

Athletics Guidelines FRGMS

2014-2015

Required forms/tentative deadlines: Submit all 4 of these forms to the MS Office. [SUBMIT ONCE PER YEAR]

--Appendix B

--Concussion Policy

--Release and Indemnity

--Physical form

Forms are available to download and print from the Middle School website under Athletic Guidelines at www.dist3.org Forms should be submitted at least one week prior to the activity start date. Students will not be allowed to attend try outs or to participate in the activity if all 4 forms are not received.

Fall Sports:

- **Cross Country* (all 4 forms must be submitted before starting practice) Optional practice: 8/4/14 – 8/20/14. Regular practice begins 8/21/13.
- *Girls Basketball, Boys Soccer* (all 4 forms requested by August 21, 2014) Tryouts 8/25, 8/26 & 8/27.
- *Boys Basketball, *Cheerleading* (all 4 forms request by October 8, 2014)

Winter Sports:

- *Boys & Girls Volleyball* (all 4 forms requested by December 8, 2014)

Spring Sports:

- *Girls Soccer* (all 4 forms requested by March 3, 2015)
- **Track* (all 4 forms requested by March 3, 2015)

*Denotes non-cut sports

Track and Cross Country are open to 5th graders

Fox River Grove Middle School Concussion Policy Information and Sign-off

A concussion is a brain injury. It is 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. A concussion can range from mild to severe and 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.** Even a “ding” or a bump on the head can be serious. You can’t see a concussion and most concussions occur without loss of consciousness. Signs and symptoms of a concussion may appear right after the injury or take hours or days to fully appear. If your child reports any symptoms of a concussion, or if you notice the symptoms or signs of a concussion, seek medical attention right away.

| Symptoms Reported by Student-Athlete: | Signs observed by others: |
|---------------------------------------|-------------------------------------------------------------|
| • Headache | • Loss of consciousness |
| • Nausea | • Appears dazed |
| • Balance problems or dizziness | • Confused about play/assignment or forgets play/assignment |
| • Blurred, double, or fuzzy vision | • Unsure of game, score, or opponent |
| • Sensitivity to light or noise | • Clumsiness |
| • Fogginess or grogginess | • Slowly responds to questions |
| • Drowsiness or sluggishness | • Slurred speech |
| • Concentration or memory problems | • Behavior or personality changes |
| • Confusion | • Can’t recall events prior to or after injury |
| | • Seizures or convulsions |
| | • Vacant facial expression |

What can happen if my child keeps on playing with a concussion or returns too soon?

A student-athlete with the signs/symptoms of a concussion should be removed from play immediately. Continuing to play with the signs/symptoms of a concussion leaves the student-athlete vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after a concussion occurs, particularly if the student-athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. Student-athletes sometimes fail to report injury symptoms. Concussions are no different. Education of administrators, coaches, parents and students is the key to the safety of student-athletes.

Return to Play (RTP) Policy

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. The Return-to- Play Policy of the IESA and IHSA requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest. In accordance with state law, all schools are required to follow this policy.

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/>

I acknowledge having received and read a copy of the Board policy 7:305, Student Athlete Concussions and Head Injuries.

Student-athlete Name Printed

Student-athlete Signature

Date

I acknowledge having received and read a copy of the Board policy 7:305, Student Athlete Concussions and Head Injuries and the Concussions Information sheet above.

Name of Parent or Legal
Guardian (Printed)

Parent or Legal Guardian
(Signature)

Date

Student's Year of Graduation: _____

Students

Student Athlete Concussions and Head Injuries

The Superintendent or designee shall develop and implement a program to manage concussions and head injuries suffered by student athletes. The program shall:

1. Comply with the concussion protocols, policies, and by-laws of the IESA and IHSA, including its *Protocol for NFHS Concussion Playing Rules* and its *Return to Play Policy*. These specifically require that:
 - a. A student athlete who exhibits signs, symptoms, or behaviors consistent with a concussion in a practice or game shall be removed from participation or competition at that time.
 - b. A student athlete who has been removed from an interscholastic contest for a possible concussion or head injury may not return to that contest unless cleared to do so by a physician licensed to practice medicine in all its branches in Illinois or a certified athletic trainer.
 - c. If not cleared to return to that contest, a student athlete may not return to play or practice until the student athlete has provided his or her school with written clearance from a physician licensed to practice medicine in all its branches in Illinois or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches in Illinois.
2. Inform student athletes and their parents/guardians about this policy in the *Agreement to Participate* or other written instrument that a student athlete and his or her parent/guardian must sign before the student is allowed to participate in a practice or interscholastic competition.
3. Provide coaches and student athletes and their parents/guardians with educational materials from the IESA/IHSA regarding the nature and risk of concussions and head injuries, including the risks inherent in continuing to play after a concussion or head injury.

LEGAL REF.: 105 ILCS 5/10-20.53.

CROSS REF.: 4:170 (Safety), 7:300 (Extracurricular Athletics)

ADOPTED: December 12, 2011



Pre-participation Examination



To be completed by athlete or parent prior to examination.

Name _____ School Year _____
Last First Middle

Address _____ City/State _____

Phone No. _____ Birthdate _____ Age _____ Class _____ Student ID No. _____

Parent's Name _____ Phone No. _____

Address _____ City/State _____

HISTORY FORM

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.
 Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

| GENERAL QUESTIONS | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason? | | |
| 2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____ | | |
| 3. Have you ever spent the night in the hospital? | | |
| 4. Have you ever had surgery? | | |
| HEART HEALTH QUESTIONS ABOUT YOU | Yes | No |
| 5. Have you ever passed out or nearly passed out DURING or AFTER exercise? | | |
| 6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? | | |
| 7. Does your heart ever race or skip beats (irregular beats) during exercise? | | |
| 8. Has a doctor ever told you that you have any heart problems? If so, 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 <input type="checkbox"/> Kawasaki disease Other: _____ | | |
| 9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram) | | |
| 10. Do you get lightheaded or feel more short of breath than expected during exercise? | | |
| 11. Have you ever had an unexplained seizure? | | |
| 12. Do you get more tired or short of breath more quickly than your friends during exercise? | | |
| HEART HEALTH QUESTIONS ABOUT YOUR FAMILY | Yes | No |
| 13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? | | |
| 14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia? | | |
| 15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? | | |
| 16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? | | |
| BONE AND JOINT QUESTIONS | Yes | No |
| 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? | | |
| 18. Have you ever had any broken or fractured bones or dislocated joints? | | |
| 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? | | |
| 20. Have you ever had a stress fracture? | | |
| 21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism) | | |
| 22. Do you regularly use a brace, orthotics, or other assistive device? | | |
| 23. Do you have a bone, muscle, or joint injury that bothers you? | | |
| 24. Do any of your joints become painful, swollen, feel warm, or look red? | | |
| 25. Do you have any history of juvenile arthritis or connective tissue disease? | | |

| MEDICAL QUESTIONS | Yes | No |
|---------------------------------------------------------------------------------------------------------------------|-----|----|
| 26. Do you cough, wheeze, or have difficulty breathing during or after exercise? | | |
| 27. Have you ever used an inhaler or taken asthma medicine? | | |
| 28. Is there anyone in your family who has asthma? | | |
| 29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ? | | |
| 30. Do you have groin pain or a painful bulge or hernia in the groin area? | | |
| 31. Have you had infectious mononucleosis (mono) within the last month? | | |
| 32. Do you have any rashes, pressure sores, or other skin problems? | | |
| 33. Have you had a herpes or MRSA skin infection? | | |
| 34. Have you ever had a head injury or concussion? | | |
| 35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems? | | |
| 36. Do you have a history of seizure disorder? | | |
| 37. Do you have headaches with exercise? | | |
| 38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? | | |
| 39. Have you ever been unable to move your arms or legs after being hit or falling? | | |
| 40. Have you ever become ill while exercising in the heat? | | |
| 41. Do you get frequent muscle cramps when exercising? | | |
| 42. Do you or someone in your family have sickle cell trait or disease? | | |
| 43. Have you had any problems with your eyes or vision? | | |
| 44. Have you had any eye injuries? | | |
| 45. Do you wear glasses or contact lenses? | | |
| 46. Do you wear protective eyewear, such as goggles or a face shield? | | |
| 47. Do you worry about your weight? | | |
| 48. Are you trying to or has anyone recommended that you gain or lose weight? | | |
| 49. Are you on a special diet or do you avoid certain types of foods? | | |
| 50. Have you ever had an eating disorder? | | |
| 51. Have you or any family member or relative been diagnosed with cancer? | | |
| 52. Do you have any concerns that you would like to discuss with a doctor? | | |
| FEMALES ONLY | Yes | No |
| 53. Have you ever had a menstrual period? | | |
| 54. How old were you when you had your first menstrual period? | | |
| 55. How many periods have you had in the last 12 months? | | |

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____



Pre-participation Examination



PHYSICAL EXAMINATION FORM

Name _____

Last

First

Middle

| EXAMINATION | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------|
| Height _____ | Weight _____ | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| BP _____ / _____ (_____ / _____) | Pulse _____ | Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N |
| MEDICAL | NORMAL | ABNORMAL FINDINGS |
| Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) | | |
| Eyes/ears/nose/throat • Pupils equal • Hearing | | |
| Lymph nodes | | |
| Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI) | | |
| Pulses • Simultaneous femoral and radial pulses | | |
| Lungs | | |
| Abdomen | | |
| Genitourinary (males only) ^b | | |
| Skin • HSV, lesions suggestive of MRSA, tinea corporis | | |
| Neurologic ^c | | |
| MUSCULOSKELETAL | | |
| Neck | | |
| Back | | |
| Shoulder/arm | | |
| Elbow/forearm | | |
| Wrist/hand/fingers | | |
| Hip/thigh | | |
| Knee | | |
| Leg/Ankle | | |
| Foot/toes | | |
| Functional • Duck-walk, single leg hop | | |

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

On the basis of the examination on this day, I approve this child's participation in interscholastic sports for 395 days from this date.

Yes _____ No _____ Limited _____ Examination Date _____

Additional Comments:

Physician's Signature _____ Physician's Name _____

Physician's Assistant Signature* _____ PA's Name _____

Advanced Nurse Practitioner's Signature* _____ ANP's Name _____

*effective January 2003, the IHSA Board of Directors approved a recommendation, consistent with the Illinois School Code, that allows Physician's Assistants or Advanced Nurse Practitioners to sign off on physicals.

APPENDIX B - EXTRA-CURRICULAR/ATHLETIC TEAM GUIDELINES

Fox River Grove School District 3 recognizes its athletes as students, members of our school community, representatives of our school, and finally as athletes. With this in mind, the District Athletics Program has established the following objectives:

- To instill good sportsmanship
- To develop a competitive skill level and knowledge of each sport in each participant
- To provide the best instruction in skill and attitude as possible
- To provide an excellent opportunity for maximum participation in athletic or other activities

Due to the current fee structure for athletics, all athletes that dress for a regular season contest will play a minimum of 25% of the athletic contest. This does not include conference tournaments, although coaches will attempt to maximize playing time.

To achieve these objectives, it is imperative that the following guidelines be adhered to by all students, parents, and coaches. **THERE SHALL BE NO EXCEPTIONS TO THESE GUIDELINES.**

1. Prior to trying out for any team, all athletes must have a release of indemnity agreement, a current physical and a copy of our Concussion Policy Information and Sign-off sheet on file in the school office . **These documents are due one week prior to the start of try outs.** Physicals are current for one year from the date of the physical. It is highly recommended that you schedule your child’s physical during the summer so that it applies to the entire school year. If necessary to obtain a sports physical during the school year, please avoid scheduling the appointment during school hours. If a student’s physical lapses during the course of an activity, the student will be excluded from further participation in that activity.
2. At the beginning of each sport’s season, a parent-athlete meeting will be held at the end of the first practice to explain the athletic guidelines and to distribute practice and games schedules. If a coach has additional team rules, they will be presented in writing at this meeting. Parents are encouraged to attend, but minimally athletes must return athletic guidelines signed by a parent/guardian prior to participating in the next practice.
3. When the number of students trying out exceeds the maximum number, a cut will be necessary. If a cut is necessary, students must make 2 of 3 tryouts and first consideration will be given to those attending all three tryouts.
4. All athletes shall be evaluated in a fair and consistent manner. The evaluation should center on: **SKILL, SPORTSMANSHIP AND EFFORT.** Other considerations would be: conditioning, adaptability, speed/athleticism, and knowledge of games and team concepts.
5. Team (conference) sizes will be as follows:

| | <u>Min</u> | <u>Max</u> | | <u>Min</u> | <u>Max</u> |
|--------------------------------------------------|------------|------------|----------------------------------------------------|------------|------------|
| Boys 7th Basketball | 8 | 12 | Girls 7th Basketball | 8 | 12 |
| Boys 8th Basketball | 8 | 12 | Girls 8th Basketball | 8 | 12 |
| Boys 7th Volleyball | 8 | 12 | Girls 7th Volleyball | 8 | 12 |
| Boys 8th Volleyball | 8 | 12 | Girls 8th Volleyball | 8 | 12 |
| Boys Soccer (6 th -8 th) | 15 | 20 | Girls Soccer (6 th -8 th) | 15 | 20 |
| Cheerleading (6 th -8 th) | 15 | NC | Cross-Country (5 th - 8 th) | 12 | NC |
| Scholastic Bowl | 8 | NC | Track (5 th -8 th) | 30 | NC |

*NC = No cuts

All teams can keep 0, 1 or 2 non-playing managers who are not subject to participation fee. Sixth graders may try-out for the seventh grade teams.

| <u>Clubs/Activities</u> | <u>Min</u> | <u>Max</u> | <u>Clubs/Activities</u> | <u>Min</u> | <u>Max</u> |
|-------------------------|------------|------------|-------------------------|------------|------------|
| Play | 20 | NC | Beta Club | 20 | NC |
| Art Club | 20 | NC | Chorus | 25 | NC |
| Band | 25 | NC | Jazz Band | 12 | NC |

6. The following activity fees per participant are necessary to partially fund each activity. Fees are based upon parent/community volunteers. Fees may be reduced upon receipt of donated funds specific to said activity. Uniforms may not be distributed to students until fees are paid or payment arrangements have been made with the middle school principal.

- \$100: Soccer, Softball, Volleyball, Basketball and Scholastic Bowl
- \$75: Band, Cross Country and Gifted
- \$50: Chorus, Track, Cheerleading and Art Club
- \$35: Jazz Band
- \$20: Beta Club
- No Fees due to self funding: Play (admission) 8th Grade Activities (fundraising)

***Note:**

- 5th grade students who enroll in both chorus and band at the beginning of the year will be charged a combined fee of \$100.00
- For the 2014-2015 school year, there will be a discount in athletic participation fee for athletes participating in 2 sports simultaneously as follows:
 - Cross Country, Boys' Soccer and Girls' Basketball – total fee will be \$125
 - Girls' Soccer and Track – total fee will be \$100

***If funding for minimum team/group sizes are not received by the fee deadline below, the extra-curricular activity will be canceled.**

All activity fees are due **prior** to the first date of the activity or conference game/match if athletic. There is no refund of an activity fee for a student being removed from any extra-curricular activity or who quits the activity.

Note: During athletic sports seasons, in accordance with IESA rules and regulations, all piercings must be removed for play/participation. No exceptions are made for new piercings and activity fees will not be reimbursed.

7. An athlete must ride the bus to and from a school sponsored activity. Exceptions to this rule will only be granted to a contest in an emergency situation and if a written request is given to the office and signed by the child's parent. Parents who wish to take their student home from an event must sign their student out with the coach after the event. The coach must see the child with the parent when signing out. **Note:** Any student riding home with another parent or family member from an event must have a pre-approved note from the parent with a signature signed by the middle school office or athletic director, or a documented direct verbal communication with the athletic director."

8. An athlete must attend all practices and games except for the following reasons: a) illness; b) emergency; c) a doctor's appointment that cannot be rescheduled at any other time; d) family vacations; e) death in the family; or f) conflicts with other scheduled school activities (arrangements must be made with respective activity sponsor), g) other absences approved in advance by the coach/sponsor.
9. The second unexcused absence results in the athlete missing one game. A third unexcused absence results in the athlete missing two consecutive games (for a total of three). The fourth unexcused absence results in removal from the team.
10. Athletes/students must be in attendance for a minimum of four full academic periods (not including lunch or study hall) on the day of a game/activity in order to participate in the after school/evening event. Exceptions are made due to a funeral of a family member.

*if a child leaves school early due to illness (regardless of academic periods attended) the student will not be able to participate in the after school/evening event.

11. All athletes and scholastic bowl participants, and school play/musical participants must keep their work at a satisfactory level in order to play/participate in their respective event. Students cannot have 2 "D's (D+, D or D-) or any failing "F" grades.
12. Each Friday, teachers will let the director or Athletic Director know if an athlete's/participant's school work is unsatisfactory. The athlete/participant will be notified of ineligibility status and it is his/her responsibility to notify parents. Any athlete/participant who is ineligible for a total of three weekly periods due to unsatisfactory school work will be dropped from the team/event. The first week of a marking period (each quarter) and weeks with fewer than 4-days will be counted with the following week regarding eligibility.
 - An ineligible athlete/scholastic bowl participant will remain so for that week, (Monday through Sunday) regardless of the number of games.
 - An ineligible annual play/musical participant may only attend practices a maximum of 3-days per week.

During the week of ineligibility:

1. He/she is to attend practice.
2. He/she may not attend home or away games. They should be home working on improving grades.

13. Athletes are expected to follow school, classroom, and team rules. They are expected to project an image of positive leadership in the school and to show respect to students and teachers alike. If an athlete must serve a detention because of discipline consequences, the coach will be notified by the building principal. If a second detention is issued, the coach will again be notified by the principal, and the athlete will miss the next game that he/she attends. If an athlete receives three detentions within the season, he/she will be dropped from the team.

In-school isolation or suspension will result in an athlete missing any games during the consequence, or at least one game. A second in-school isolation or suspension will result in removal from the team.

If a student athlete must miss a game due to disciplinary reasons, he/she is to attend the game, not in uniform, and will be under the supervision of the head coach or sponsor; this means on the bench or with the sponsor.

14. Use or possession of alcohol, inhalants, tobacco, or controlled substances, or misuse of non-prescription drugs or look-alikes (including steroids), will be considered a violation of the student athletic guidelines. On the first offense any student athlete found using or possessing these items at **ANY TIME OR ANY PLACE** will be **prohibited** from participation in any school related activity for the next 15 days that school is in session; however, the athlete must attend practices. On the second offense the student will be prohibited from participation in any inter-scholastic sport for the remainder of the school year.
15. Each athlete is issued a uniform, and it is her/her responsibility to return it in good condition at the end of the season to their coach or athletic director if their coach is not a staff member. Uniforms should be returned in a bag clearly labeled with the student's name. If it is not returned within two weeks after the season ends, it is the parent's responsibility to pay for the missing uniform.
16. A student athlete who exhibits signs, symptoms, or behaviors consistent with a concussion in a practice or game will be removed from participation or competition at that time. A student athlete who has been removed from an interscholastic contest for a possible concussion or head injury may not return to that contest unless cleared to do so by a physician licensed to practice medicine in all its branches in Illinois or a certified athletic trainer. If not cleared to return to that contest, a student athlete may not return to play or practice until the student athlete has provided his or her school with written clearance from a physician licensed to practice medicine in all its branches in Illinois or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches in Illinois.
17. Students/athletes should be picked up by a parent or adult authorized by a parent immediately upon the conclusion of practice, home games and school bus arrival at school from an away game. Please be considerate of our volunteer coaches' time and pick your students up promptly.

We have read and agree to abide by all these stated guidelines. Any violation of such stated guidelines may result in disciplinary action or removal from the team.

STUDENT: _____ **DATE:** _____

PARENT: _____ **DATE:** _____