



Vance County Middle School Athletics Guide

Academics First..... Athletics Second!!!

Fall Sports - August to November

Cheerleading, Football, Boys' Soccer, and Volleyball

Winter Sports – November - February

Cheerleading, Boys' and Girls' Basketball, and Wrestling

Spring Sports – February - May

Girls' Soccer, Boys', Boys' and Girls' Track, Girls' Softball, and Baseball

VCMS Athletic Expectations

- Athletes will follow all school and team rules.
- All athletes must be picked up within 15 minutes of specified time.
- A parent must secure permission from the coach to take your child home after an away event.
- All athletes must report to their assigned area after school.
- Athletes are expected to maintain passing grades.
- Playing time is a decision of the coach and there is no guarantee that your child will receive playing time. This will not be discussed during or immediately following a game. Please make an appointment to speak with the coach after practice to see what your child may do to improve their chances of increased playing time.

Eligibility

A student athlete must meet the following criteria prior to participating in any athletic activity.

- Age Requirements – A student may not participate if he/she becomes 15 on or before Aug. 31 of that school year.
- Academic Requirements - Must earn passing grades in 3 out of 4 core classes per semester. 6th graders are automatically eligible upon entering the 6th grade for the first time. The end of each semester determines the eligibility of the student from that point through 8th grade. If the student does not meet academic eligibility requirements, they are ineligible to participate in any sport until the end of the following semester. Students can only participate in athletics for 6 consecutive semesters beginning with entry into 6th grade.
- Attendance Requirements - Total absences cannot exceed 14 for the previous semester.
- May not play or practice in any event if suspended

SPORTSMANSHIP

Sportsmanship is defined as the quality of responsible behavior characterized by a spirit of generosity and genuine concern for opponents, Officials and teammates. **Athletes, students and parents should:**

- Realize you represent the school as does a member of the team; therefore, you have an obligation to be a true sportsman, encourage the practice of good sportsmanship.
- Recognize that good sportsmanship is **more** important than victory by applauding good team play, individual skill, and outstanding examples of sportsmanship and fair play exhibited by either team.
- Remember that the purpose of interscholastic athletics is to promote physical, mental, moral, social, and emotional well-being of the players through the medium of contest.
- Be modest in victory and gracious in defeat, respect the judgment and integrity of game officials.
- Finally realize that an admission ticket is a privilege to observe a contest and support school activities.

**KEEP PAGES 1 AND 2 FOR YOUR RECORDS
PLEASE COMPLETELY FILL OUT PAGES 3-6 AND RETURN**

CONCUSSION

INFORMATION FOR STUDENT-ATHLETES & PARENTS/LEGAL CUSTODIANS

What is a concussion? A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

How do I know if I have a concussion? There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

| Thinking/Remembering | Physical | Emotional/Mood | Sleep |
|---|---|--|---|
| Difficulty thinking clearly Taking longer to figure things out Difficulty concentrating Difficulty remembering new information | Headache Fuzzy or blurry vision Feeling sick to your stomach/queasy Vomiting/throwing up Dizziness Balance problems Sensitivity to noise or light | Irritability-things bother you more easily Sadness Being more moody Feeling nervous or worried Crying more | Sleeping more than usual Sleeping less than usual Trouble falling asleep Feeling tired |

Table is adapted from the Centers for Disease Control and Prevention (<http://www.cdc.gov/concussion/>)

What should I do if I think I have a concussion? If you are having any of the signs or symptoms listed above, you should tell your parents, coach, athletic trainer or school nurse so they can get you the help you need. If a parent notices these symptoms, they should inform the school nurse or athletic trainer.

When should I be particularly concerned? If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slurred, you should let an adult like your parent or coach or teacher know right away, so they can get you the help you need before things get any worse.

What are some of the problems that may affect me after a concussion? You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur once you have a concussion, you are more likely to have another concussion.

How do I know when it's ok to return to physical activity and my sport after a concussion? After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your school and your parents can help you decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. Your school will have a policy in place for how to treat concussions. You should not return to play or practice on the same day as your suspected concussion.

You should not have any symptoms at rest or during/after activity when you return to play, as this is a sign your brain has not recovered from the injury.

This information is provided to you by the UNC Matthew Gfeller Sport-Related TBI Research Center, North Carolina Medical Society, North Carolina Athletic Trainers' Association, Brain Injury Association of North Carolina, North Carolina Neuropsychological Society, and North Carolina High School Athletic Association.

KEEP PAGES 1 AND 2 FOR YOUR RECORDS AND RETURN PAGES 3-6

Student-Athlete Concussion Statement

**If there is anything on this sheet that you do not understand, please ask an adult to explain or read it to you.*

- I have read the Student-Athlete Concussion Information Sheet. *If true, please check box.*
- It is my responsibility to tell my parents, my coach, and/or medical professional about my injuries and illnesses. If you agree, please check box.

After reading the information sheet, I am aware of the following information:

(Please Initial Each Box after Reading and Sign the bottom)

| Student-Athlete Initials Each Block | INITIAL EACH STATEMENT ACKNOWLEDGING YOU UNDERSTAND |
|-------------------------------------|--|
| | A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available. |
| | A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance. |
| | A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury. |
| | If I think a teammate has a concussion, I should tell my coach(es), parents, or medical professional about the concussion. |
| | I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms. |
| | I will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion. |
| | Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away right away. I realize that resolution from this injury is a process and may require more than one medical evaluation. |
| | After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away. |
| | Sometimes, repeat concussions can cause serious and long-lasting problems. |
| | I have read the concussion symptoms on the Concussion Information Sheet. |

Signature of Student-Athlete

Printed Name of Student Athlete

Date

Parent Concussion Statement

- I have read the Concussion Information Sheet. *If true, please check box.*
- I should not allow any student-athlete exhibiting signs and symptoms consistent with a concussion to return to play or practice on the same day. If you agree, please check box.

After reading the information sheet, I am aware of the following information:

(Please Initial Each Box after Reading and Sign the bottom)

| Parent Initials Each Block | INITIAL EACH STATEMENT ACKNOWLEDGING YOU UNDERSTAND |
|----------------------------|--|
| | A concussion is a brain injury. |
| | A concussion can affect a student-athlete's ability to perform everyday activities such as the ability to think, balance, and classroom performance. |
| | I realize that I cannot see a concussion but I might notice some of the signs in a student-athlete right away. Other symptoms can show up hours or days after an injury. |
| | If I suspect a student-athlete has a concussion, I am responsible for removing them from the activity and referring them to a medical professional trained in concussion management. |
| | Student-athletes need written clearance from a medical professional trained in concussion management to return to play or practice after a concussion. |
| | I will not allow any student-athlete to return to play or practice if I suspect that he/she has received a blow to the head or body that resulted in signs or symptoms consistent with a concussion. |
| | Following a concussion, the brain needs time to heal. I understand that my child is much more likely to sustain another concussion or more serious brain injury if they return to play or practice before concussion symptoms go away. |
| | In rare cases, repeat concussions can cause serious and long-lasting problems. |
| | I have read the concussion symptoms on the Concussion Information Sheet. |

Signature of Parent

Printed Name of Parent

Date

VCMS ATHLETICS TEAM RULES

BEHAVIOR:

- Students will display appropriate behavior in the classroom.
- Each athlete is to display **GOOD SPORTSMANSHIP** at all times, during practice, home games, and away games.
- Each athlete is to display **GOOD SPORTSMANSHIP** towards teammates, teachers, coaches, opposing team, and on and off the court

ACADEMICS:

- Each student-athletes (**remember student-athlete; notice student first**) is expected to maintain high academic standards to participate on our athletics teams. Students in the 6th, 7th and 8th grade are eligible to participate in VCMS sport based upon their academic performance. Students can be removed from teams for not maintaining a passing average at the end of each 9 weeks.

SUSPENSION and DISCIPLINE:

- Any athlete that goes to ISS (In School Suspension), discipline will be handled by the coaching staff.
- Any athlete that goes to ISS a second time will miss one game.
- Any athlete that goes to ISS a third time can be dismissed from the team.
- Any athlete suspended from school will be dismissed from the team (**only infraction that will be investigated will be fighting**)

PRACTICES:

- Two (2) **UNEXCUSED** practices can be dismissed from the team

AS PARENTS:

- We expect your **SUPPORT** and **RESPECT**
- We expect you to allow **US** to coach your child
- We expect you to respect **OUR DECISION** to play or not to play your child
- We expect you to pick your child up **ON TIME**
- We expect you to **DEMONSTRATE GOOD SPORTSMANSHIP** at games
- We expect you to inform us if your child will be leaving with you after the game; also please notify us **IN WRITING** if your child will be leaving with someone other than you.
-

AS COACHES:

- We will **RESPECT, REPRIMAND, CONDITION, SUPERVISE** and **TEACH** your child
- We will keep your child **SAFE**, while transporting them to and from games, at practice and during study hall
- We will demonstrate **GOOD SPORTSMANSHIP** at all time

Any questions or concerns please contact Mr. Manley, Athletic Director (252) 492-6041 or see your child's coach.

Please sign below and return.

Parent's signature: _____ Parent's Printed Name _____

Athlete's signature: _____ Athlete's Printed Name _____

**Vance County Middle School
Parental Permission for Athletic Participation**

Student Athlete: (Please Print Full Name)

Sport Interested In: Circle All That Apply

Football Volleyball Soccer Cheerleading Basketball Wrestling Baseball Softball Track

Circle Choice:

Gender: Male / Female Date of Birth: _____ Age _____ Grade _____

Assumption of Risk: We acknowledge and understand that there is a risk of injury involved in athletic participation. We understand that the student-athlete will be under the supervision of a VCMS athletic coach. We agree to follow the rules of the sport and the instructions of the coach in order to reduce the risk of injury to the student and other athletes. However, we acknowledge and understand that neither the coach nor VCMS can eliminate the risk of injury in sports. Injuries may and do occur. Sports injuries can be severe and in some cases may result in permanent disability or even death. We freely, knowingly and willfully accept and assume the risk of injury that might occur from participation in athletics and give consent for participation in athletics.

Insurance: We understand that that the student athletic insurance has been purchased by Vance County Schools. This insurance is “Excessive or Secondary” which means we must process any claim against our personal company policy first, (if applicable). We also understand that the school policy has benefit limitations and accept responsibility for any expense not covered by the student-athletes plan.

Certification and Medical Authorization: We certify that all of the information provided by us on this form is correct. We agree to abide by state and local rules. We give our consent for the student to receive a medical screening examination prior to participation in athletics. A medical screening is required every 365 days. If the student-athlete is injured while participating in athletics and VCMS is unable to contact the parent, we grant VCMS permission and authority to obtain necessary medical care and/or treatment for the student’s injury. Treatment may include but is not limited to first aid, CPR, medical or surgical treatment recommended by a physician. We accept the financial responsibility for such medical care or treatment.

Use of Student Photos: I also understand that the Vance County Middle School Athletic Department retains the right to use for publicity purposes and advertising purposes the photographs\videos of participants taken at athletic practices and contest. The participants name will not be posted on any photos or videos posted by the Vance County Middle School Athletic Department.

Request for Permission: We, the undersigned student and the student’s parent/guardian have read this document and understand all of the risk and expectations for athletic participation at Vance County Middle School and apply for permission to participate in interscholastic athletics.

(After Reading Please Sign and Date)

Student: _____

Date: _____

Parent/Guardian: _____

Date: _____

**Vance County Middle School
Office of the Athletic Director**

293 Warrenton Rd
Henderson, NC 27536
Phone (252) 492-6041
Fax (252) 492-7878

Medical Emergency Form

Please fill out the following information in the event of an emergency, in which your child is involved and would need emergency care.

**A copy will be kept on file and used as needed.
(PLEASE PRINT)**

Athlete's Full Name _____

Athlete's Address _____

Parent/Guardian's Name _____

Parent/Guardian's Phone Number _____

Nearest Relative In Case You Cannot Be Contacted

Name _____ Relationship _____

Phone Number _____

Family Physician _____ Phone# _____

Medical Allergies _____

As Parent or Legal Guardian of _____

I grant permission for treatment deemed necessary for a condition arising during school-sponsored athletic activities, including medical or surgical treatment recommended by a medical doctor.

Parent/Guardian Signature: _____ Date: _____