



ATHLETICS PARTICIPATION FORMS PACKET

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

Please fill out **ALL** forms (some are front and back) in this packet starting with the information below and return to the office as a complete packet at the same time. Please also submit your athletic **Fee Payment** (\$35 per sport, \$50 for Football) with these forms. We accept cash, check (made out to EVMS with student's name written in the note section on the check) or credit card payment.

Please Note that **Sports Physicals** are good for **One Calendar Year** from the date of the last physical. If your child does not have a current physical on file you must submit one with these forms. Please call the EVMS Office at (970) 328-8910 with questions.

Student Name: _____ **Grade:** _____
(please print)

School: *(circle one)* EVMS / Stone Creek / Homeschool / Zealous School

Parent(s) Name: _____
(please print)

Parent(s) Email: _____

Parent(s) Phone: _____

For Office Use Only

- Current Physical on File
- New Physical Attached

Eagle Valley Middle School

Principal - Eric Mandeville

Asst. Principal - Erin Street



Eagle Valley Middle School Athletic/Activity Contract

Dear Participant:

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

- Citizenship:** Each participant represents the school and should exhibit the highest standard of morals, integrity, good sportsmanship, and citizenship both as a student in school and as a citizen in the community. Any behavior that violates this principle is not acceptable. While at school, all participants will abide by school rules as set forth by the school discipline code. They shall demonstrate the utmost respect to administrators, teachers, and support staff at all times. A student who receives a Behavior Referral may be ineligible to play in any contest for a week (7 days) from the date of the referral. An athlete who is suspended from school will not be permitted to participate during the suspension period.
- Clothing:** During every school day, students are expected to dress neatly. On days of events, participants will wear appropriate team dress as determined by the head coach or sponsor. No earrings, watches or other jewelry are to be worn during practices or athletic events.
- Equipment:** Participants are responsible for all equipment signed out to them. Any equipment ruined by washing or any other means will need to be replaced at the student's expense. Any equipment lost will be paid for by the time of the next event or you will not be allowed to participate in the next event. No athletic equipment issued by the school may be worn except during practices or contests unless otherwise directed by the coach/sponsor.
- Lockers:** No one will be allowed in the team locker room without a coach unless directed to be so by the coach. Athletes will be assigned one locker for the season. The locker will be kept clean and organized at all times. Sanitation is very important to prevent illness, infections, etc. An athletic lock will be issued to the athlete for his/her locker.
- Attendance:** Any participant who does not attend school by 12:00 p.m. on the day of practice or an event may not dress out for that practice or event. An athlete who does not dress out for P.E. will not participate in the contest that day. A participant who is at school but misses practice (without a note from the parent) will not participate in the **next** event: if a note is received from the parent verifying the missed practice was excusable, they may participate in the next event, but the amount of participation will be less. If you are going to be absent from practice, notify your coach/sponsor before practice. A participant will be dropped from the team on their second unexcused absence from practice.
Cut-Off: There is a two day cut-off procedure for the start of any athletic season. If the athlete does not have a physical completed or proof of insurance on file at school or if the participant does not come out for the first two practices, he/she may not be permitted to participate.
- Grades:** To remain eligible to participate, the student must not fail two subjects during a week's grading period. Weekly checks will be done to monitor each student's progress. An ineligible athlete remains so until the grading period the following week (7 days). If grades are not raised by the second consecutive week, the participant will be dismissed from the team/activity. An ineligible student is not to ride the team bus to events but will be permitted to sit with the team if they are in attendance at the event. Homework help is available for ineligible participants.

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

_____ Student Name (print)	_____ Student Signature	_____ Date
_____ Parent Name (print)	_____ Parent Signature	_____ Date

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

Eagle Valley Middle School

Principal - Eric Mandeville

Asst. Principal - Erin Street



Eagle Valley Middle School No Contact Rule

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

The Eagle Valley High School Athletic Department has received much input from our parents and coaches concerning this problem. We, at Eagle Valley Middle School, agree with their findings and contact rules with all coaching staff at EVMS. This means that any negative or abusive contact from a parent before, after, or during an athletic event (including phone calls to a coach's phone) will result in the suspension of both the player and the parent for two games.

This does not mean that parents are excluded from expressing their opinion and their concerns. Parents who feel they have legitimate concerns need an avenue in which to air them. If you have a concern, please address your concern through a written complaint and call Erin Street, EVMS Athletic Director at (970) 328-8910. The written complaint should be sent to erin.street@eagleschools.net. A meeting will be set up and all parties concerned will have an opportunity to discuss the issue. Hopefully, by addressing concerns in a constructive way the issue can be resolved and relationships between parents and coaches can remain positive.

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

I _____, parent of _____
understand that if I have a concern with a coach or athletic program I will address it with written complaint the following day. I will be contacted within one week (7 days) after the Athletic Director receives my letter for an update of the status of my concern. I understand that if I am abusive verbally or physically to a coach before, during or after a game my athlete and I will be suspended from the next two contests.

_____	_____	_____
Student Name (print)	Student Signature	Date
_____	_____	_____
Parent Name (print)	Parent Signature	Date

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Insurance Waiver

Student Name: _____ Grade: _____

(please print)

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

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

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

Parent Name (print)

Date

Parent Signature

This form should be placed into the athlete's medical file and should *not* be shared with schools or sports organizations.

■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). _____

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of >3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. 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)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

BONE AND JOINT QUESTIONS	Yes	No
14. 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?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or medicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

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

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

This form should be placed into the athlete's medical file and should not be shared with schools or sports organizations.

■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ (_____ / _____)	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, ears, nose, and throat • Pupils equal • Hearing		
Lymph nodes		
Heart ^a • Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Lungs		
Abdomen		
Skin • Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test		

^a Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA