

# PINER-OLIVET CHARTER SCHOOL INTERSCHOLASTIC SPORTS PERMISSION

## REQUIRED PARENT / TEAM MEETING – TBD

**Season:** Practices begin after tryouts – Jack London / POCS Gym. Schedule to be determined. The official playing season runs \_\_\_\_\_ with tournaments scheduled at the end of October. Games begin at 4:00 for 7<sup>th</sup> grade and 5:00 for 8<sup>th</sup> grade. Student athletes will be given game and practice schedules.

POCS shall carry no more than 15 players on a team. The number of players varies by each sport. Every opportunity will be made to give all players game experience as appropriate, but playing time in games is not guaranteed. There is no set number of minutes players will receive. Please note: Our tournaments (championships) are based on league play. The tournaments are more competitive and playing time can be limited and also not guaranteed.

<p align="center"><b>STUDENTS MUST ATTEND ALL TRY-OUT SESSIONS TO BE CONSIDERED FOR THE TEAM</b></p>
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### **PARENTS MUST PROVIDE /ARRANGE TRANSPORTATION FOR THEIR STUDENTS.**

**Please note:** Parents must help with set-up, clean-up, score keeping, and the scoreboard in order for there to be team sports. This will be discussed at the team meeting and sign-ups will be taken. Students will be trained to help with the scorebook and scoreboard, but adults are needed. *This is an opportunity for students and parents to complete community service hours.*

All 7<sup>th</sup> & 8<sup>th</sup> graders are welcome if they meet the eligibility and requirements below.

#### **Requirements for tryouts and the team:**

1. Proof of physical examination for this school year – within six months
2. Passing all classes with “C-“ or above – Previous/current trimester  
(Boys/Girls Basketball/Co-ed Cross Country, Boys/Girls Volleyball)
3. Maintain grade of “C-“ or above in all classes
4. Remain in good standing on Discipline Plan (for the year)  
- No more than 1 suspension      - No more than 5 detentions      - No more than 2 unexcused missed practices/games
5. Medical coverage  
“**Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses.**”  
**Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling 1-888-747-1222.”**
6. Parent arranged transportation to and from practices and games and picked up on time.
7. Uniforms must be washed and turned in within a week of post season. If lost, a fee will be required.

**A donation** of \$50 or what you can afford per students helps cover the costs of referees, tournaments, and equipment.

- **Proof of Physical Examination/Proof of Appointment for Physical Exam and copy of medical card must be complete and returned to Jessica in the office or the coach prior to first day of practice.**

<p align="center"><b>KEEP THIS PAGE FOR YOUR INFORMATION</b></p>
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# PINER-OLIVET CHARTER SCHOOL

## SPORTS TEAM PARTICIPATION

### Parent Agreement / Permission

Student Name \_\_\_\_\_ has permission to participate on the

\_\_\_\_\_ team at Piner-Olivet Charter School.

(Sport)

- I understand that I need to obtain a sports physical for my child by \_\_\_\_\_. This is at my own expense. I may use the school's form or my private doctor's physical form.
- I understand that I am required to attend a parent meeting on \_\_\_\_\_ – In the gym.
- My student and I have read and understand the Sports Team Participation Information and Requirements. The school will check records for eligibility.
- My student and I have read and understand the information contained in the Notice to Students and Parents of Students Participating in Athletics on the previous page.
- I have read and understand the Parental Conduct Guidelines
- IMPORTANT -I understand that I am responsible for arranging or providing transportation to some practices and meets**
- My student and I have read and understand the Student Sports Participation Contract.
- I understand that the school(s) do not have insurance to cover injuries and accidents and that they accept no responsibility for student injuries or accidents.
- Medical coverage  
**“Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses.**

**Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling 1-888-747-1222.”**

- I HAVE PROVIDED PROOF OF MEDICAL INSURANCE
- I understand that the sport is expected to help pay for itself. A \$50 or what you can afford donation from each team member helps cover the costs.

Student Name \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Telephone

**RETURN THIS PAGE WITH SIGNATURE**

# PINER-OLIVET CHARTER SCHOOL

## SPORTS TEAM PARTICIPATION

### STUDENT SPORTS PARTICIPATION CONTRACT

As a member of a Piner-Olivet Charter School sports team,

I \_\_\_\_\_ agree to the following:  
(student first and last name)

**RESPECT:** I will respect not only my coaches and teachers, but my teammates as well. I will honor them as my teammates, supporting and encouraging both our excellent and not-so-excellent performance.

**SPORTSMANSHIP:** Defined as fairness, respect for one's opponent, and graciousness in winning or losing. This means I will maintain a positive attitude during both practices and games. I represent Piner-Olivet Charter School and I will make my teachers, teammates, parents, and coaches proud of me. I will be proud of my conduct as well.

**ACADEMICS:** I will maintain grades of "C" or above in all classes. Education is very important. I know if my grades drop below a "C" I will be on probation – meaning I will wear my uniform, attend the games, and support the team until I get my grades up.

**ATTENDANCE:**

School: I will attend school regularly. I must attend at least 4 periods of a day to attend practice or a meet that day.

Practice: I will attend all practices. I understand that I should not arrive early nor enter the gym until there is an adult authorized to supervise me in the gym. If I need to miss a practice for a valid reason, I must communicate with the coach. It is the coach's responsibility to let me know when practices are, however it is also my responsibility to find out and ask questions if I am not sure. I am aware that more than 2 unexcused absences will result in dismissal from the team. Please be aware that pre-planned vacations during the sport season is an unexcused absence. On the 3<sup>rd</sup> unexcused absence the student will be dismissed from the team.

Games/Meets: I will attend all games. I will arrive 30 minutes before the meet and remain in the meet area designated by the coach until I leave the school to go home.

**BEHAVIOR:** I am expected to maintain school behavior standards. If I have 2 suspensions or more than 5 Detentions for the year, I will be removed from the team.

I have read the **Sports Team Participation Information and Requirements** with my parent and I understand the requirements.

I agree to the Piner-Olivet Charter School Sports Participation Contract and it will be a privilege and an honor for me to play on the POCS Timberwolves Team!

Student Signature \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_

**RETURN THIS PAGE WITH SIGNATURE**

**PINER-OLIVET CHARTER SCHOOL - SPORTS PHYSICAL**

**PART 1 (TO BE COMPLETED BY STUDENT AND PARENT(S OR GUARDIAN)**

LAST NAME	FIRST NAME	GRADE	BIRTHDATE
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**HEALTH HISTORY (Must be completed prior to the examination)**

	Yes	No	Has this student had any:		Yes	No	Does this student:
1.	<input type="checkbox"/>	<input type="checkbox"/>	Chronic or recurrent illness?	16.	<input type="checkbox"/>	<input type="checkbox"/>	Wear eyeglasses or contact lenses?
2.	<input type="checkbox"/>	<input type="checkbox"/>	Illness lasting over 1 week?	17.	<input type="checkbox"/>	<input type="checkbox"/>	Wear dental bridges, braces or plates?
3.	<input type="checkbox"/>	<input type="checkbox"/>	Hospitalizations?	18.	<input type="checkbox"/>	<input type="checkbox"/>	Take any medications? Please list:
4.	<input type="checkbox"/>	<input type="checkbox"/>	Surgery other than removal of tonsils?				
5.	<input type="checkbox"/>	<input type="checkbox"/>	Missing organs (eye, kidney, testicle)?		<b>Yes</b>	<b>No</b>	<b>Is there any history of:</b>
6.	<input type="checkbox"/>	<input type="checkbox"/>	Allergies (medicines, insect bites, food)?	19.	<input type="checkbox"/>	<input type="checkbox"/>	Injuries requiring physical treatment?
7.	<input type="checkbox"/>	<input type="checkbox"/>	Problems with heart or blood pressure?	20.	<input type="checkbox"/>	<input type="checkbox"/>	Neck or back injury?
8.	<input type="checkbox"/>	<input type="checkbox"/>	Chest pain or severe shortness of breath with exercise?	21.	<input type="checkbox"/>	<input type="checkbox"/>	Knee injury?
9.	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or fainting with exercise?	22.	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder or elbow injury?
10.	<input type="checkbox"/>	<input type="checkbox"/>	Fainting, bad headaches or convulsions?	23.	<input type="checkbox"/>	<input type="checkbox"/>	Ankle injury?
11.	<input type="checkbox"/>	<input type="checkbox"/>	Concussion or loss of consciousness?	24.	<input type="checkbox"/>	<input type="checkbox"/>	Other serious joint injury?
12.	<input type="checkbox"/>	<input type="checkbox"/>	Heat exhaustion, heatstroke, or other problems with heat?	25.	<input type="checkbox"/>	<input type="checkbox"/>	Broken bones (fractures)?
13.	<input type="checkbox"/>	<input type="checkbox"/>	Racing heart, skipped, irregular heartbeats, or heart murmur?	26.	<b>Yes</b>	<b>No</b>	<b>Further history:</b>
14.	<input type="checkbox"/>	<input type="checkbox"/>	Seizures?	27.	<input type="checkbox"/>	<input type="checkbox"/>	Is there any reason why this student should not participate in sports?
15.	<input type="checkbox"/>	<input type="checkbox"/>	Muscle cramps?	28.	<input type="checkbox"/>	<input type="checkbox"/>	Has any family member died suddenly at less than 40 years of age of causes other than an accident?
<i>Explanation of all "YES" answers:</i>				Date of last known tetanus (lockjaw) shot: _____			

**PARENT(S) OR GUARDIAN'S ACKNOWLEDGEMENT AND PERMISSION:** I have reviewed and agree with the above information. I know of no reason why the above named student may not participate and represent his or her school in supervised athletic activities and I authorize a physician to perform this screening examination. Therefore, I give my permission for this student to participate in athletics and guarantee that he/she has sufficient medical insurance. **I will contact the PRINCIPAL if my student does not have medical insurance so I can purchase alternative insurance.**

PRINT NAME OF PARENT OR GUARDIAN		SIGNATURE OF PARENT OR GUARDIAN		
ADDRESS		WORK PHONE	HOME PHONE	DATE
PHYSICIAN'S NAME	OFFICE PHONE	MEDICAL INSURANCE COMPANY & POLICY NUMBER		

**PART 11 (TO BE COMPLETED BY THE EXAMINING PHYSICIAN)**

	NORMAL	ABNORMAL (Describe)	
Eyes/Ears/Nose/Throat			Height:
Skin			Weight:
Heart			Pulse:                      After Ex:
Abdomen			BP:
Genitalia/hernia (males)			<b>Recommendation:</b> <input type="checkbox"/> Unlimited participation <input type="checkbox"/> Participation limited to specific sports <input type="checkbox"/> Clearance withheld pending further evaluation <input type="checkbox"/> No athletic participation  <i>One of the above <b>MUST</b> be checked.</i>
Musculoskeletal:			
a. Neck			
b. Spine			
c. Shoulders			
d. Arms/Hands			
e. Hips			
f. Thighs			
g. Knees			
h. Ankles			
i. Feet			

**Comments:**

PRINT NAME OF PHYSICIAN	PHYSICIAN'S SIGNATURE	DATE
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**NOTICE: THIS EXAMINATION DOES NOT CONSTITUTE A COMPLETE PHYSICAL EXAMINATION.** It does, on this date, based on the observations of the physician, meet the requirements for the herein named student to participate in school sports activities. If you have any health concerns related to your student, be sure to bring those concerns specifically to the attention of your own physician. **The required physical needs to be renewed annually after June 1.**

# PINER-OLIVET CHARTER SCHOOL

## 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:

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| <ul style="list-style-type: none"><li>• Headaches</li><li>• “Pressure in head”</li><li>• Nausea or vomiting</li><li>• Neck pain</li><li>• Balance problems or dizziness</li><li>• Blurred, double, or fuzzy vision</li><li>• Sensitivity to light or noise</li><li>• Feeling sluggish or slowed down</li><li>• Feeling foggy or groggy</li><li>• Drowsiness</li><li>• Change in sleep patterns</li></ul> | <ul style="list-style-type: none"><li>• Amnesia</li><li>• “Don’t feel right”</li><li>• Fatigue or low energy</li><li>• Sadness</li><li>• Nervousness or anxiety</li><li>• Irritability</li><li>• More emotional</li><li>• Confusion</li><li>• Concentration or memory problems (forgetting game plays)</li><li>• Repeating the same question/comment</li></ul> |
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### Signs observed by teammates, parents and coaches include:

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| <ul style="list-style-type: none"><li>• Appears dazed</li><li>• Vacant facial expression</li><li>• Confused about assignment</li><li>• Forgets plays</li><li>• Is unsure of game, score, or opponent</li><li>• Moves clumsily or displays incoordination</li><li>• Answers questions slowly</li><li>• Slurred speech</li><li>• Shows behavior or personality changes</li><li>• Can’t recall events prior to hit</li><li>• Can’t recall events after hit</li><li>• Seizures or convulsions</li><li>• Any change in typical behavior or personality</li><li>• Loses consciousness</li></ul> |
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**PINER-OLIVET CHARTER SCHOOL**  
Concussion Information Sheet

**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. The new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and for the remainder of the day.”

**and**

“A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child's coach if you think that your child may have a concussion Remember its 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
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_____ Parent or Legal Guardian Printed	_____ Parent or Legal Guardian Signature	_____ Date
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