

2022-23

VIRGINIA BEACH MIDDLE SCHOOL LEAGUE ATHLETIC MANUAL

FOR PARENTS AND STUDENTS

The logo for the Virginia Beach Middle School League (VBM SL) is centered within a light blue rectangular border. It features the letters "VBM SL" in a large, bold, italicized black font. Below this, the words "Virginia Beach Middle School League" are written in a smaller, bold, black font, separated from the letters above by a thin horizontal line.

VBM SL
Virginia Beach Middle School League



VIRGINIA BEACH CITY PUBLIC SCHOOLS
CHARTING THE COURSE

VBM SL

Virginia Beach Middle School League

VIRGINIA BEACH CITY PUBLIC SCHOOLS MIDDLE SCHOOL ATHLETIC PROGRAMS 2022-23

Season 1

Football
Soccer
One Act
Cheer

Season 2

Basketball
Academic
Challenge

Season 3

Volleyball
Wrestling
Debate

Season 4

Baseball
Field Hockey
Softball
Track
Forensics

VIRGINIA BEACH CITY PUBLIC SCHOOLS VIRGINIA BEACH, VIRGINIA

Dr. Aaron C. Spence, Superintendent

Dr. Donald E. Robertson, Chief of Staff

Dr. Walter C. Brower, Jr., Senior Executive Director of High Schools

James J. Smith, Senior Executive Director of Middle Schools

Michael B. McGee, Director Office of Student Leadership

Student Activities

MaryAnn Lafler, Coordinator of Student Leadership

John Cosimano, Coordinator of Student Activities

David Rhodes, Coordinator of Student Activities

VIRGINIA BEACH MIDDLE SCHOOL LEAGUE OFFICERS AND CHAIRPERSONS

Chairman	Dr. Sandi Brown	Princess Anne Middle School
Vice-Chairman	Dr. Mark Makovec	Landstown Middle School
Secretary/Treasurer	Ms. Paige Scherr	Virginia Beach Middle School
Academic Challenge	Ms. Colleen Clukey	Landstown Middle School
Baseball	Mr. Patrick Mackey	Brandon Middle School
Basketball	Mr. Randy Sparling	Salem Middle School
Cheerleading	Ms. Wendy Baylor	Independence Middle School
Debate	Ms. Sara Wade	Old Donation School
Field Hockey	Mr. Zeb Clark	Princess Anne Middle School
Football	Mr. Zeb Clark	Princess Anne Middle School
Forensics	Ms. Leah Lambson	Great Neck Middle School
One-Act Play	Mrs. Lisa Makowski	Kempsville Middle School
Soccer	Mr. John Fox	Virginia Beach Middle School
Softball	Ms. Kathy Keough	Corporate Landing Middle School
Track	Ms. Julie Spurgeon Mrs. Beth Wydra Mr. John Fox	Larkspur Middle School Plaza Middle School Virginia Beach Middle School
Volleyball	Ms. Kathy Keough	Corporate Landing Middle School
Wrestling	Mr. Brad Nelson Mr. Patrick Mackey Mr. Floyd Carter	Lynnhaven Middle School Brandon Middle School Bayside Middle School

VIRGINIA BEACH CITY PUBLIC SCHOOLS MIDDLE SCHOOLS

Bayside Middle School 965 Newton Road, 23462 Phone: 648-4400	Principal: Mrs. Camille Harmon Student Activities Coordinator: Mr. Floyd Carter
Bayside 6 th Grade Campus 4722 Jericho Road, 23462 Phone: 648-4440	Principal: Dr. Shampriest S. Bevel
Brandon Middle School 1700 Pope Street, 23464 Phone: 648-4450	Principal: Mr. Kenneth D. Vaughan Student Activities Coordinator: Mr. Patrick Mackey
Corporate Landing Middle School 1597 Corporate Landing Pkwy, 23454 Phone: 648-4500	Principal: Mr. Robert V. Yoshida Student Activities Coordinator: Ms. Kathy Keough
Great Neck Middle School 1848 North Great Neck Rd, 23454 Phone: 648-4550	Principal: Mr. Thomas W. Quinn Student Activities Coordinator: Ms. Leah Lambson
Independence Middle School 1370 Dunstan Lane, 23455 Phone: 648-4600	Principal: Ms. Christy E. McQueeney Student Activities Coordinator: Ms. Wendy Baylor
Kempsville Middle School 860 Churchill Drive, 23464 Phone: 648-4700	Principal: Dr. Tamara D. Cornick Student Activities Coordinator: Mrs. Lisa Makowski
Landstown Middle School 2204 Recreation Drive, 23456 Phone: 648-4750	Principal: Dr. Mark G. Makovec Student Activities Coordinator: Ms. Colleen Clukey
Larkspur Middle School 4696 Princess Anne Rd, 23462 Phone: 648-4800	Principal: Mr. Carey Manugo Student Activities Coordinator: Ms. Julie Spurgeon
Lynnhaven Middle School 1250 Bayne Drive, 23454 Phone: 648-4850	Principal: Ms. Dawn L. Kramer Student Activities Coordinator: Mr. Brad Nelson
Old Donation School 4633 Honeygrove Road, 23455 Phone: 648-4650	Principal: Mr. Joel P. Guldenschuh Student Activities Coordinator: Ms. Sara Wade
Plaza Middle School 3080 S. Lynnhaven Road, 23452 Phone: 648-4900	Principal: Dr. Leslie L. Ittner Student Activities Coordinator: Mrs. Beth Wydra
Princess Anne Middle School 2323 Holland Road, 23453 Phone: 648-4950	Principal: Dr. Sandra Brown Student Activities Coordinator: Mr. Zeb Clark
Renaissance Academy 5100 Cleveland Street Phone: 648-6000	Principal: Mr. James D. Miller Student Activities Coordinator: Mr. Shawn McMahon
Salem Middle School 2380 Lynnhaven Parkway, 23464 Phone: 648-5000	Principal: Dr. Tamika Singletary-Johnson Student Activities Coordinator: Mr. Randy Sparling
Virginia Beach Middle School 600 25 th Street, 23451 Phone: 648-5050	Principal: Ms. Paige Scherr Student Activities Coordinator: Mr. John Fox

VIRGINIA BEACH MIDDLE SCHOOL LEAGUE ATHLETIC MANUAL FOR PARENTS AND STUDENTS

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INTRODUCTION

The purpose of the Virginia Beach Middle School League Athletic Manual is to inform parents of policies set forth governing athletics and individual athletes at each school.

Included in this manual is information concerning:

1. 2.0 Mandate for Interscholastic Activities
2. Acknowledgement of Risk
3. Anti-Hazing Statement
4. Athletic Training
5. Collegiate Eligibility Requirements
6. Concussion/Impact Information
7. Insurance
8. Out-of-Season Practice Rule
9. Parent/Coach Communication
10. Parental Statement of Understanding
11. Participation Expectations
12. The Athletic Participation/Parental Consent
Physical Examination Form of the VBMSL
13. Social Media Position Statement
14. Sportsmanship Guidelines and Values

Each school traditionally hosts a preseason meeting for parents, which begins with a description of insurance information, the athletic training program, the Athletic Participation/Parental Consent/Physical Examination Form of the VBMSL, middle school and collegiate eligibility requirements, and Virginia Beach core courses. Information about each sport and specific team policies is then discussed.

If you have any questions concerning this manual or the preseason meeting, please contact the student activities coordinator at your school or the Virginia Beach City Public School Office of Student Activities at 263-2030.

VIRGINIA BEACH MIDDLE SCHOOL LEAGUE PARTICIPATION EXPECTATIONS

The Virginia Beach Middle School League would like to encourage its fans and participants to follow the expectations below to help ensure that the athletic experience is a positive one for all involved.

THE PARTICIPANT SHOULD:

1. RESPECT THE GAME by being courteous and showing respect for opponents, officials, coaches and fans.
2. UNDERSTAND AND OBSERVE THE RULES of the game and the standards of eligibility.
3. RESPECT THE INTEGRITY AND JUDGMENT OF OFFICIALS and accept their decisions without question.
4. RESPECT THE FACILITIES OF THE HOST SCHOOL and the trust entailed in being a guest.
5. RETAIN HIS/HER COMPOSURE AT ALL TIMES. Play hard but with self control.
6. BE MODEST IN VICTORY AND GRACIOUS IN DEFEAT.
7. PLAY YOUR BEST regardless of discouragement. A true competitor does not give up, nor does he/she embarrass or humiliate the opponent.
8. SET A HIGH STANDARD as a representative of the school, both in competition and in the classroom.
9. PLAY FOR THE LOVE OF THE GAME.

THE SPECTATOR SHOULD:

1. BE AN ENTHUSIASTIC SUPPORTER, cheering for his/her team, not against the opposing team.
 2. RESPECT THE GAME. This includes showing respect for participants, officials, coaches, and other spectators.
 3. BE MODEST IN VICTORY AND IN DEFEAT.
 4. RECOGNIZE THAT THE PRIMARY PURPOSE of interscholastic competition is to promote the physical, mental, moral, social and emotional well-being of the players.
- REALIZE THAT HE/SHE REPRESENTS THE SCHOOL just as a member of a team and has the same obligation to be a true sportsman.

VIRGINIA BEACH CITY PUBLIC SCHOOLS SPORTSMANSHIP GUIDE

A Guide for Athletes, Coaches, and Parents

Participation in co-curricular activities is a privilege. As representatives of Virginia Beach City Public Schools, student athletes are expected to conduct themselves in a manner that meets the highest standards at all times.

It is the goal of Virginia Beach City Public Schools to provide all students with opportunities to engage in athletic activities that enrich their education and further develop the core values of respect, responsibility, fairness, trust, and good citizenship.

Engaging in planned instruction teaches good sportsmanship and proper behavior. It is the responsibility of the administration, staff, coaches, parents, and the community at large to create a climate that fosters the development of these behaviors. This is accomplished by encouraging and modeling positive and appropriate behavior within the sporting environment while, at the same time, striving for excellence.

Expectations for the behavior of athletes, coaches, and spectators at athletic contests, practices, and events are outlined below:

Athletes

Athletes are required to meet the following expectations:

1. Be courteous to visiting teams and officials.
2. Play hard and to the limit of your ability, regardless of discouragement. True athletes do not give up nor do they argue, cheat, or taunt opponents.
3. Retain composure at all times and never leave the bench or enter the playing field/court to engage in a fight.
4. Be modest when successful and be gracious in defeat. A true competitor does not offer excuses.
5. Maintain a high degree of physical fitness by conscientiously observing team and training rules.
6. Demonstrate loyalty to the school by maintaining a high scholastic standing and by participating in or supporting other school activities.
7. Play for the love and honor of the game.
8. Understand and observe the rules of the game and the standards of eligibility.
9. Respect the integrity and judgment of officials and accept their decisions without question.
10. Respect the facilities of the host school and demonstrate the behavior expected of guests.

Coaches

Coaches are required to meet the following expectations:

1. Exemplify behavior that is representative of the educational staff of the school and a credit to the teaching profession.
2. Demonstrate high ideals, good habits and desirable attitudes in personal behavior and demand the same standards of your players. Make sportsmanship priority #1.
3. Emphasize to players and bench personnel the importance of proper sideline behavior and the necessity of restraining from entering the playing field/court.
4. Recognize that the purpose of competition is to promote the physical, mental, social, and emotional well-being of individual players and that the most important values of competition are derived from playing the game fairly.
5. Be a modest winner and a gracious loser.
6. Maintain self-control at all times, accepting adverse decisions without public display of emotion or of dissatisfaction with the officials.
7. Cooperate with the school administration in the planning, scheduling, and conduct of sports activities.
8. Employ accepted educational methods in coaching, giving all players an opportunity to use and develop initiative, leadership, and judgment.

9. Pay close attention to the physical condition and well-being of players, refusing to jeopardize the health of an individual for the sake of the team.
10. Teach athletes that it is better to lose fairly than win unfairly.
11. Demonstrate integrity. Do not allow gambling, profanity, abusive language, or similar violations.
12. Refuse to criticize an opponent, an official, or others associated with sports activities.
13. Properly supervise student athletes under your immediate care and specifically observe a coach's responsibilities during events off school grounds.

Parents/Spectators

Parent/Spectators are required to meet the following expectations:

1. Realize that you represent the school and community and, therefore, have an obligation to be a true sportsman, encouraging through positive behavior the practice of good sportsmanship by others.
2. Recognize that good sportsmanship is more important than victory by approving and applauding good team play, individual skill, and outstanding examples of sportsmanship and fair play exhibited by either team.
3. Recognize that since the primary purpose of interscholastic athletics is to promote the physical, mental, moral, social, and emotional well being of the players, victory or defeat are of secondary importance.
4. Treat visiting teams and officials as guests, extending to them every courtesy.
5. Be modest in victory and gracious in defeat.
6. Respect the judgment and integrity of officials, realizing that their decisions are based upon game conditions.

Athlete/Parent/Coach Communication

Virginia Beach City Public Schools encourages open communication among athletes, parents, and coaches. Both athletes and parents are urged to discuss their concerns with the coach in the appropriate setting and at the appropriate time.

Appropriate concerns to discuss with the coach include issues of mental and physical well-being, strategies for improving individual performance, and issues of behavior.

Issues not appropriate for a parent to discuss with the coaches include playing time, starting positions, team strategy, play calling, and other athletes.

Conflict Resolution

It is desirable for conflicts to be resolved by an athlete with his/her coach. Occasionally, however, situations arise where conflicts are not able to be resolved through this interaction and the assistance of the student activities coordinator and/or principal is needed.

Spectator Conduct

The Virginia High School League requires school districts to monitor spectator behavior at all school sponsored activities. Accordingly, an event supervisor(s) may request any person involved in misconduct to leave the premises and may contact the police for assistance. The school has the authority to suspend individuals from attending all school sponsored activities for spectator misconduct. Virginia Beach City Public Schools appreciates positive support from all spectators.

PARENT/COACH COMMUNICATION

Parent/Coach Relationship

Both parenting and coaching are extremely difficult vocations. By establishing an understanding of each position, we are better able to accept the actions of the other and provide a greater benefit to student athletes. As parents, when your children become involved in our program, you have the right to understand what expectations are placed on your child. This begins with clear communication from the coach of your child's program.

Communications You Should Expect from Your Child's Coach

1. Philosophy of the coach
2. General expectations
3. Locations and times of all practices and contests
4. Team requirements, special equipment, strength and conditioning programs
5. Procedure if your child is injured during participation
6. Team rules, guidelines, and consequences for infractions
7. Lettering criteria
8. Team selection process

Communication Coaches Expect From Athletes/Parents

1. Concerns related to your child's general welfare
2. Notification of any schedule conflicts in advance
3. Notification of illness or injury as soon as possible

Appropriate Concerns to Discuss With Coaches

1. Ways to help your child improve
2. Concerns about your child's behavior

It is very difficult to accept your child not playing as much as you hope. Coaches are professionals. They make decisions based on what they believe to be the best for all student athletes involved. As you have seen from the previous list, certain things can be and should be discussed with your child's coach. Other things, such as those listed below, must be left to the discretion of the coach:

1. Playing time
2. Team Strategy
3. Play calling
4. Other student athletes

There are situations that may require a conference between the coach and player, or coach and parent. These conferences are encouraged. It is important that all parties involved have a clear understanding of the other person's position.

PARENT/COACH COMMUNICATION (cont.)

If You Have a Concern to Discuss With a Coach,

1. Call the coach to set up an appointment.
2. If the coach cannot be reached, call the student activities coordinator to help set up the meeting for you.
3. Please do not attempt to confront a coach before or after a contest or practice. These can be emotional times for both the parent and coach. Meetings of this nature usually do not promote positive resolutions.

The Next Step

What can a parent do if the meeting with the coach did not provide a satisfactory resolution?

1. Call and set up an appointment with the student activities coordinator to discuss the situation.
2. At this meeting the appropriate next step can be determined.

Parent Code

1. Be a positive role model through your own actions to make sure your child has the best athletic experience possible.
2. Be a "team fan", as well as a "my kid" fan.
3. Weigh what your children say; they might slant the truth to their advantage.
4. Show respect for the opposing players, coaches, spectators, and support groups.
5. Be respectful of all officials' decisions.
6. Praise student athletes in their attempts to improve themselves as students, as athletes, and as people.
7. Gain an understanding and appreciation for the rules of the contest.
8. Recognize and show appreciation for an outstanding play by either team.
9. Help your child learn that success is oriented in the development of a skill and should make a person feel good about themselves, win or lose.
10. If you as a parent have a concern, take time to talk with coaches in an appropriate manner including proper time and place. Be sure to follow the designated chain of command.
11. Please reinforce our drug and alcohol-free policies by refraining from the use of any controlled substance before and during athletic contests.
12. Remember that a ticket to a school athletic event is a privilege to observe the contest.

Be sensible, responsible, and keep your priorities in order. Participating on a Virginia High School League team is a wonderful opportunity for your child to grow physically, socially, and emotionally.

VIRGINIA BEACH MIDDLE SCHOOL LEAGUE ANTI-HAZING STATEMENT

The Virginia Beach City Public Schools and the Virginia Beach Middle School League, in an effort to promote a positive atmosphere in all student activities, subscribes to the following anti-hazing statement set forth below. It is the intention of the association that this information be shared with all members of the school community.

Hazing Defined

Hazing occurs when an act is committed against a student or a student is coerced into committing an act that creates a substantial risk of harm to the student or to any third party in order for the student to be initiated into, or affiliated with, any school group, club, athletic team, grade level, activity, or organization.

Hazing includes, but is not limited to:

- Any activity involving an unreasonable risk of physical harm, including, for example, paddling, beating, whipping, branding, electric shock, sleep deprivation, exposure to weather, placement of harmful substances on the body, or participation in physically dangerous activities.
- Any activity involving the consumption of alcohol, drugs, tobacco products, or any other food, liquid, or other substance that subjects the student to an unreasonable risk of physical harm.
- Any activity involving actions of a sexual nature or the simulation of actions of a sexual nature.
- Any activity that subjects a student to an extreme or unreasonable level of embarrassment, shame, or humiliation or which creates a hostile, abusive, or intimidating environment for the student.
- Any activity involving any violation of federal, state, or local law or any violation of school district policies and regulations.

Monitoring On-Going Compliance with the Anti-Hazing Statement

Administrators, coaches/sponsors, and the student activities coordinator should maintain an on-going plan of monitoring for such activities that would be deemed unacceptable according to this statement. All instances in question should be investigated.

Process for the Reporting of Suspected Instances of Hazing

All incidents of hazing should be reported immediately to school administrators.

Adopted by the Virginia Beach High School Principals' Association, February 10, 2004.

VIRGINIA BEACH MIDDLE SCHOOL LEAGUE

SOCIAL MEDIA POSITION STATEMENT

Social Media has become engrained in today's society. The wide variety of social networking tools presently available provides students easy access to share important news and events with each other. Social media technologies such as Twitter, Facebook, Internet forums, weblogs, social blogs, micro blogging, Wikis, podcasts, photographs, video rating, social bookmarking, and others have many benefits in our world; however, they can also be disruptive when inappropriate social media postings occur. Using these communication tools in an inappropriate manner can have negative consequences, especially if unkind words or threats are used with intent to hurt others.

The Virginia Beach Middle School League (VBMSL) recognizes and supports its student-athletes' and coaches' rights to freedom of speech, expression, and association, including the use of social networks. In this context, each student-athlete and coach must remember that participating and competing for the VBMSL is a privilege, not a right. The student-athlete and coach represent his or her middle school and the VBMSL, and therefore, they are expected to portray themselves, their team, and their middle school in a positive manner at all times. Any online postings must be consistent with federal and state laws, as well as team, school, school division and VBMSL rules and regulations (including those listed below).

Specifically prohibited behaviors include but are not limited to:

- Sexually explicit, profane, lewd, indecent, illegal, or defamatory language/actions.
- Derogatory language regarding school personnel or other students.
- Comments designed to harass or bully students and/or school personnel.
- Nude, sexually-oriented, or indecent photos, images or altered pictures.

Also prohibited are all on-campus connections to off-campus violations of the policy.

- Use of school computers to view off-campus postings.
- Students accessing posts at school on their own devices.
- Distribution of hard copies of posts on school property.
- Re-communication on campus of the content of the posts.

Any authorized or unauthorized use in school or out of school of computer software, computer networks, telecommunications devices, information technology, and related technologies, which disrupts or interferes with the educational process in any manner is prohibited and may result in removal from the team or activity and a recommendation for expulsion.

Virginia Code Ann. Sec. 18.2-60 states that any person who knowingly communicates in writing, including an electronically transmitted communication, a threat to kill or do bodily injury to a person or a member of his/her family is guilty of a Class 6 felony. Further, any person who communicates, in writing, including an electronically transmitted communication, a threat to kill or do bodily harm to another person on school grounds or premises, on a school bus or at a school sponsored event is guilty of a Class 6 felony.

Virginia Code Ann. Sec. 18.2-152.7 states that "A person is guilty of a crime of personal trespass by computer when he uses a computer or computer network to cause physical injury to an individual."

Virginia Code Ann. Sec. 18.2-152.7:1 states that "If any person, with the intent to coerce, intimidate, or harass any person, shall use a computer or computer network to communicate obscene, vulgar, profane, lewd, lascivious, or indecent language, or make any suggestion or proposal of an obscene nature, or threaten any illegal or immoral act, he shall be guilty of a Class 1 misdemeanor."

[S.B. Policies 6-62 and 6-64] [S.B. Regulations 6-62.1 and 6-64.1] [Virginia Code Ann. Secs. 18.2-152.7; 18.2-152.7:1.] [Virginia Code Ann. Sec. 18.2-60]

Social Media Guidelines for Student-Athletes

1. Be careful with how much and what kind of identifying information you post on social networking sites. It is unwise to make available information such as full date of birth, social security number, address, phone number, cell phone numbers, class schedules, bank account information, or details about your daily routine. All of these can facilitate identity theft or stalking. Remember - once posted the information becomes the property of the website.
2. Be aware that potential current and future employers and college admissions offices often access information you place on online social networking sites. Realize that any information you post will provide an image of you to prospective employers and/or schools. The posting is considered public information. Protect yourself by maintaining a self-image that you can be proud of years from now.
3. Be careful in responding to unsolicited emails asking for passwords or PIN numbers. Reputable businesses do not ask for this information online.
4. Do not have a false sense of security about your rights to freedom of speech. Understand that freedom of speech is not unlimited. Social networking sites are NOT a place where you can say and do whatever you want without repercussions.
5. Remember that photos once put on the social network site's server become the property of the site. You may delete the photo from your profile, but it still stays in their server. Internet search engines like Google or Yahoo may still find that image long after you have deleted it from your profile. Think long and hard about what type of photo you want to represent you.

One of the biggest lessons social networking users can learn is that anything you post online enters the public record. Middle school students should carefully consider their profiles and ask themselves how they would look to a future college admissions officer or potential employer.

Information contained in this document:

- Lee E. Green, J.D. – Baker University, Baldwin City, Kansas.
- Virginia Beach City Public Schools – Code of Student Conduct – Social Networking
https://www.vbschools.com/UserFiles/Servers/Server_78010/File/Parents/CodeStudentConduct.pdf
- St. Thomas Aquinas High School – Social Networking and Athletes – July 18, 2012
St. Thomas Aquinas High School - 197 Dover Point Rd, Dover, NH 03820 - Phone: 603-742-3206 - Fax: 603-749-7822

(Adopted 8-14-2012 by the Virginia Beach Middle School League)

PRESEASON AND OUT-OF-SEASON PRACTICE RULE

No member school shall engage in any form of preseason or post-season practice or in any preseason or post-season competition in any sport. Each school's sports season ends with the League's last regularly scheduled game or its last tournament, play-off contest, or rescheduled contest. During the season, no practices are allowed on weekends or school holidays without prior approval from the VBMSL.

Interpretations:

1. Practice is defined as the involvement of individuals or group of individuals from a member school in any organized program of demonstration, instruction or participation conducted in part or in entirety by a person or group of people who are involved in the coaching of any of these athletes for pay or other remuneration. The spirit of the practice rule shall be that every school and participant shall have the same opportunities to practice prior to the first game of the season. The foregoing provision does not apply to recreation programs sponsored by governmental agencies and civic organizations when approved by a member school. In approving a program, schools shall insist that the program be open to everyone in the community or area served.

NOTE: A member of the school's coaching staff may be employed to assist a school-approved community recreation program without violating this rule provided the coach does not cause such a program to become, for all practical purposes, a middle school squad practice scheme. A great responsibility rests upon the coaches engaged in such a recreation program to make certain that the spirit and the letter of the Preseason and Out-of-Season Rule are observed.

2. A member school is permitted to organize and supervise conditioning programs to include weight lifting, running, and exercising as long as the program is general in nature and includes only exercises designed to promote physical fitness. No school may issue equipment designed for a specific sport for this type of program. These conditioning programs must be open to all members of the student body. The same intramural sport may not be offered by the coach(es) of that sport in the nine weeks immediately preceding the interscholastic activity sponsored by the Virginia Beach Middle School League. (Exception: coaches of fall activities may conduct intramural programs during the spring season.)
3. A candidate for a school's athletic team may attend a specialized camp, school clinic or other similar program involving coaching and instruction as long as the school does not provide the fee for the specialized sports camp. Attendance at a summer recreation type camp at which a variety of recreational and sports activities are treated equally is not considered a specialized sports camp.
4. A student may participate as an individual and in a manner that is in no way connected with his school.
5. A student shall not be provided nor may he/she use any uniform belonging to a school. A student may use shoes provided by his school.

Penalty: Any school adjudged guilty of violating the Out-of-Season Practice Rule shall be subject to such disciplinary action, including ineligibility for League Championships, as the appropriate committee may impose.

INSURANCE

Adequate insurance coverage for an athlete is the responsibility of the parent or guardian. The school system purchases accident insurance for students for coverage while they are involved in secondary school interscholastic athletic activities. The insurance plan includes only those sports, which are under the supervision of the Virginia Beach Middle School League. It does not include sports clubs offered by individual schools.

It must be clearly understood that no accident insurance plan is comprehensive. It is certainly possible that a child could be seriously injured resulting in sizeable medical costs for which parents are responsible. Serious injury could include, but is not restricted to, loss of bodily function, loss of organs or limbs, paralysis, and even death.

The school system is again offering insurance coverage without a premium cost to the parent with a deductible of \$100.00 per injury.

Insurance information outlined on the following five pages is an attempt to briefly describe the insurance plan. It is not a copy of the policy.

SECONDARY SCHOOLS ATHLETIC ACCIDENT INSURANCE PLAN HIGHLIGHTS

COVERAGE for accidents while participating in secondary school athletics. Travel is also covered, according to policy limits and limitations listed on the next page, when the student is going directly and uninterruptedly to or from conditioning, practice or competition.

FULL EXCESS WITH \$100 DEDUCTIBLE – After a \$100 deductible per incident, benefits are payable up to the applicable maximum for covered expenses that are not recoverable from another plan providing medical expense benefits. If the insured is not covered by another plan providing medical expense benefits, after a \$100 deductible is met, benefits are then payable according to policy limits and limitations.

INPATIENT HOSPITAL SERVICES

Hospital's most common charge for semi-private room & board
(or room and board in an intensive care unit)

Hospital ancillary services (including, but not limited to, use of
the operation room)

OUTPATIENT HOSPITAL SERVICES

Hospital emergency room or ambulatory medical center

Laboratory test

Radiological procedures

PHYSICIAN SERVICES (INPATIENT OR OUTPATIENT)

Services of a Physician (a licensed practitioner of the healing
arts acting within the scope of his or her license who is not 1)
insured; 2) an immediate family; or 3) retained by the
Policyholder)

Anesthetics and the administration of anesthetics

Physical therapy

ADDITIONAL SERVICES

Registered Nurse Services or Licensed Practical Nurse

Ambulance service to or from a hospital

Rental of durable medical equip/artificial limbs, artificial eyes or
other prosthetic appliances

Medicines or drugs administered by a physician or that can be
obtained only with a physicians' written prescription

Artificial eyes or other prosthetic appliances

Repair or replacement of sound natural teeth damaged or lost
as a result of injury

Deferred Dental

Accidental Death Benefit

Accidental Dismemberment Benefit

COINSURANCE PERCENTAGE

70% Usual and Customary (U&C)

70% U&C

70% U&C up to max \$2,000

70% U&C

70% U&C

70% U&C

70% U&C

70% U&C except that an office visit
connected with any such service is
payable up to \$50 per visit up to a
max of 5 visits

70% U&C

70% U&C up to max \$800

70% U&C

70% U&C

70% U&C

70% U&C up to max \$500

70% U&C up to \$600

Max Amount: \$15,000

Max Amount: 30,000

EXCLUSIONS AND LIMITATIONS

The policy does not cover any loss as a result of:

1. Treatment rendered by a family member or a person retained by you or the school.
2. Charges which the insured would not have to pay if he/she did not have insurance or are in excess of usual and reasonable expenses.
3. Any injury that is intentionally self-inflicted; war or any act of war; taking part in a riot.
4. Any injury that is caused by (a) flying in aircraft, except as a fare paying passenger; (b) flying in an ultra-light, hang-gliding, parachuting, or bungee-cord jumping; (c) flying in a space craft or any craft designed for navigation above the earth's atmosphere; (d) travel in or upon a snowmobile or any two or three wheeled motorized vehicle or any off road motorized vehicle not requiring licensing as a motor vehicle; or (e) any accident where the insured is the operator and does not possess a current and valid motor vehicle operator's license.
5. An injury for which the insured is covered under Worker's Compensation or Employer's Liability Laws.
6. The insured's participation in a felony.
7. An injury caused by drug addiction or the result of being intoxicated.
8. A sickness or disease or diagnostic test or treatment, except infection which occurs directly from an accidental cut or wound, or ingestion of contaminated food.
9. Expenses incurred in connection with cosmetic surgery or procedures unless required by an injury.
10. That part of medical expenses payable by any automobile insurance policy without regard to fault (does not apply in any state that prohibits such limitation).
11. An injury resulting from participation in or practice in any activity, which is not supervised and sponsored by the policyholder.

DEATH, DISMEMBERMENT OR LOSS OF SIGHT BENEFIT

When a covered injury results in any one of the following losses within 365 days after the date of accident, additional benefits will be paid for the loss of: life-\$15,000; dismemberment of two limbs or eyes-\$30,000; or single dismemberment-\$15,000. If more than one loss results from any one accident, only one amount, the largest, will be paid.

PROCEDURE FOR MAKING A CLAIM

The contact person(s) for insurance claims will be identified at the preseason meeting. Parents must make sure they follow the procedure listed below to help expedite payment by the insurance company:

- STEP 1: Pick up the claim form from the contact person at your child's school.
- STEP 2: Fill out parts 1 and 2. The parent or guardian must complete Part 2 and must sign the authorization and affidavit in Part 2.
- STEP 3: Take the claim form to the individual who was supervising the activity or the contact person for verification as a legal injury.
- STEP 4: The claimant will then take the claim form to the attending provider of services for his medical report. The claimant must send the original claim form to Tower Financial. To activate the claim, page 2 of the form must be filled out or an itemized statement from the provider of services, must be attached. Mail the claim form with any attachments to:

Tower Financial
316 Office Square Lane
Suite 103
Virginia Beach, Va. 23462
757-499-4488 (fax) 499-1522

- STEP 5: Submit all subsequent bills and keep a copy of all records sent to the insurance company.

Any questions pertaining to the filing procedure can be answered by the contact person at your child's school, the Virginia Beach City Public Schools Student Activities Office or a representative of Tower Financial.

IMPORTANT:

1. **Treatment for any injury must be received and claim form filed within 90 days of the date of injury!** The benefit period for the secondary school athletic accident plan is 1 year from the date of injury.
2. **When another plan providing medical expense benefits to an insured is an HMO, PPO, or similar arrangement** for provision of benefits or service and the insured does not use the facilities or services of the HMO, PPO, or similar arrangement for provision of benefits or services, the medical benefits otherwise payable under **this policy shall be reduced by 50%**. This limitation shall not apply to emergency treatment required within 24 hours after an accident when the accident occurs outside the geographic area served by the HMO, PPO, or similar arrangement for provision of benefits or services.
3. **Treatment at an Urgent Care Facility** is considered a physician visit which is not covered under the outpatient emergency room benefit.

NOTIFICATION OF INJURY FORM SAMPLE

SEND NOTIFICATION FORM TO:

TOWER FINANCIAL GROUP
P.O. Box 62263
VIRGINIA BEACH, VA 23466
Phone (757) 499-4488
Fax: (757) 499-1522
claims@towerfinancialgroupinc.com

NOTIFICATION OF INJURY

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Reference Number

FOR OFFICE USE

Policy Number

Coverage Code

FORM MUST BE COMPLETED IN FULL & MAILED TO OUR OFFICE WITHIN 90 DAYS FROM THE DATE OF THE ACCIDENT

PART I – ACCIDENT REPORT							
1A. Name of School				1B. Name of School District/Diocese/Association			
2A. Name of Student (Last)		(First)		(Middle Initial)		2B. Social Security No.	2C. Grade
						2D. Birthdate	2E. Sex
3. Nature of Injury (Please describe fully indicating what part of body was injured – e.g. broken arm, sprained ankle, etc.)							
4. Describe how accident occurred. (Please provide all details.) MUST BE A BODILY INJURY DUE TO AN ACCIDENT.							
5A. Was the accident school-related? <input type="checkbox"/> Yes <input type="checkbox"/> No				5B. Is the accident covered under a catastrophic policy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6A. Did Accident Occur:				6B. a) Date of Accident		6C. Name of Activity	
a) while the claimant was supervised? <input type="checkbox"/> Yes <input type="checkbox"/> No b) during sponsored activity? <input type="checkbox"/> Yes <input type="checkbox"/> No c) during programmed hours? <input type="checkbox"/> Yes <input type="checkbox"/> No d) on activity premises? <input type="checkbox"/> Yes <input type="checkbox"/> No e) while traveling directly and uninterruptedly to or from home premises and school for regular school sessions or school sponsored and supervised activities? <input type="checkbox"/> Yes <input type="checkbox"/> No				b) Time			
				c) Place			
				6D. Name and Title of Supervisor			
7A. _____ Signature of School Officer				7B. _____ Title		7C. _____ Date	

PART II – TO BE COMPLETED BY PARENT/GUARDIAN OR CLAIMANT (IF ADULT)

1A. Name of Father/Guardian or Claimant (if adult) <input type="checkbox"/> None		1B. Social Security No.		1C. Address/City/State/Zip		1D. Phone Number	
2A. Name of Mother/Guardian or Spouse (if adult) <input type="checkbox"/> None		2B. Social Security No.		2C. Address/City/State/Zip		2D. Phone Number	
3A. Name of Father/Guardian's or Claimant's (if adult) Employer <input type="checkbox"/> None		3B. Address/City/State/Zip of Employer				3C. Phone Number	
4A. Name of Mother/Guardian's or Spouse's (if adult) Employer <input type="checkbox"/> None		4B. Address/City/State/Zip of Employer				4C. Phone Number	
5A. List all Insurance Company(ies) under which the claimant is insured <input type="checkbox"/> None		5B. Policy Number(s)		5C.			
				<input type="checkbox"/> Medicaid <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Govt. <input type="checkbox"/> Medicaid <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Govt. <input type="checkbox"/> Medicaid <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Govt. <input type="checkbox"/> Medicaid <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Govt. <input type="checkbox"/> Medicaid <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Govt.			
Affidavit: I verify that the above information regarding insurance is accurate and complete. I understand that the intentional furnishing of incorrect information via the U.S. Mail may be fraudulent and violate federal laws as well as state laws.							
Signature of Parent/Guardian or Claimant (if adult)						Date	
Authorization: I hereby authorize any physician or hospital who has treated or attended to the above claimant to furnish the insurance company or its representative any information requested. A photocopy of this authorization is to be considered valid.							
Signature of Insured (Parent or Guardian if claimant is under 18)						Date	

SEE CLAIM INSTRUCTIONS ON THE BACK OF THIS FORM

NU K-12 VA Tower

NOTIFICATION OF INJURY FORM INSTRUCTIONS

CLAIM INSTRUCTIONS

Treatment must commence within 90 days from the date of the accident.

1. In case of an accident, notify the school/organization immediately.
2. Notify **ALL** treatment facilities (physician's office, hospital, etc.) of this insurance coverage so that any invoices and/or Explanation of Benefits (EOB) can be sent directly from the medical facility to Tower Financial Group.
3. Have Part I and Part II completed on the Notification of Injury form. Do not leave any blank spaces or write "N/A" in any space. If either parent or guardian is uninvolved, deceased, unemployed, self-employed or disabled, please state so. If you are employed, but do not have insurance, please state "NO INSURANCE" and provide us with a statement from your employer that the claimant has no insurance. Otherwise, our office will submit an insurance questionnaire to your employer to be used as verification of no dependent coverage.
4. Attach any itemized bills to the claim form, along with any corresponding Explanation of Benefits (EOB) for each itemized bill. An itemized bill includes treatment rendered, the dates of the treatment, diagnosis codes, physician's or hospital's name, address and tax i.d. number. Balance Due bills are not acceptable. Be sure to attach any receipts for bills paid out-of-pocket. Otherwise, benefits will be paid to the provider of service. Please Note: Both an itemized bill and EOB (if applicable) must be submitted for claims to be considered for accident medical expense benefits.
5. Mail the Notification of Injury form, along with any other applicable correspondence to our office within 90 days from the date of the accident. Do not leave this form with the school, coach, hospital, physician, etc. Our address is **Tower Financial Group, P.O. Box 62263, Virginia Beach, VA 23466** or claims@towerfinancialgroupinc.com. If you need further assistance, feel free to contact Customer Service at **(757) 499-4488**. We will be happy to assist you.

If your medical coverage is under an HMO, PPO or similar plan, you must follow their requirements for obtaining benefits. Otherwise, our benefits may be reduced, where applicable, as stated in the policy provisions. This restriction does not apply in every state.

MIDDLE SCHOOL ATHLETIC TRAINING PROGRAM

Parents allowing their children to participate in middle school athletics accept the risk of injury. To help minimize the risk and to manage injuries when they occur, each school will have access to a certified athletic trainer from The Children's Hospital of the King's Daughters Sports Medicine Program.



Athletic Trainers (ATCs) are allied health professionals, and each is licensed by the Virginia Board of Medicine. In order to become an ATC, one must graduate from a college or university with an accredited athletic education program with a bachelors or masters degree and then pass a comprehensive national board examination. In order to maintain their certification, an ATC must complete continuing education requirements to enhance their knowledge and practice in sports medicine.

There are six domains to athletic training in which ATCs are educated and practice:

1. Prevention of Athletic Injuries
2. Clinical Evaluation and Diagnosis
3. Immediate Care
4. Treatment, Rehabilitation, and Reconditioning
5. Organization and Administration
6. Professional Development and Responsibility

Athletic Trainers are an important link in the health care delivery system. The ATC serve as a liaison between athletes, parents, coaches, physicians, allied health professionals, student activities coordinators, and administrators to facilitate healthy participation in interscholastic athletics. *Please note that the athletic trainer is not required to be present at all practices, but is available via phone.*

For more information:

www.chkd.org/Our-Services/Programs-and-Clinics/Sports-Medicine-Program

www.nata.org/athletic-training

www.bocatc.org

UPDATED MAY 2021

VIRGINIA BEACH MIDDLE SCHOOL LEAGUE

Athletic Participation/Parental Consent/Physical Examination Form

Separate examination is required for each school year **May 1** of the current year through **June 30** of the succeeding year.

PART I - ATHLETIC PARTICIPATION

(To be filled in and signed by the student)

For School
Year

Male ☐
Female ☐

Name _____ Student I.D. # _____
(Last) (First) (Middle Initial)

Home Address _____

City/Zip Code _____

Home Address of Parents _____

City/Zip Code _____

Date of Birth _____ Place of Birth _____

This is my _____ semester in _____ Middle School, and my _____ semester since first entering the sixth grade. Last semester I attended _____ Middle School and passed _____ subjects, and I am taking _____ subjects this semester. I have read the condensed individual eligibility rules of the Virginia Beach Middle School League that appear below and believe I am eligible to represent my present middle school in athletics.

INDIVIDUAL ELIGIBILITY RULES

Attention Athletes! To be eligible to represent your school in any interscholastic contest you:

- must be a regular bona fide student in good standing of the school you represent
- must have been promoted to sixth grade or must have passed five subjects in a school year preceding the present one
- must have passed at least five subjects the previous semester and must be currently taking no less than five subjects
- must have achieved a 2.0 grade point average in the semester preceding participation in an activity
- must not have reached your fifteenth birthday on or before the first day of August of the current school year
- must have been in residence at your present middle school during the entire semester immediately preceding the one in which you desire to participate unless your transfer follows the transfer guidelines as established by the Virginia Beach Middle School League
- upon transferring from another middle school, must participate at the attendance zone school in which a parent or guardian has physical custody of you
- must not have been enrolled in middle school for a period of more than six consecutive semesters, beginning with the semester in which he/she was enrolled for the first time in the sixth grade. The six consecutive semesters shall be counted continuously from that point, regardless of whether or not he/she remains continuously enrolled
- must not have participated in more than the allowable number of contests in the sport you wish to play (six regular season middle school contests in football or track, or eight regular season middle school contests in any other sport) during the school year, either inside or outside Virginia Beach
- must be an amateur as defined by the Virginia Beach Middle School League: "An amateur is one who engages in athletics for the educational, physical, mental, and social benefits one derives there from, and to whom athletics are nothing more than an avocation."
- must not have received in recognition of your ability as a middle school athlete any award not presented or approved by your school or the League
- must not have participated in any all-star contest between teams whose players are selected from more than one middle school
- must be in attendance at your school for at least three hours on the day you wish to participate in a practice or contest

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above-listed minimum standards, but also all other standards set by your League, district and school. If you have any question regarding your eligibility or are in doubt about the effect an activity might have on your eligibility, **check with your principal for interpretations and exceptions provided under League rules.** Meeting the intent and spirit of League standards will prevent you, your team, school and community from being penalized.

INDIVIDUAL SCHOOLS MAY REQUIRE ADDITIONAL STANDARDS TO THOSE LISTED ABOVE.

Student Signature: _____

Date: _____

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician

PART II - MEDICAL HISTORY- Answer "Yes" or "No" to the questions below.

This form must be complete and signed, prior to the physical examination, for review by examining practitioner. Explain "YES" answers below with number of the question. Circle questions you do not know the answers to.							
GENERAL MEDICAL HISTORY		YES	NO	MEDICAL QUESTIONS CONTINUED		YES	NO
1. Do you have any concerns that you would like to discuss with your provider?	<input type="checkbox"/>	<input type="checkbox"/>		24. Have you had mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Has a provider ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>		25. Are you missing a kidney, eye, testicle, spleen or other internal organ?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do you have any ongoing medical conditions? If so, please identify: Asthma Anemia Diabetes Infections Other	<input type="checkbox"/>	<input type="checkbox"/>		26. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are you currently taking any medications or supplements on a daily basis?	<input type="checkbox"/>	<input type="checkbox"/>		27. Have you ever become ill while exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Do you have allergies to any medications?	<input type="checkbox"/>	<input type="checkbox"/>		28. When exercising in the heat, do you have severe muscle cramps?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?				29. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Have you ever spent the night in the hospital? If yes, why?	<input type="checkbox"/>	<input type="checkbox"/>		30. Have you ever had numbness, tingling or weakness in your arms or legs or been unable to move your arms or legs AFTER being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>		31. Do you or does someone in your family have sickle cell trait or disease?	<input type="checkbox"/>	<input type="checkbox"/>	
HEART HEALTH QUESTIONS ABOUT YOU	YES	NO		32. Have you had any other blood disorders?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Have you ever passed out or nearly passed out DURING or AFTER exercise?				33. Have you had a concussion or head injury that caused confusion, a prolonged headache or memory problems?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?				34. Have you had or do you have any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Does your heart race, flutter in your chest or skip beats (irregular beats) during exercise?	<input type="checkbox"/>	<input type="checkbox"/>		35. Do you wear glasses or contacts?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Has a doctor ever ordered a test for your heart? For example, electrocardiography or echocardiography.	<input type="checkbox"/>	<input type="checkbox"/>		36. Do you wear protective eyewear like goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>	
13. Has a doctor ever told you that you have any heart problems, including: <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 <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>		37. Do you worry about your weight?	<input type="checkbox"/>	<input type="checkbox"/>	
				38. Are you trying to or has anyone recommended that you gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>	
				39. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>	
				40. Have you ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>	
				41. Are you on a special diet or do you avoid certain types of foods or food groups?			
				42. Allergies to food or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	
				43. Have you ever had a COVID-19 diagnosis? Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
				44. What is the date of your last Tdap or Td (tetanus) immunization? (circle type) Date: _____			
14. Do you get light-headed or feel shorter of breath than your friends feel during exercise?	<input type="checkbox"/>	<input type="checkbox"/>		FEMALES ONLY		YES	NO
15. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>		45. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>	
HEART HEALTH QUESTIONS ABOUT YOUR	YES	NO		46. Age when you had your first menstrual period: _____			
16. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>		47. Number of periods in the last 12 months: _____			
17. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car crash)?	<input type="checkbox"/>	<input type="checkbox"/>		48. When was your most recent menstrual period? _____			
18. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?	<input type="checkbox"/>	<input type="checkbox"/>		EXPLAIN "YES" ANSWERS BELOW			
				# >>			
				# >>			
				# >>			
				# >>			
19. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	<input type="checkbox"/>	<input type="checkbox"/>		# >>			
BONE AND JOINT QUESTIONS	YES	NO		# >>			
20. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>		# >>			
21. Do you currently have a bone, muscle or joint injury that bothers you?	<input type="checkbox"/>	<input type="checkbox"/>		List medications and nutritional supplements you are currently taking here:			
MEDICAL QUESTIONS	YES	NO					
22. Do you cough, wheeze or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>					
23. Do you have asthma or use asthma medicine (inhaler, nebulizer)?	<input type="checkbox"/>	<input type="checkbox"/>					

Parent/Guardian Signature: _____

Date: _____

Athlete Signature: _____

PART III – PHYSICAL EXAMINATION

(Physical examination is required each school year after May 1 of the preceding school year and is good through June 30 of the current school year)**

NAME: _____ Date of Birth _____ SCHOOL: _____

EXAMINATION					
Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
BP	/	Resting Pulse	Vision R 20/	L 20/	Corrected <input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance (Marfan stigmata: kyphoscoliosis, high arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse, and aortic insufficiency)		
Eyes/ears/nose/throat (Pupils equal, hearing)		
Lymph nodes		
Heart (Murmurs: auscultation standing, supine, +/- Valsalva)		
Pulses		
Lungs		
Abdomen		
Skin (Herpes simplex virus, lesions suggestive of MRSA or tinea corporis)		
Neurologic		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional (i.e Double leg squat, single leg squat, box drop or step drop test)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Emergency medications required on-site	Inhaler	Epinephrine Glucagon Other
Comments:		

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics:

- ☐ **MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION**
- ☐ **MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION WITH RECOMMENDATION FOR FURTHER EVALUATION OR TREATMENT OF:** _____
- ☐ **MEDICALLY ELIGIBLE ONLY FOR THE FOLLOWING SPORTS:** _____
- Reason(s): _____
- ☐ **NOT MEDICALLY ELIGIBLE PENDING FURTHER EVALUATION OF:** _____
- ☐ **NOT MEDICALLY ELIGIBLE FOR ANY SPORTS** _____

By this signature, I attest that I have examined the above student and completed this pre-participation physical including a review of Part II – Medical History.

Physician Signature: _____ (MD, DO, LNP, PA) Date _____
circle one

Examiner's Name and degree (print): _____ Phone Number _____

Address: _____ City _____ State _____ Zip _____

+Only signature of Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician's Assistant licensed to practice in the United States will be accepted.

PART IV -- ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT

(To be completed and signed by parent/guardian)

I have reviewed and understand the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk vary significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, written handouts, or some other means. He/she has athletic participation insurance coverage through the school; is insured by our family policy with:

Name of Medical Insurance Company: _____

Policy Number _____ Name of Policy Holder _____

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team. I grant this permission knowing that my child/ward could be seriously injured resulting in sizeable medical costs for which I am responsible.

By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the school to perform a pre-participation examination on my child and to provide treatment for any injury or condition resulting from participating in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) or health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.

Additionally I give my consent and approval that the above named student's picture and name may be printed in any middle school, or VBMSL, or VBCPS athletic program, publication or video.

I give permission for my son/daughter to participate in the ImPACT Concussion Management Program as outlined in the VBMSL Parent Handbook. VBCPS may release the ImPACT (Immediate Post-concussion assessment and Cognitive Test) results to my child primary care physician, neurologist, or other treating physician, as requested.

Parent/Guardian Signature: _____ Date: _____ Athlete Signature: _____

PART V - EMERGENCY PERMISSION FORM

(To be completed and signed by parent/guardian)

STUDENT'S NAME _____ GRADE _____ AGE _____

MIDDLE SCHOOL _____ CITY _____

Please list any significant health problems that might be significant to a physician evaluating your child **in case of an emergency:**

Please list any allergies to medications, etc. _____

Has student been prescribed an inhaler? ☐ Yes ☐ No EpiPen? ☐ Yes ☐ No

Is student presently taking medication? _____ If so, what type? _____

Does student wear contact lenses? _____ Please list date of last Tdap or Td (tetanus) shot: _____

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of _____ Middle School to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above.

*Daytime phone number (where to reach you in emergency) _____

*Evening time phone number (where to reach you in emergency) _____

*Please make sure phone numbers are current for the duration of participation.

Signature of parent or guardian _____ Date _____

Relationship to student _____

***Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment if needed.**

I certify all the above information is correct _____
Parent/Guardian Signature

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician

CONCUSSION IN SPORTS

Information Sheet for Parents/Guardians

Parents/Guardians of Athletes: In order to help protect the student athletes of Virginia Beach Public Schools, the Virginia General Assembly in accordance with Senate Bill 652 (Concussion in Student-Athletes) has mandated that all student athletes, parents and coaches follow the Virginia Beach Public Schools Concussion Policy.

What is a concussion?

A concussion is a brain injury and all brain injuries are serious. It is characterized by an onset of impairment of cognitive and/or physical functioning, and is caused by a blow to the head, face or neck, or a blow to the body that causes a sudden jarring of the head (i.e. a helmet to the head, being knocked to the ground). A concussion can occur with or without a loss of consciousness, and proper management is essential to the immediate safety and long-term future of the injured individual. A repeat concussion that occurs before the brain recovers from the first – usually within a short period of time (hours, days, or weeks) – can slow recovery or increase the likelihood of having long term problems. In rare cases, repeat concussion can result in edema (brain swelling), permanent brain damage, and even death.

What are the signs and symptoms of a concussion?

*Signs observed by teammates, coaches, parents/guardians include:

1. Appears dazed or stunned
2. Is confused about assignments and positions
3. Forgets instructions and answers questions slowly or inaccurately
4. Is unsure of game, score, or opponent
5. Loss of balance/coordination and moves clumsily
6. Shows mood, behavior, or personality changes
7. Cannot recall events prior to hit or fall
8. Cannot recall events after hit or fall

*Symptoms reported by athlete may include one or more of the following:

1. Headache or “pressure” in head
2. Nausea/vomiting
3. Balance problems or dizziness
4. Sensitivity to light or sound/noise
5. Feeling sluggish, hazy, groggy, or foggy
6. Difficulty with concentration, short-term memory and/or confusion
7. Double vision or changes in vision
8. Irritability
9. Just not “feeling right” or is “feeling down”

*adapted from CDC

How can you help your child prevent a concussion?

Every sport is different, but there are steps your child can take to protect themselves from concussion:

- Ensure that they follow their coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they properly wear the right protective equipment that is required for their sport (such as helmets, padding, shin guards, eye and mouth guards).
- Learn the signs and symptoms

What should you do if you think your child has a concussion?

1. Seek medical attention right away. A licensed health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
2. Keep your child out of play. Concussions take time to heal. Don't let your child return to play until a licensed health care professional gives clearance to return. Children who return to play too soon-while the brain is still healing – risk a greater chance of having a second concussion. Second or later concussions can be very serious. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. Tell your child's coach about any recent concussions. School personnel should be notified if your child had a recent concussion in any sport. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.
3. Refer to the Concussion Graduated Return to Play guidelines below to familiarize yourself with the process used to determine when it is safe for your child to gradually return to full activity.

CONCUSSION GRADUATED RETURN TO PLAY

- When an athlete has been evaluated by an athletic trainer and/or a physician for a concussion the following graduated functional return to play will be followed. *The return to play progression will not begin until the athlete is completely symptom free.* Each stage is a minimum 24 hour period; therefore the return to play progression will be a minimum of 4-5 days.
- If the athlete experiences any symptoms, at any point during the rehabilitation stages, the progression will stop immediately and the cycle will resume at the previous asymptomatic rehabilitation stage after 24 hours of rest. If symptoms continue to occur, the athlete will be referred back to the physician for a follow up evaluation.

Rehabilitation Stage	Functional Exercise	Objective of Each Stage
Day 1 – No Activity	Physical/Cognitive Rest	Recovery
Day 2 – Light Aerobic Exercise	Walking, Swimming, Bike	Increase Heart Rate
Day 3 – Sport-Specific Exercise	Running Drills, NO Contact	Add Movement
Day 4 – Non-Contact Drills	Complex Drills, Resistance Training	Exercise, Coordination, Cognitive Load/IMPACT
Day 5 – Full Contact	Following Clearance, Normal Training Activities	Restore Confidence, Assess Functional Skills by Coaches
Day 6 – Return to Play	Normal Game Play	

*Adapted from Consensus Statement on Concussion in Sport 5th International Conference on Concussion in Sport, Berlin, November 2016

- The treatment, management, and return to play determinations will be individualized to each athlete and dependent on circumstances of each specific case and injury. ImPACT testing may also be utilized in the return to play determination, treatment and evaluation of concussions.
- A safe return to play is the ultimate goal regardless of age and level of play.
- After being released for participation by a physician, the athlete must also be cleared by the school's athletic trainer before beginning Day 2 of the return to play progression above. The student-athlete must pass all six stages under the supervision of the certified athletic trainer before being allowed to return to play.

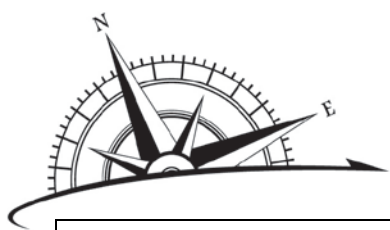
REMEMBER: Don't Hide it. Report it. Take time to recover. It's better to miss one game than the whole season

ImPACT CONCUSSION MANAGEMENT PROGRAM

The Virginia Beach City Public Schools is utilizing an innovative concussion management program for our student-athletes in certain sports having a greater risk for head injuries (cheerleading, field hockey, football, basketball, gymnastics, wrestling, baseball, soccer, softball, diving, high jump, pole vault). The program is called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing) and involves an online computerized exam that each athlete takes prior to an athletic season. In order to participate in any of the sports listed above, student athletes must be tested in the ImPACT program during the preseason. If the athlete is believed to have suffered a concussion during participation, the exam is taken again and the data is compared to the baseline test. This information is then used as a tool to assist the athletic training staff and treating physicians in determining the extent of the injury, monitoring recovery, and in making safe return-to-play decisions. If an injury of this nature occurs, we will be in contact with you. Post-concussion tests will be taken under our supervision at school. Return-to-play decisions must be made by a physician. Founded by the University of Pittsburgh Medical Center's Sports Concussion Program, this software system is utilized throughout professional sports and at a number of colleges and high schools across the country. Additional information can be found at www.impacttest.com. The exam takes about 25-30 minutes and is non-invasive. The program is set up in a "video game" type format. It tracks neurocognitive information such as memory, reaction time, brain processing speed, and concentration. For example, in one part of the exam, a dozen common words appear one at a time on the screen for about one second each. The athlete is then later asked what words were displayed. It is a simple exam and most who take it enjoy the challenge of the test. One of the reasons concussions are so dangerous is a condition called Second Impact Syndrome. If an athlete sustains a second concussion before completely recovering from the first, the results can be deadly. We understand the competitive nature of sports; however, our top priority is ALWAYS the health and safety of our athletes.

If you have questions regarding the ImPACT program, please contact:

John Cosimano
Coordinator of Student Activities
641 Carriage Hill Rd. Ste. 200, Virginia Beach, 23452
757-263-2030



VIRGINIA BEACH CITY PUBLIC SCHOOLS CHARTING THE COURSE

Sudden Cardiac Arrest (SCA) Information

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA does not just happen to adults; it takes the lives of students, too. However, the causes of sudden cardiac arrest in students and adults can be different. A student's SCA will likely result from an inherited condition, while an adult's SCA may be caused by either inherited or lifestyle issues.

SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

Causes: SCA is caused by several structural and electrical diseases of the heart. These conditions predispose an individual to have an abnormal rhythm that can be fatal if not treated within a few minutes. Most conditions responsible for SCA in children are inherited. Other possible causes of SCA are a sudden blunt non-penetrating blow to the chest and the use/abuse of recreational or performance-enhancing drugs and/or energy drinks.

How common is sudden cardiac arrest in the United States?

SCA is the #1 cause of death for adults in this country. There are about 300,000 cardiac arrests outside of hospitals each year. About 2,000 patients under the age of 25 die of SCA each year. It is the #1 cause of death for student athletes.

Warning Signs of SCA

- Fainting or seizures during exercise
- Unexplained shortness of breath
- Dizziness
- Extreme fatigue
- Chest pains
- Racing heart
- SCA should be suspected in any athlete who has collapsed and is unresponsive.

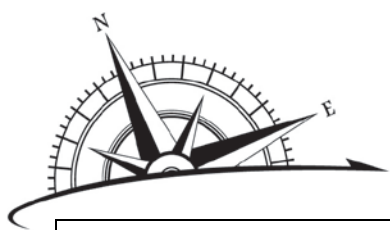
Emergency Response to SCA

- Act immediately; time is most critical to increase survival rates
- Recognize SCA
- Call 911 immediately and activate EMS
- Administer CPR
- Use Automatic external Defibrillator (AED)

Warning signs of potential heart issues:

The following need to be further evaluated by your primary care provider:

- Family history of heart disease/cardiac arrest
- Fainting, a seizure, or convulsions during physical activity
- Fainting or a seizure from emotional excitement, emotional distress, or being startled
- Dizziness or lightheadedness, especially during exertion
- Exercise-induced chest pain
- Palpitations: awareness of the heart beating, especially if associated with other symptoms such as dizziness
- Extreme tiredness or shortness of breath associated with exercise
- History of high blood pressure



VIRGINIA BEACH CITY PUBLIC SCHOOLS CHARTING THE COURSE

Sudden Cardiac Arrest (SCA) Information

Risk of Inaction:

Ignoring such symptoms and continuing to play/practice could be catastrophic and can result in sudden cardiac death. Taking these warning symptoms seriously and seeking timely appropriate medical care can prevent serious and possibly fatal consequences. These symptoms can be unclear in athletes because people often confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

What are the risks of practicing or playing after experiencing these symptoms?

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from the event.

Removal from play/return to play

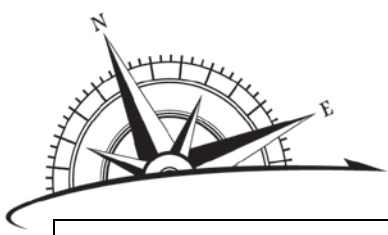
Any student athlete who shows signs or symptoms of SCA before, during or after activity must be removed from play/practice. **Play includes all athletic activity.** Before returning to play, the athlete must be evaluated by a licensed physician, certified registered nurse practitioner or cardiologist (heart doctor). Clearance for the student-athlete to return to play must be provided in writing.

How can we minimize the risk of SCA and improve outcomes?

The risk of SCA in student athletes can be minimized by providing appropriate prevention, recognition, and treatment strategies. One important strategy is the requirement for a yearly pre-participation screening evaluation, often called sports physical, and performed by the athlete's medical provider.

1. It is very important that you **carefully and accurately complete the personal history and heart health questions about your family** section of the current "VHSL Athletic Participation/Parental Consent/Physical Examination Form" available at <https://www.vhsl.org/forms/>.
2. Since the majority of these conditions are inherited, **be aware of your family history**, especially if any close family member:
 - a. had sudden unexplained and unexpected death before the age of 50.
 - b. was diagnosed with any of the heart conditions listed above.
 - c. died suddenly /unexpectedly during physical activity, during a seizure, from Sudden Infant Death Syndrome (SIDS) or from drowning

Information used in this document was obtained from the American Heart Association (www.heart.org), Parent Heart Watch (www.parentheartwatch.org), and the Sudden Cardiac Arrest Foundation (www.sca-aware.org). Visit these sites for more information.



VIRGINIA BEACH CITY PUBLIC SCHOOLS CHARTING THE COURSE

Sudden Cardiac Arrest (SCA) Information

Parent/Student Athlete Acknowledgement

The Code of Virginia § 22.1-271.8 requires that in order to participate in any extracurricular physical activity, each student-athlete and the student-athlete's parent or guardian shall review, on an annual basis, information provided by the local school division on symptoms that may lead to sudden cardiac arrest. After reviewing the materials, each student-athlete and the student-athlete's parent or guardian shall sign a statement acknowledging receipt of such information, in a manner approved by the Board of Education.

The Code of Virginia § 22.1-271.8 requires that a student-athlete who is experiencing symptoms that may lead to sudden cardiac arrest be immediately removed from play. A student-athlete who is removed from play shall not return to play until he is evaluated by and receives written clearance to return to physical activity by an appropriate licensed health care provider as determined by the Board of Education. The licensed health care provider evaluating student-athletes may be a volunteer.

I have reviewed the VBCPS Sudden Cardiac Arrest (SCA) Information Sheet.

Student-Athlete Name (PRINTED):

Student-Athlete Name (SIGNATURE):

Date:

Parent/Guardian Name (PRINTED):

Parent/Guardian Name (SIGNATURE):

Date:

VIRGINIA BEACH SCHOOL BOARD GRADING SCALE

Modified 10 Point Grading Scale

Range	Letter Grade	Points
93-100	A	4.0
90-92	A-	3.7
87-89	B+	3.3
83-86	B	3.0
80-82	B-	2.7
77-79	C+	2.3
73-76	C	2.0
70-72	C-	1.7
67-69	D+	1.3
64-66	D	1.0
Below 64	E	0.0

2.0 GRADE POINT AVERAGE REQUIREMENT FOR INTERSCHOLASTIC ACTIVITIES

On February 18, 1997, the School Board approved standards for participation in interscholastic activities in grades 6-12. The standards, which went into effect September 1997, are part of the school division's ongoing initiative to raise the level of student achievement. The standards are consistent with those in several other area localities and with the school division's determination to provide the kind of education that will prepare our students for the highly complex world of tomorrow.

Athletic and academic competition sponsored by Virginia Beach City Public Schools and the Virginia High School League are covered by the standards. Intramural sports and individual school extracurricular and club activities are exempt.

The minimum grade point average (GPA) eligibility requirement for participation in interscholastic activities is 2.0. High school and middle school students must have earned at least a 2.0 GPA in courses taken the semester immediately preceding the semester in which they want to participate. Final grades earned in courses taken during summer school will be averaged with the semester grades the student earned in courses taken during the second semester to determine a student's second semester grade point average. **Please be aware of the grading scale for VBCPS students (see previous page).**

Students who do not meet the GPA requirement in a given semester and who wish to participate, have the option to use a waiver available to them one time during their high school and middle school years. The GPA waiver may be used as long as all Virginia High School League (VHSL) requirements are met.

Additional information on using the waiver option and assistance to students desiring additional help to attain eligibility are available at each VBCPS high school and middle school.

Semester Rule

A student must not have been enrolled in middle school for a period of more than six consecutive semesters, beginning with the semester in which he/she was enrolled for the first time in the sixth grade. The six consecutive semesters shall be counted continuously from that point, regardless of whether or not he/she remains continuously enrolled.

*Please note additional **Individual Eligibility Rules** on page 18.

NCAA DIVISION I and II ACADEMIC REQUIREMENTS

http://fs.ncaa.org/Docs/eligibility_center/Student_Resources/DI_ReqsFactSheet.pdf

http://fs.ncaa.org/Docs/eligibility_center/Student_Resources/DII_ReqsFactSheet.pdf

TEAM POLICY AND SPORT SPECIFIC INFORMATION

Each sport has its own unique requirements and risks. To insure that the parent is informed prior to authorizing a child's participation in interscholastic athletics, the coach of each sport will speak on health risks particular to that sport at the preseason meeting. Instructional methods used to minimize these risks will also be explained. Questions are welcome.

In addition to becoming eligible and completing the necessary paperwork, each athlete must follow the specific rules developed by the coach. A clear understanding of these rules makes for a pleasant relationship among the parent, coach, and athlete. At the preseason meeting each coach will discuss his/her policy concerning:

1. School and practice attendance:
2. Practice schedule:
3. Training rules:
4. Citizenship/academic development:
5. Sickness/return from injury/emergency care:
6. Competition participation criteria:
7. Parental involvement:
8. Criteria for receiving participation certificates, letters, and other awards:
9. Transportation:
10. Impact/Concussion Information
11. Other Items:

VIRGINIA BEACH MIDDLE SCHOOL LEAGUE (VBMSL) ATHLETIC MANUAL PARENTAL STATEMENT OF UNDERSTANDING

The *VBMSL Athletic Manual* can be accessed online at
http://www.vbschools.com/calendar/athletic/pdfs/ms_athletic_manual.pdf
and contains information concerning:

2.0 Mandate for Interscholastic Activities	Acknowledgement of Risk	Anti-Hazing Statement
Athletic Training	Collegiate Eligibility Requirements	Concussion Information
Individual Eligibility Rules	Insurance	Medical History
Out-Of-Season Practice Rule	Parent/Coach Communication	Participation Expectations
Permission for Emergency Care	Physical Examination	Social Media Position Statement
Sportsmanship Guide	Team Policy and Specific Sports	VBCPS Grade Scale
Sudden Cardiac Arrest Info		

Parental Statement of Understanding:

- I have reviewed the Concussion in Sports – Information Sheet for Parents and Guardians provided to me at the sports informational meeting, in the *VBMSL Athletic Manual*, or by some other means.
- I have reviewed the ImPACT Concussion Management Program Information Sheet provided to me at the sports informational meeting, in the *VBMSL Athletic Manual*, or by some other means.
- I give permission for my son/daughter to participate in the ImPACT Concussion Management Program as outlined in the *VBMSL Athletic Manual*. VBCPS may release the ImPACT (Immediate Post-concussion assessment and Cognitive Test) results to my child's primary care physician, neurologist, or other treating physician, as requested.
- I have received a copy and reviewed the VBCPS Sudden Cardiac Arrest (SCA) Information Sheet.

I understand the policies governing interscholastic athletics in the Virginia Beach City Public Schools through attending a sports informational meeting, the *Virginia Beach Middle School League Athletic Manual*, or some other means, and by my signature, grant permission for the student's participation. I also understand that participation in school-sponsored activities is a privilege and not a property right; and therefore, the school's principal may suspend my son/daughter from participation by declaring him/her not in good standing if the student's character or conduct is such as to reflect discredit upon his/her school.



Aaron C. Spence, Ed.D., Superintendent
Virginia Beach City Public Schools
2512 George Mason Drive, Virginia Beach, VA 23456-0038

Produced by the Student Activities Office for the Virginia Beach Middle School League Athletic Manual.
For further information, please call (757)263 2030.

Notice of Non-Discrimination Policy

Virginia Beach City Public Schools does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation/gender identity, pregnancy, childbirth or related medical condition, disability, marital status, age, genetic information or veteran status in its programs, activities, employment, or enrollment, and provides equal access to the Boy Scouts and other designated youth groups. School Board policies and regulations (including, but not limited to, Policies 2-33, 4-4, 5-7, 5-19, 5-20, 5-44, 6-33, 6-7, 7-48, 7-49, 7-57 and Regulations 4-4.1, 4-4.2, 5-44.1, 7-11.1, 7-17.1 and 7-57.1) provide equal access to courses, programs, enrollment, counseling services, physical education and athletic, vocational education, instructional materials, extracurricular activities and employment.

Title IX Notice: Complaints or concerns regarding discrimination on the basis of sex or sexual harassment should be addressed to the Title IX Coordinator, at the VBCPS Office of Student Leadership, 641 Carriage Hill Rd, Ste. 200 Virginia Beach, Virginia 23452, (757)263-2020, Mary.Dees@vbschools.com (student complaints) or the VBCPS Department of Human Resources, Office of Employee Relations, 2512 George Mason Drive, Municipal Center, building 6, Virginia Beach, Virginia, 23456 (757) 263-1133, Edie.Rogan@vbschools.com (employee complaints). Additional information regarding Virginia Beach City Public Schools' policies regarding discrimination on the basis of sex and sexual harassment, as well as the procedures for filing a formal complaint and related grievance processes, can be found in School Board Policy 5-44 and School Board Regulations 5-44.1 (students), School Board Policy 4-4 and School Board Regulation 4-4.3 (employees), and on the School Division's website. Concerns about the application of Section 504 of the Rehabilitation Act should be addressed to the Section 504 Coordinator/Executive Director of Student Support Services at (757) 263-1980, 2512 George Mason Drive, Virginia Beach, Virginia, 23456 or the Section 504 Coordinator at the student's school. For students who are eligible or suspected of being eligible for special education or related services under IDEA, please contact the Office of Programs for Exceptional Children at (757) 263-2400, FACE Center, 641 Carriage Hill Road, Ste. 200, Virginia Beach, Virginia, 23452.

Alternative formats of this publication which may include taped, Braille, or large print materials are available upon request for individuals with disabilities. Call or write Student Activities Office, Virginia Beach City Public Schools, 641 Carriage Hill, Rd. Ste. 200, Virginia Beach, VA 23452-6546. Telephone 263-2030(voice); fax (757) 263-2032; 263-1240 (TDD).

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your virtual link to Hampton Roads' largest school system



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