



ATHLETICS PARTICIPATION FORMS PACKET

FOOTBALL | X-COUNTRY | VOLLEYBALL | BASKETBALL | WRESTLING | TRACK

Please fill out **all** forms (*some are front and back*) in this packet starting with the information below and return to the office as a complete packet at the same time (*not piecemeal please.*) Please also submit your **athletic fee** payment (\$35 per sport) with these forms. We accept cash, check (*made out to EVMS with the student's name written in the notes section on the check*) or credit card payment at MySchoolBucks.com.

Please note that **Sports Physicals** are good for one calendar year from the date of last physical. If your child's sports physical on file here at the EVMS office is still valid when you are filling out these forms please check the appropriate box below. Only if you have checked the appropriate box below may you eliminate the sport physical form from this packet when handing into the office. Questions? Please call the EVMS Office at 970.328.6224. Thank you.

STUDENT NAME: _____ **GRADE:** _____
(Please Print)

SCHOOL: (circle one) EVMS / Stone Creek / Homeschool

PARENT(s) NAME: _____
(Please Print)

PARENT(s) EMAIL: _____

PARENT(s) PHONE: _____

Check one:

- My child's sports physical is still current at this time and on file in the EVMS office.
- My child's **new** sports physical is attached/in this packet.

Eagle Valley Middle

Principal Katie Jamot
Assistant Principal Harry McQueeney



Eagle Valley Middle School Athletic/Activity Contract

Dear Participant:

Congratulations on your choice to participate in the athletic/activity program at Eagle Valley Middle School. In order to promote the ideals of good sportsmanship, respect for rules, leadership, team pride, individual pride, and teamwork, the following rules have been established. A student who receives a Behavior Referral may be ineligible to participate in activities, events or competitions.

1. Citizenship: Each participant represents the school and should exhibit the highest standard of morals, integrity, good sportsmanship, and citizenship both as a student in school and as a citizen in the community. Any behavior that violates this principle is not acceptable. While at school, all participants will abide by school rules as set forth by the school discipline code. They shall demonstrate the utmost respect to administrators, teachers, and maintenance personnel at all times. A student who receives a Behavior Referral may be ineligible to play in any contests for a week (7 days) from the date of the Referral. An athlete who is suspended from school will not be permitted to participate during the suspension period.

2. Clothing: During every school day, students are expected to dress neatly. On days of events, participants will wear appropriate team dress as determined by the head coach or sponsor. No earrings, watches or jewelry are to be worn during practice or athletic events.

3. Equipment: Participants are responsible for all equipment signed out to them. Any equipment ruined by washing or any other means will need to be replaced at the student's expense. Any equipment lost will be paid for by the time of the next event or you will not be allowed to participate in the next event. No athletic equipment issued by the school may be worn except during practices or contests unless otherwise directed by the coach/sponsor.

4. Lockers: No one will be allowed in the team locker room without a coach unless directed to be so by the coach. Athletes will be assigned one locker for the season. The locker will be kept clean and organized at all times. Sanitation is very important to prevent infections, etc. An athletic lock will be issued to the athlete for his/her locker.

5. Attendance: Any participant who does not attend school by 12:00 on the day of practice or an event may not dress out for that practice or event. An athlete who does not dress out for P.E. will not participate in the contest that day. A participant who is at school but misses practice (without a note from the parent) will not participate in the next event; if a note is received from the parent verifying that the missed practice was excusable, they may participate in the next event, but the amount of participation may be less. If you are going to be absent from practice, notify your coach/sponsor before practice. A participant will be dropped from the team on their second unexcused absence from practice.

Cut-Off: There is a two day cut-off procedure for the start of any athletic season. If the athlete does not have a physical completed or proof of insurance on file at school or if the participant does not come out for the first two practices, he/she may not be permitted to participate.

6. Grades: To remain eligible to participate, the student must not fail two subjects during a week's grading period. Weekly checks will be done to monitor each student's progress. An ineligible athlete remains so until the grading period the following week (7 days). If grades are not raised by the 2nd consecutive week, the participant will be dismissed from the team/activity. An ineligible student is not to ride the team bus to events but will be permitted to sit with the team if they are in attendance at the event. Homework help is available for ineligible athletes.

I have read and understand the EVMS Athletic/Activities Contract, and I agree to abide by it.

Student's name (PLEASE PRINT)

Student's Signature

Date

Parent's name (PLEASE PRINT)

Parent's Signature

Date

Notes: This contract is to be reviewed with and handed out to all participants on the first or second day of practice. This contract must be signed by the participant and the parent and returned to the coach within one week of being handed out. If the contract is not signed and returned by the due date, the participant will not be permitted to practice until it is signed and returned

pho: 970 328-6224 fax: 970 328-8915

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Eagle Valley Middle

Principal Katie Jamot
Assistant Principal Harry McQueeney



Eagle Valley Middle School No Contact Rule

Most people are aware of incidences of negative parent-coach contact. Many schools are now instituting and enforcing policies that insure that complaints parents may have with a coach are dealt with in a constructive fashion. As you know, coaches spend a lot of time with your students. They try to make the best decisions they can on a daily basis. As parents we sometimes become frustrated when our child does not make the "A" team, play as much as we think they should, or we don't agree with a coach's philosophy. The person that is affected most is the athlete if an abusive situation with a parent/coach confrontation develops. In the heat of the moment words can fly and tempers explode that everyone wishes would not have been said and could be taken back the next day

The Eagle Valley High School Athletic Department has received much input from parents and coaches concerning this problem. We, at Eagle Valley Middle School agree with their findings and resulting plan. As is typical at EVHS, we have now instituted a **no negative contact/non-abusive contact rule** with all coaching staff at EVMS. This means that any negative or abusive contact from a parent before, after, or during an athletic event (including phone calls to a coach's home) will result in the suspension of both the player and the parent for two games.

This does not mean that parents are excluded from expressing their opinion and their concerns. Parents who feel they have legitimate concerns need an avenue in which to air them. If you have a concern, please address your concern through a written complaint and call Harry McQueeney, Eagle Valley Middle School Athletic Director at 328-6224. The letter should be sent to henry.mcqueeney@eagleschools.net. A meeting will be set up and all parties concerned will have the opportunity to discuss the issue. Hopefully, by addressing concerns in a constructive way the issue can be resolved and relationships between parent/coaches will be more positive.

Please understand we are doing everything we can to maintain the integrity of our sport programs at EVMS. We are all here for the student athletes. Let's show them how adults resolve conflict in a positive manner.

I _____, parent of _____ understand that if I have a concern with a coach or athletic program I will address it with a letter the following day (i.e., "the Morning After Technique"). I will be contacted within one week (7 days) after the Athletic Director receives my letter for an update of the status of my concern. I understand that if I am abusive verbally or physically to a coach before, during or after a game my son/daughter and I/we will be suspended from the next two games/matches.

Student's name (PLEASE PRINT)

Student's Signature

Date

Parent's name (PLEASE PRINT)

Parent's Signature

Date

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Eagle Valley Middle

Principal Katie Jarnot
Assistant Principal Harry McQueeney



Student Name: _____ Grade: _____
(Please Print)

INSURANCE WAIVER

I understand that interscholastic and extracurricular athletics and activities may, by their very nature, put my child/ward in situations where serious, catastrophic, and perhaps even fatal accidents may occur. No amount of instruction, supervision, training or precaution will totally eliminate all risk of injury. I further understand that Eagle County School District RE-50J ("District") does not provide accident of health insurance coverage for participation in athletic activities, and that insurance is made available by the District for me to purchase through an outside, third-party provider. I further understand that it is my responsibility, as parent/legal guardian to provide health/accident insurance coverage for my child/ward.

I hereby certify my child/ward DOES DOES NOT have health/accident insurance coverage.

I hereby certify that I assume full and complete financial responsibility for any and all costs incurred due to any injury or accident occurring during my student's participation in the athletic program, including but not limited to costs for emergency medical attention or treatment.

Parent Name (printed)

Date

Parent Signature

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5-14).

| 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* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI) | | | |
| Pulses • Simultaneous femoral and radial pulses | | | |
| Lungs | | | |
| Abdomen | | | |
| Genitourinary (males only)* | | | |
| Skin • HSV, lesions suggestive of MRSA, tinea corporis | | | |
| Neurologic* | | | |
| MUSCULOSKELETAL | | | |
| Neck | | | |
| Back | | | |
| Shoulder/arm | | | |
| Elbow/forearm | | | |
| Wrist/hand/fingers | | | |
| Hip/thigh | | | |
| Knee | | | |
| Leg/ankle | | | |
| Foot/toes | | | |
| Functional • Duck-walk, single leg hop | | | |

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
*Consider GU exam if in private setting. Having third party present is recommended.
*Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- Not cleared
- Pending further evaluation
 - For any sports
 - For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____
Address _____ Phone _____
Signature of physician _____, MD or DO

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____
 Name _____ Date of birth _____
 Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

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 | MEDICAL QUESTIONS | Yes | No |
|--|------------|-----------|---|-----|----|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason? | | | 26. Do you cough, wheeze, or have difficulty breathing during or after exercise? | | |
| 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: _____ | | | 27. Have you ever used an inhaler or taken asthma medicine? | | |
| 3. Have you ever spent the night in the hospital? | | | 28. Is there anyone in your family who has asthma? | | |
| 4. Have you ever had surgery? | | | 29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ? | | |
| HEART HEALTH QUESTIONS ABOUT YOU | Yes | No | 30. Do you have groin pain or a painful bulge or hernia in the groin area? | | |
| 5. Have you ever passed out or nearly passed out DURING or AFTER exercise? | | | 31. Have you had infectious mononucleosis (mono) within the last month? | | |
| 6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? | | | 32. Do you have any rashes, pressure sores, or other skin problems? | | |
| 7. Does your heart ever race or skip beats (irregular beats) during exercise? | | | 33. Have you had a herpes or MRSA skin infection? | | |
| 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: _____ | | | 34. Have you ever had a head injury or concussion? | | |
| 9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram) | | | 35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems? | | |
| 10. Do you get lightheaded or feel more short of breath than expected during exercise? | | | 36. Do you have a history of seizure disorder? | | |
| 11. Have you ever had an unexplained seizure? | | | 37. Do you have headaches with exercise? | | |
| 12. Do you get more tired or short of breath more quickly than your friends during exercise? | | | 38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? | | |
| HEART HEALTH QUESTIONS ABOUT YOUR FAMILY | Yes | No | 39. Have you ever been unable to move your arms or legs after being hit or falling? | | |
| 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)? | | | 40. Have you ever become ill while exercising in the heat? | | |
| 14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia? | | | 41. Do you get frequent muscle cramps when exercising? | | |
| 15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? | | | 42. Do you or someone in your family have sickle cell trait or disease? | | |
| 16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? | | | 43. Have you had any problems with your eyes or vision? | | |
| BOONE AND JOINT QUESTIONS | Yes | No | 44. Have you had any eye injuries? | | |
| 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? | | | 45. Do you wear glasses or contact lenses? | | |
| 18. Have you ever had any broken or fractured bones or dislocated joints? | | | 46. Do you wear protective eyewear, such as goggles or a face shield? | | |
| 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? | | | 47. Do you worry about your weight? | | |
| 20. Have you ever had a stress fracture? | | | 48. Are you trying to or has anyone recommended that you gain or lose weight? | | |
| 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) | | | 49. Are you on a special diet or do you avoid certain types of foods? | | |
| 22. Do you regularly use a brace, orthotics, or other assistive device? | | | 50. Have you ever had an eating disorder? | | |
| 23. Do you have a bone, muscle, or joint injury that bothers you? | | | 51. Do you have any concerns that you would like to discuss with a doctor? | | |
| 24. Do any of your joints become painful, swollen, feel warm, or look red? | | | FEMALES ONLY | | |
| 25. Do you have any history of juvenile arthritis or connective tissue disease? | | | 52. Have you ever had a menstrual period? | | |
| | | | 53. How old were you when you had your first menstrual period? | | |
| | | | 54. 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 _____