkbox"/>
Enlarged Heart	<input type="checkbox"/>	<input type="checkbox"/>
Hypertrophic Cardiomyopathy (HCM)	<input type="checkbox"/>	<input type="checkbox"/>
Dilated Cardiomyopathy (DCM)	<input type="checkbox"/>	<input type="checkbox"/>
Heart Rhythm problems:	<input type="checkbox"/>	<input type="checkbox"/>
Long QT Syndrome (LQTS)	<input type="checkbox"/>	<input type="checkbox"/>
Short QT Syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Brugada Syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)	<input type="checkbox"/>	<input type="checkbox"/>
Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)	<input type="checkbox"/>	<input type="checkbox"/>
Marfan Syndrome (Aortic Rupture)	<input type="checkbox"/>	<input type="checkbox"/>
Heart Attack, age 50 or younger	<input type="checkbox"/>	<input type="checkbox"/>
Pacemaker or Implanted Defibrillator	<input type="checkbox"/>	<input type="checkbox"/>
Deaf at Birth (Congenital Deafness)	<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/PAC/CCSP _____

Date: _____



2015-2016 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

(The Parent or Guardian should fill out this form with assistance from the student athlete.)

Exam Date: _____

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

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

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

Explain "Yes" answers on 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"/> | <input type="checkbox"/> |
| 2) Do you have an ongoing medical condition (like diabetes or asthma)? | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| 4) Do you have allergies to medicines, pollens, foods, or stinging insects?
(Please specify): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Does your heart race or skip beats during exercise? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Has a doctor ever told you that you have (check all that apply):
High Blood Pressure <input type="checkbox"/> A Heart Murmur <input type="checkbox"/> High Cholesterol <input type="checkbox"/> A Heart Infection <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Have you ever spent the night in the hospital? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Have you ever had surgery? | <input type="checkbox"/> | <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, circle affected area in the box below): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| * 10) Have you had any broken/fractured bones or dislocated joints?
(If yes, circle affected area in the box below): | <input type="checkbox"/> | <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, circle 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"/> | Low 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 <input type="checkbox"/> | |



2015-2016 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

Name:	Date of Birth:
Age:	Sex:
Height:	Weight:
% Body fat (optional):	Pulse:
	BP: ___/___ (___/___/___)
Vision: R20/___ L20/___	Corrected: Y <input type="checkbox"/> N <input type="checkbox"/>
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/Hand/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

* Multi-examiner set-up only.

† Having a third party present is recommended for the genitourinary examination.

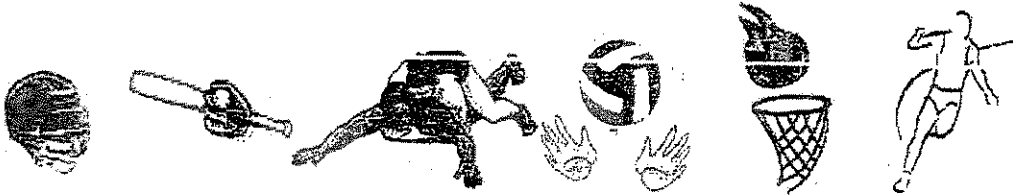
NOTES: _____

Cleared Without Restriction
 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



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, realizing 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, quadriplegic, 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 the SJMS Code of Conduct, as they are outlined in the SJMS Code of Conduct Form, the SJMS Athletic Handbook and Brochure. And further agree to abide by the decisions and interpretations of these rules by the athletic committee and/or administration.

 Date _____
 Father/Legal Guardian Signature

PROOF OF INSURANCE

Company Name _____

 Date _____
 Mother/Legal Guardian Signature

Policy/Group # _____

 Date _____
 Student Signature

Employer _____

Please fill out and sign this form on the necessary lines and return it to the Athletic Director. This must be on file before participation will be allowed.



ST. JOHNS MIDDLE SCHOOL

Player/Parent

Code of Conduct Form

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

Players:

1. Value one's 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 players, officials and coaches with respect and courtesy.
5. Graciously accept constructive criticism.
6. Exhibit dignity in manner and dress when representing one's school both on and off the court or playing field.
7. Recognize and value the contribution of each team member.
8. Keep the importance of winning in perspective with regard to other objectives.
9. Emphasize the importance of the team over the self.

Parents/Spectators:

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 for raising the standards of good sportsmanship.
4. Cheering should be limited to encouraging words; spectators should refrain from taunting officials or opponents.
5. Spectators who do not follow the code of conduct may be asked to leave an athletic contest.

Name: _____ Position: Player
 Signature: _____ Date : _____

Name: _____ Position: Parents
 Signature: _____ Date : _____

ST. JOHNS MIDDLE SCHOOL OUT OF TOWN TRAVEL POLICY FOR ATHLETES

Parents,

Please read, sign and have your child return this to Mrs. Carpenter. Thank you

Our policy states that students must travel to and from out of town game sites on a bus, van that is provided by our district.

If you are at your child's game and want to take them home after the game ~~is over~~ you must notify his/her coach in person that you are taking them with you.

If you are not at the game and wish for your child to ride home with another adult, you must fill out this form, sign it and return it to the Athletic Director before the scheduled game day.

Handwritten notes are accepted as long as it has the information asked for below and was signed by you and given to the AD before or the morning of the travel day.

COACHES MAY NOT RELEASE A CHILD TO ANYONE BY A PHONE CALL.

The A.D will keep the original on file, make a copy and give it to the coach so he will have it for every game.

If you have any questions call Heather Carpenter at 337-2255 ext. 2228

Parents signature

Date

Alternate Travel Home Permission Form

I give my child _____ permission to ride home with:

Parents signature

Date