



**ATHLETIC
TRYOUT/PARTICIPATION
PACKET**

2017-2018

**MONROVIA MIDDLE SCHOOL ATHLETIC
TRYOUT / PARTICIPATION REQUIREMENTS**

Parents,

We would like to thank you for allowing your child to try out for our Monrovia Middle School athletic programs. To be in compliance with the Alabama High School Athletic Association (AHSAA), the following below is required for any student grades 7-12 to participate for any AHSAA sanctioned sport:

- **Birth Certificate-** Must be completed by first time athletes
- **Physical-** Front side must be completed by the parent and signed by both the student-athlete and the parents. **The back of the physical must be completed and signed by a M.D. or D.O.**
 - Per the Alabama High School Athletic Association, all physical forms must be completed on Form 5 or the 2010 physical form that is attached to this packet. All other physicals conducted on other forms other than Form 5 will not be accepted.
- **MCBOE Insurance Waiver Form**
- **NFHS Sportsmanship Course** is located at www.nfhslearn.com. The student must take the **Sportsmanship Course**. They will need to print the certificate at the end of the test and turn in with their Athletic Packet. This requirement is for first time athletes and only has to be done once in grades 7-8.
- **Concussion Form-** Required by the Alabama State Legislature and the AHSAA.
- **AHSAA Student Release Form-** Required by FERPA and the AHSAA.
- **Ejection Form –** Required by Monrovia Middle School
- **Dual Participation Form-** Required by Monrovia Middle School.

****Any student that does not turn in the above paperwork prior to tryouts will not be allowed to participate in tryouts****

If you have any questions regarding athletic eligibility and/or paperwork, please contact Chris Shumaker, Assistant Principal and Athletic Director at cshumaker@mcssk12.org

ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION

Preparticipation Physical Evaluation Form

History _____ Date _____
 Name _____ Sex _____ Age _____ Date of birth _____
 Address _____ Phone _____
 School _____ Grade _____ Sport _____

Explain "Yes" answers below:	Yes	No
1. Has a doctor ever restricted/denied your participation in sports?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been hospitalized or spent a night in a hospital? Have ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any ongoing medical conditions (like Diabetes or Asthma)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you presently taking any medications or pills (prescription or over-the-counter)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any allergies (medicine, pollens, foods, bees or other stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever passed out during or after exercise? Have you ever been dizzy during or after exercise? Have you ever had chest pain or discomfort in your chest during or after exercise? Do you tire more quickly than your friends during exercise? Have you ever had high blood pressure? Have you ever been told that you have a heart murmur, high cholesterol, or heart infection? Have you ever had racing of your heart or skipped heartbeats? Has anyone in your family died of heart problems or a sudden death before age 50? Does anyone in your family have a heart condition? Has a doctor ever ordered a test on your heart (EKG, echocardiogram)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have any skin problems (itching, rashes, staph, MRSA, acne)?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had a head injury or concussion? Have you ever been knocked out or unconscious? Have you ever had a seizure? Have you ever had a stinger, burner, pinched nerve, or loss of feeling or weakness in your arms or legs?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever had heat or muscle cramps? Have you ever been dizzy or passed out in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have trouble breathing or do you cough during or after activity? Do you take any medications for asthma (for instance, inhalers)?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you had any problems with your eyes or vision? Do you wear glasses or contacts or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you had any other medical problems (infectious mononucleosis, diabetes, infectious diseases, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you had a medical problem or injury since your last evaluation?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever been told you have sickle cell trait? Has anyone in your family had sickle cell disease or sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? <input type="checkbox"/> Head <input type="checkbox"/> Back <input type="checkbox"/> Shoulder <input type="checkbox"/> Forearm <input type="checkbox"/> Hand <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist <input type="checkbox"/> Finger <input type="checkbox"/> Thigh <input type="checkbox"/> Shin <input type="checkbox"/> Foot	<input type="checkbox"/>	<input type="checkbox"/>
17. When was your first menstrual period? _____ When was your last menstrual period? _____ What was the longest time between your periods last year? _____		
Explain "Yes" answers: _____ _____ _____		

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

Signature of athlete _____ Date _____

Signature of parent/guardian _____

DUPLICATE AS NEEDED

Preparticipation Physical Evaluation

Rule 1, Sec. 14 — In order for a student to be eligible for interscholastic athletics, there must be on file in the Superintendent's or Principal's office a current physician's statement certifying that the student has passed a physical exam, and that in the opinion of the examining physician (M.D. or D.O.) the student is fully able to participate in interscholastic athletics (Grade s 7-12). The AHSAA Physicians Certificate (Form 5) must be used. A physical exam will satisfy the requirement for one calendar year through the end of the month from the date of the exam. For example, a physical given on May 5, 2015, will satisfy the requirement through May 31, 2016.

Physical Examination

COMPLETE	LIMITED	Height _____ Weight _____ BP ____ / ____ Pulse _____		
		Vision R 20 / ____ L 20 / ____ Corrected: Y N		
			Normal	Abnormal Findings
		Cardiovascular		
		Pulses		
		Heart		
	Lungs			
	Skin			
	E.N.T.			
	Abdominal			
	Genitalia (males)			
	Musculoskeletal			
	Neck			
	Shoulder			
	Elbow			
	Wrist			
	Hand			
	Back			
	Knee			
	Ankle			
Foot				
Other				

Clearance:

- A. Cleared
- B. Cleared after completing evaluation/rehabilitation for: _____
- C. Not cleared for:
 - Collision
 - Contact
 - Noncontact
 ____ Strenuous ____ Moderately strenuous ____ Nonstrenuous

Due to: _____

Recommendation: _____

Name of physician _____ Date _____

Address _____ Phone _____

Signature of physician _____, M.D. or D.O.

ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION
Concussion Information Form
(Required by AHSAA Annually.)
2017-18 School Year

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 cannot 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:	
<ul style="list-style-type: none"> • Headaches • "Pressure in head" • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns 	<ul style="list-style-type: none"> • Amnesia • "Don't feel right" • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/comment
Signs observed by teammates, parents and coaches include:	
<ul style="list-style-type: none"> • Appears dazed • Vacant facial expression • Confused about assignment • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily or displays incoordination • Answers questions slowly • Slurred speech • Shows behavior or personality changes • Can't recall events prior to hit • Can't recall events after hit • Seizures or convulsions • Any change in typical behavior or personality • Loses consciousness 	

(Continued on Page 2)

AHSAA Concussion Information Form (Page 2)

What can happen if my child keeps on playing with a concussion or returns too 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 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 athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to a student-athlete's safety.

AHSAA Concussion Policy: Any student-athlete who exhibits signs, symptoms or behaviors consistent with a concussion shall be removed from the contest and shall not return that day. Following the day the concussive symptoms occur, the student-athlete may return to practice or play only after a medical release has been issued by a medical doctor.

Any health care professional or AHSAA certified coach may identify concussive signs, symptoms or behaviors of a student athlete during any type of athletic activity. Once concussive signs are identified, only a medical doctor can clear an athlete to return to play. Any school in violation of the AHSAA policy application of the National Federation rule will be subject to sanctions.

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 on the same day he/she sustained an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear. The athlete may return the following day or anytime thereafter with written clearance from a medical doctor. Close observation of the athlete should continue for several hours. 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.

This form is required by Alabama Law established in June 2011. The form was revised in April 2012, coinciding with the current AHSAA Concussion Policy.

I have reviewed this information on concussions and am aware that a release by a medical doctor is required before a student may return to play under this policy.

_____ Student-Athlete Name Printed	_____ Student-Athlete Signature	_____ Date
_____ Parent Name Printed	_____ Parent Signature	_____ Date



Participant Agreement, Consent, Release, And Venue

This completed form must be kept on file by the school. This form is valid for the years 2017-2018

Part 1. Student Agreement, Consent, And Release (to be signed by student at the bottom)

I know of no reason why I am not eligible to represent my school in interscholastic athletic competition. If accepted as a representative, I agree to follow the rules of my school and AHSAA and to abide by their decisions. I know that athletic participation is a privilege. I know of the risks involved in athletic participation and choose to accept such risks. I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I also authorize physicians or other designated medical professionals associated with the AHSAA to review my individually identifiable health information and/or a video live feed of a health-related inspection/exam for the purpose of determining my eligibility to participate in certain athletic events. I further authorize the disclosure of my individually identifiable health information by any physician performing such examination to appropriate AHSAA and/or school officials or other health care officials involved in determining eligibility for participation in athletic events. I hereby consent to the disclosure by my school to AHSAA, upon its request, and hereby grant AHSAA the right to review all records including my SSID number relevant to my athletic eligibility including, but not limited to, my official transcripts, and records relating to enrollment and attendance, academic standing, age, discipline, residence and physical fitness. This Consent includes granting AHSAA the right to review all records otherwise protected by the Family Educational Rights and Privacy Act and all official transcripts provided to my school from any school that is in the Youth Services Department District. I hereby grant the released parties the right to photograph and/or videotape me and further to use my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

Part 2. Parental/Guardian Agreement, Consent, And Release (to be completed and signed by a parent(s)/guardian(s) at the bottom; where divorced or separated, parent/guardian with legal custody must sign.)

A. I hereby give consent for my child/ward to participate in any AHSAA recognized or sanctioned sport EXCEPT for the following sport(s):

List sport(s) exceptions here

B. I know of, and acknowledge that my child/ward knows of, the risks involved in interscholastic athletic participation. I authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. I further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure, by my child's/ward's school, to the AHSAA, upon its request, of all records relevant to his/her athletic eligibility including, but not limited to, his/her records relating to enrollment and attendance, academic standing, age, discipline, residence and physical fitness. I grant the released parties the right to photograph and/or videotape my child/ward and further to use said child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

C. I am aware of the potential danger of concussions and/or head and neck injuries in interscholastic athletics. I also have knowledge about the risk of continuing to participate once such an injury is sustained without proper medical clearance.

D. VENUE FOR ANY AND ALL LITIGATION AND ATTORNEY FEES. I agree that in the event I, or anyone acting on my child's behalf, files suit against AHSAA or any of its officers, directors, agents, or employees alleging any cause of action and seeking either legal or equitable relief impacting my child (individually) or my child's team participation in AHSAA contests, such action shall be filed in the Montgomery County, Alabama, Circuit Court. I also agree that filing such action in the Montgomery County Circuit Court is both fair and reasonable. I further agree that should AHSAA prevail in such litigation, either in Circuit Court or any Appellate Court, then AHSAA shall be entitled to reasonable attorney fees and costs associated with the litigation.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE AND VENUE CLAUSE (Only one parent/guardian signature is required)

Name of Parent/Guardian (printed) Signature of Parent/Guardian Date
Name of Parent/Guardian (printed) Signature of Parent/Guardian Date

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE AND VENUE CLAUSE (student must sign)

Name of Student (printed) Signature of Student Date

MADISON COUNTY BOARD OF EDUCATION

Extracurricular Participation Permission/Waiver

_____ has my permission and consent to participate
Student's Name
in the following activity: _____, including participation in out-of-town contests/events pertaining to such activity. I understand and agree that this activity is elective, and therefore, because my child has chosen to participate in this activity, I further agree as follows:

1. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of the activity or such travel.
2. I accept the responsibility for payment of all medical bills, including, but not limited to, charges for doctors, ambulance, hospitals and drugs which my child may incur by reason of participation in such activity.
3. I waive any claims or cause of action against the Madison County School System and employees of the system which may arise by reason of injuries to my child because of such participation and agree that said School District and employees are released and forever acquitted from any and all claims of liability to me or my child.
4. I understand that, prior to practice (including tryouts), a physician's examination is required for all athletes by the Madison County School System and the Alabama High School Athletic Association.
5. Circle **a** or **b** below. (If **a** is selected, fill in information regarding insurance company/policy.)
 - a. My child is insured with _____, Policy # _____, and I agree to maintain this coverage for the tenure of his/her participation in any school activity.
 - b. My child is not covered by insurance and I understand and agree that I will be responsible for payment of any medical bills that may be incurred by reason of participation in such activity/activities. (Note: Refer to item #2 above.) I understand that insurance at a reasonable rate is available on an optional basis.

Signature of Parent/Custodial Parent

Date

Address: _____

Home Phone # _____

Work Phone # _____

Cell Phone # _____

January 12, 2016

In accordance with the Alabama Athletic Association, ANYTIME A PLAYER OR COACH IS EJECTED FROM AN ATHLETIC CONTEST THERE IS A THREE HUNDRED DOLLAR (\$300.00) FINE. The Coach or Player that is ejected is responsible for paying the fine to Monrovia Middle School. Please sign and return the bottom portion of this letter.

Thank you,

Anthony Thompson

Principal

Monrovia Middle School

I have read, understand, and agree to abide by the guidelines set by the Alabama Athletic Association.

Parent Signature

Date

Student Athlete Signature

Date

January 12, 2016

In accordance with the Alabama Athletic Association, students of any school athletic team (grades 7-12) may not participate (including practice) on a non-school team in the same sports during the school season of that sport. Also, a member of any school athletic team may not participate in an outside sport activity in the same sport during the season of that sport. A team's season begins the day of that team's first contest and ends when that team's season has been completed. A student who violates this rules becomes ineligible to compete on that school team or in that school sports activity for the remainder of the school season. Any students who participates on an outside team after the school sport season begins is ineligible to join that school team for the remainder of the school season.

Thank you,

Anthony Thompson
Principal
Monrovia Middle School

I have read, understand, and agree to abide by the guidelines set by the Alabama High School Athletic Association.

Parent Signature

Date

Student Athlete Signature

Date