



MHSA CONFIDENTIAL ATHLETIC PREPARTICIPATION PHYSICAL EXAMINATION

Students must have a preparticipation physical examination completed yearly prior to the first practice of any sport. This examination must be certified by a licensed medical professional acting within the scope and limitations of his/her practice. While Logan Health is the preferred medical provider of the MHSA, parents/guardians may choose their own medical provider for their Physical Examination. This certification is valid for a period of one school year. A physical examination conducted before May 1st is not valid for participation for the following school year. All information is to remain confidential.

HISTORY FORM

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

Athlete Name: _____ Gender: _____ Grade: _____ Date of Birth: _____

Home Address: _____ Phone Number: _____

Parent/Guardian's Name: _____ Family Physician: _____

Date of examination: _____ Current school: _____

List past and current medical conditions. _____

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

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 the form. Circle questions if you don't know the answer.)			HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		
	YES	NO		YES	NO
Do you have any concerns that you would like to discuss with your provider?			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)?		
2. Has a provider ever denied or restricted your participation in sports for any reason?			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)?		

3. Do you have any ongoing medical issues or recent illness?			13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		
HEART HEALTH QUESTIONS ABOUT YOU	YES	NO	BONE AND JOINT QUESTIONS	YES	NO
4. Have you ever passed out or nearly passed out during or after exercise?			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?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			15. Do you have a bone, muscle, ligament, or joint injury that currently bothers you?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?			16. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?		
7. Has a doctor ever told you that you have any heart problems?			MEDICAL QUESTIONS	YES	NO
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.			17. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
9. Do you get light-headed or feel shorter of breath than your friends during exercise?			18. Have you ever used an inhaler or taken asthma medicine?		
10. Have you ever had a seizure?			19. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
MEDICAL QUESTIONS (CONTINUED)	YES	NO	ADDITIONAL INFORMATION		
20. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			Explain any "Yes" responses to questions in the history sections below.		
21. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?			_____		
22. 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?			_____		
23. Have you ever become ill while exercising in the heat?			_____		
24. Do you or does someone in your family have sickle cell trait or disease?			_____		
25. Have you had or do you have any problems with your eyes or vision?			_____		
26. Have you ever had an eating disorder?			_____		
27. Have you had infectious mononucleosis (mono) within the last Month?			_____		
FEMALES ONLY	YES	NO	_____		
28. Have you ever had a menstrual period?			_____		
29. How old were you when you had your first menstrual period?			_____		
30. When was your most recent menstrual period?			_____		
31. How many periods have you had in the past 12 months?			_____		

Name of Athlete (typed or printed): _____

Signature of Athlete: _____

PARENT'S OR GUARDIAN'S PERMISSION AND RELEASE

I certify that the information provided by the student/parent(s) is accurate to the best of my knowledge. I hereby give my consent for the above student to engage in approved athletic activities as a representative of his/her school, except those indicated above by the licensed professional. I also give my permission for the team physician, athletic trainer, or other qualified personnel to have access to information provided here as well as to give first aid treatment to this student at an athletic event in case of injury. If emergency service involving medical action or treatment is required and the parents(s) or guardian(s) cannot be contacted, I hereby consent for the student named above to be given medical care by the doctor or hospital selected by the school.

Name of Parent/Guardian (typed or printed): _____

Signature of Parent/Guardian: _____

Date: _____ Address: _____ Insurance Company: _____

Parent's Home Phone: _____ Parent's Cell Phone: _____ Parent's Work Phone: _____

ALL INFORMATION IS TO REMAIN CONFIDENTIAL



PROVIDER'S PHYSICAL EXAMINATION FORM

Athlete Name: _____ Date of Birth: _____

EXAMINATION: TO BE FILLED OUT BY MEDICAL PROVIDER ONLY		
Height: _____ Weight: _____		
Pulse: _____ BP: _____ / _____ Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N Pupils: <input type="checkbox"/> Equal <input type="checkbox"/> Unequal		
MEDICAL (Please initial)	NORMAL	ABNORMAL FINDINGS
Appearance (Marfan stigmata)		
Eyes/Ears/Nose/Throat (pupils equal, hearing)		
Lymph Nodes		
Heart (murmurs)		
Pulses (simultaneous femoral and radial)		
Lungs		
Abdomen		
Skin (HSV, MRSA, tinea corporis)		
Neurological		
Genitourinary (males only)		
MUSCULOSKELETAL (Please initial)	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hands/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		
Functional (double-leg squat test, single-leg squat test, box drop or step drop test)		

Notes: _____

CLEARANCE

Cleared without restriction
 Cleared with recommendations for further evaluation or treatment for: _____

Not cleared for All sports Certain sports _____ Reason: _____

Recommendations: _____

Name of Physician/Medical Provider [print or type]: _____ Date: _____

Address: _____ Phone: _____

Signature of Physician/Medical Provider: _____

Student-Athlete & Parent/Legal Custodian Concussion Statement

Because of the passage of the Dylan Steiger's Protection of Youth Athletes Act, schools are required to distribute information sheets for the purpose of informing and educating student-athletes and their parents of the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury. Montana law requires that each hear, before beginning practice for an organized activity, a student-athlete and the student-athlete's parent(s)/legal guardian(s) must be given an information sheet, and both parties must sign and return a form acknowledging receipt of the information to an official designated by the school or school district prior to the student-athletes participation during the designated school year. The law further states that a student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from play at the time of injury and may not return to play until the student-athlete has received a written clearance from a licensed health care provider.

Student-Athlete Name: _____

This form must be complete for each student-athlete, even if there are multiple student-athletes in each household.

Parent/Legal Custodian Name(s): _____

We have read the *Student-Athlete & Parent /Legal Custodian Concussion Information Sheet*.

If true, please check box.

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

Student-Athlete Initials		Parent/Legal Custodian Initials
	A concussion is a brain injury, which should be reported to my parents, my coaches, 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.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	N/A
	If I think a teammate has a concussion, I should tell my coach, parents, or licensed health care professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A

	<p>I will/my child will need written permission from a licensed health care professional to return to play or practice after a concussion.</p>	
	<p>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.</p>	
	<p>Sometimes, repeat concussions can cause serious and long-lasting problems.</p>	
	<p>I have read the concussion symptoms on the Concussion fact sheet.</p>	

Signature of Student-Athlete

Date

Signature of Parent/Legal Custodian

Date

A concussion is a type of traumatic brain injury, or TBI, that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. Concussions can occur in any sport or recreation activity so; all coaches, parents, and athletes need to learn concussion signs and symptoms and what to do if a concussion occurs.

SIGNS AND SYMPTOMS OF A CONCUSSION

Signs Observed by Parents or Guardians	Symptoms Reported by Your Child or Teen	
<ul style="list-style-type: none"> *Appears dazed or stunned *Is confused about events *Answers questions slowly *Repeats questions *Can't recall events prior to the hit, bump, or fall *Loses consciousness (even briefly) *Shows behavior or personality changes *Forgets class schedule or assignments 	<p>Thinking/Remembering</p> <ul style="list-style-type: none"> * Difficulty thinking clearly *Difficulty concentrating or remembering. *Feeling more slowed down *Feeling sluggish, hazy, foggy, or groggy <p>Physical:</p> <ul style="list-style-type: none"> *Headache or "pressure in head *Nausea or vomiting *Balance problems or dizziness *Fatigue or feeling tired *Blurry or double vision *Sensitivity to light or noise *Numbness or tingling *Does not "feel right" 	<p>Emotional:</p> <ul style="list-style-type: none"> *Irritable *Sad *More emotional than usual *Nervous <p>Sleep:</p> <ul style="list-style-type: none"> *Drowsy *Sleeps less than usual *Sleeps more than usual *Has trouble falling asleep <p><i>*Only ask about sleep symptoms if the injury occurred n a prior day.</i></p>

Links to other resources

- **CDC-Concussion in Sports:** <http://www.cdc.gov/concussion/sports/index.html>
- **National Federation of State High School Association/Concussion in Sports – What You Need To Know:** www.nfhslearn.com
- **Montana High School Association – Sports Medicine Page:** <http://www.mhsa.org/SportsMedicine/SportsMed.htm>



Heads Up to Schools: KNOW YOUR CONCUSSION ABCs

Assess
the
situation

Be alert for
signs and
symptoms

Contact a
health care
professional

A Fact Sheet for Parents

What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious.

Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

What are the signs and symptoms of a concussion?

You can't see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how your child or teen is acting or feeling, if symptoms are getting worse, or if s/he just "doesn't feel right." Most concussions occur without loss of consciousness.

If your child or teen reports *one or more* of the symptoms of concussion listed below, or if you notice the symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

SIGNS AND SYMPTOMS OF A CONCUSSION

SIGNS OBSERVED BY PARENTS OR GUARDIANS

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to the hit, bump, or fall
- Can't recall events *after* the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

SYMPTOMS REPORTED BY YOUR CHILD OR TEEN

Thinking/Remembering:

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

Physical:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

Emotional:

- Irritable
- Sad
- More emotional than usual
- Nervous

Sleep*:

- Drowsy
- Sleeps *less* than usual
- Sleeps *more* than usual
- Has trouble falling asleep

**Only ask about sleep symptoms if the injury occurred on a prior day.*

To download this fact sheet in Spanish, please visit: www.cdc.gov/Concussion. Para obtener una copia electrónica de esta hoja de información en español, por favor visite: www.cdc.gov/Concussion.



DANGER SIGNS

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)



Children and teens with a concussion should **NEVER** return to sports or recreation activities on the same day the injury occurred. They should delay returning to their activities until a health care professional experienced in evaluating for concussion says they are symptom-free and it's OK to return to play. This means, until permitted, not returning to:

- Physical Education (PE) class,
- Sports practices or games, or
- Physical activity at recess.

What should I do if my child or teen has a concussion?

1. **Seek medical attention right away.** A health care professional experienced in evaluating for concussion can determine how serious the concussion is and when it is safe for your child or teen to return to normal activities, including physical activity and school (concentration and learning activities).
2. **Help them take time to get better.** If your child or teen has a concussion, her or his brain needs time to heal. Your child or teen may need to limit activities while s/he is recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse. After a concussion, physical and cognitive activities—such as concentration and learning—should be carefully managed and monitored by a health care professional.
3. **Together with your child or teen, learn more about concussions.** Talk about the potential long-term effects of concussion and the dangers of returning too soon to normal activities (especially physical activity and learning/concentration). For more information about concussion and free resources, visit: www.cdc.gov/Concussion.

How can I help my child return to school safely after a concussion?

Help your child or teen get needed support when returning to school after a concussion. Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms. Your child may feel frustrated, sad, and even angry because s/he cannot return to recreation and sports right away, or cannot keep up with schoolwork. Your child may also feel isolated from peers and social networks. Talk often with your child about these issues and offer your support and encouragement. As your child's symptoms decrease, the extra help or support can be removed gradually. Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed,
- Spend fewer hours at school,
- Be given more time to take tests or complete assignments,
- Receive help with schoolwork, and/or
- Reduce time spent reading, writing, or on the computer.



*To learn more about concussion and to order materials **FREE-OF-CHARGE**, go to: www.cdc.gov/Concussion or call 1.800.CDC.INFO.*

HEADS+UP

CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **ATHLETES**

What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body.
- Can change the way your brain normally works.
- Can occur during practices or games in any sport or recreational activity.
- Can happen even if you haven't been knocked out.
- Can be serious even if you've just been "dinged" or "had your bell rung."

All concussions are serious. A concussion can affect your ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most people with a concussion get better, but it is important to give your brain time to heal.

What are the symptoms of a concussion?

You can't see a concussion, but you might notice **one or more** of the symptoms listed below or that you "don't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

What should I do if I think I have a concussion?

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach right away if you think you have a concussion or if one of your teammates might have a concussion.
- **Get a medical check-up.** A doctor or other health care professional can tell if you have a concussion and when it is OK to return to play.
- **Give yourself time to get better.** If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have another concussion. Repeat concussions can increase the time it takes for you to recover and may cause more damage to your brain. It is important to rest and not return to play until you get the OK from your health care professional that you are symptom-free.

How can I prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Use the proper sports equipment, including personal protective equipment. In order for equipment to protect you, it must be:
 - The right equipment for the game, position, or activity
 - Worn correctly and the correct size and fit
 - Used every time you play or practice
- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

**If you think you have a concussion:
Don't hide it. Report it. Take time to recover.**

It's better to miss one game than the whole season.

For more information and to order additional materials *free-of-charge*, visit: www.cdc.gov/Concussion.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



R&L Fusion

Richey Schools— PO Box 60, Richey, MT 59259---773-5523; fax 773-5554
Lambert Schools—PO Box 260, Lambert, MT 59243—774-3333; fax 774-3335

TRAVEL ITINERARY

GROUP _____

COACH _____ **CELL #** _____

PURPOSE OF TRAVEL _____

DESTINATION _____

TRANSPORTATION VIA _____
(AD will complete)

LODGING AT _____ **PHONE:** _____
(AD will complete) (AD will complete)

TENTATIVE ACTIVITY SCHEDULE:

DAY 1:

DAY 2:

DAY 3:

DAY 4:

DAY 5:

Brief description of season—team and individual accomplishments, etc.

Individual Awards or Accomplishments (All-Conference, Tourney Team, All-State, School Record, etc:

(Signature of Head coach)

R&L Fusion

Richey Schools— PO Box 60, Richey, MT 59259---773-5523; fax 773-5554
Lambert Schools—PO Box 260, Lambert, MT 59243—774-3333; fax 774-3335

FUSION FOOTBALL WARNING/HELMET DISCLAIMER

Football helmets are designed to offer some protection to the players' head—not the neck and the spine.

A football helmet is not designed to protect the neck—a helmet cannot prevent cervical dislocation or fracture resulting in spinal cord injury or quadriplegia.

A football helmet cannot prevent closed head or brain injuries including concussion that might occur as a result of participating in the game of football.

A football helmet cannot prevent or eliminate the risk of sustaining a concussion.

Players are not to return to play after suffering a head or brain injury without a doctor's written permission to do so.

Football is a dangerous sport. Injuries may occur as a result of intentional or accidental contact while participating in football. Even if you follow the rules, there is a chance that you can still be injured. NEVER use the helmet or the facemask as a point of contact. Each time you step onto the field there is a chance that you may be seriously injured. Injuries may include a broken bone or more serious injuries to the brain or cervical spine which could render you paralyzed or even result in death.

I have read the above warnings and accept the risks involved with my participation in football for Lambert and Richey schools.

Football Helmet Number

(Participant)

(date)

I have read the above warnings and accept the risks involved for my student's participation in football for Lambert and Richey schools.

(Participant's parent/guardian)

(date)

R&L Fusion

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Lambert Schools—PO Box 260, Lambert, MT 59243—774-3333; fax 774-3335

UNIFORM/EQUIPMENT INVENTORY for PROGRAM: _____

Using the inventory given to you at the beginning of the season, please inventory your sports' stock upon your season's end, noting any changes to your inventory by crossing out what is incorrect and filling in the correct info.

The Co-op Clerk will add new inventory from your season, so you don't need to make those adjustments.

Sign and attach this page to the top of your Inventory and turn it into your AP, upon your season's end.

**I have updated my inventory to the best of my knowledge and the attached pages show changes that need to be made.

(Head Coach's Signature)

(Date)

R&L Fusion HEAD Coaches' End-of-Season Assessment: Form P

Name of Coach _____

Sport Assignment _____

Level _____

Date: _____

**Coach is complete based on self assessment of his/her performance, indicating mark with an "O"

**A.D. will mark Coaches' Assessment with an "X". Upon completion, both parties will collaborate and discuss the season, the coaches' performance, both assessments, suggestions for improvement, and ideas for the future.

NA

Critical

No Improvement

Problem

Needed

I. Professional and Personal Relationships:

1.1 Cooperation with AD's in regard to submitting participant lists, parent permission and physical slips, concussion checklist, year-end reports, program information relative to your sport.

1 2 3 4 5

1.2 Rapport with the athletic coaching staff.

1 2 3 4 5

1.3 Appropriate dress at practices and games.

1 2 3 4 5

1.4 Participation in a reasonable number of professional in-service meetings and/or workshops.

1 2 3 4 5

1.5 Public relations: Cooperation with newspapers, radio, T.V., Booster Clubs, parents and interested spectators.

1 2 3 4 5

1.6 Understanding and cooperation with rules and regulations as set forth by all governing agencies of your sport (Co-op, schools, MHSA, District, Division)

1 2 3 4 5

1.7 Preparation and attendance at Parent's night, banquets, pep assemblies, letters to colleges regarding players, and encouragement of students to enter sports for the benefits that can be obtained from participation.

1 2 3 4 5

1.8 Sideline conduct at games toward players, officials, and other workers.

1 2 3 4 5

Works cooperatively with co-op clerk & secretary in regard to paperwork, contracts, PO's, ordering, & other related items.

1 2 3 4 5

II. Coaching Performance:

2.1 Develops respect by example in appearance, manners, behavior, language, interest.	1	2	3	4	5
2.2 Supervision and administration of locker and training rooms.	1	2	3	4	5
2.3 Is well versed and knowledgeable in matters pertaining to sport.	1	2	3	4	5
2.4 Has individual and team discipline and control.	1	2	3	4	5
2.5 Prepares for daily practices with staff so maximum instruction is presented utilizing all opportunities for instruction and plans for contests (written practice plans).	1	2	3	4	5
2.5 Is organized.	1	2	3	4	5
2.6 Provides for individual as well as group instruction.	1	2	3	4	5
2.7 Helps other coaches become better coaches.	1	2	3	4	5
2.8 Develops integrity within the coaching staffs and among fellow coaches.	1	2	3	4	5
2.9 Is fair, understanding, tolerant, sympathetic and patient with team members.	1	2	3	4	5
2.10 Is innovative using new coaching techniques and ideas; in addition to using sound, already proven methods of coaching.	1	2	3	4	5
2.11 Is prompt in meeting team for practices and games.	1	2	3	4	5
2.12 Shows an interest in athletes in off-season activities and classroom efforts.	1	2	3	4	5
2.13 Provides leadership and attitudes that produce winners and winning efforts by participants.	1	2	3	4	5

III. Related Coaching Responsibilities:

3.1 Maintains safety, treats injuries, follows guidelines for return-to-play, has a current First Aide Card.	1	2	3	4	5
3.2 Care of equipment/uniforms, including issuing, inventory and storage.	1	2	3	4	5
3.3 Is cooperative in pre-season preparation, including putting out player/parent letter, holding a pre-season meeting, and the like.	1	2	3	4	5
3.4 Is cooperative in sharing the use of facilities.	1	2	3	4	5

3.5 Understands place in the line of authority in relationship to: 1. Head Coach--Athletic Director. 2. Head Coach--Assistant Coach. 1 2 3 4 5

3.6 Shows self-control and poise in all areas related to coaching responsibilities. 1 2 3 4 5

3.7 Displays enthusiasm and vitality in assignment as a coach. 1 2 3 4 5

3.8 Keeps Athletic Director informed events within the sport activity. 1 2 3 4 5

IV. Overall development of Players, Team(s), and Program:

4.1 Develops positive attitudes and sportsmanship in players 1 2 3 4 5

4.2 Works to develop and/or maintain rapport with and among players 1 2 3 4 5

4.3 Works to properly prepare athletes and team for competition 1 2 3 4 5

4.4 Maintains a competitive performance standard. 1 2 3 4 5

4.5 Sets goals for program development and works to develop and/or maintain program for longevity and success 1 2 3 4 5

4.6 Shows a willingness to establish goals for each season and to evaluate whether those goals have been met. 1 2 3 4 5

OVERALL POSITIVE COMMENTS:

AREAS TO WORK TO IMPROVE:

COACH'S SIGNATURE:

AD SIGNATURE:

DATE:

FORM P continued)

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Lambert Schools—PO Box 260, Lambert, MT 59243—774-3333; fax 774-3335

R&L FUSION ASSISTANT COACH EVALUATION

NAME:

SPORT:

DATE:

This instrument will evaluate the performance and proficiency of the coach and will focus on helping professional growth.

	SATISFACTORY	NEEDS IMPROVEMENT	NOT ACCEPTABLE
Supports head coach			
Implements program of head coach			
Contributes to planning			
Knowledge of the sport			
Rapport with the staff			
Teaching, coaching skills			
Positive role model; sportsmanship			
Follows rules (school & MHSA)			
Rapport with players & parents			
Safety, care of injuries			
Care of equipment			

Ability to motivate			
Assists with supervision			
Promptness/dependability			

Head Coach's Comments:

Activities Director's Comments:

Signatures: Coach: _____ Date: _____

Head Coach: _____ Date: _____

Activities Director: _____ Date: _____

(FORM Q)

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Lambert Schools—PO Box 260, Lambert, MT 59243—774-3333; fax 774-3335

END OF THE SEASON HEAD COACH'S CHECKOUT LIST

Be sure to complete the following tasks. Remember these must be taken care of 3 weeks after your season has concluded. Responsibility to completing these tasks well and on time will be reflected in your coach's evaluation. You will not receive your full coaching stipend until this has been completed and signed off on.

COACH'S NAME: _____

SPORT COACHED: _____ LEVEL: _____

DATE TURNED IN TO AD: _____

_____ Collect and properly store cleaned uniforms. **FORM M**

_____ Collect and properly store any equipment used.

_____ Update uniform and equipment inventory. **FORM M, N**

_____ Turn in season summary and scorebook to AD. **FORM I**

_____ If applicable, have a post-season meeting with participants.

_____ Determine awards and order them through AD (to include participation certificates as well). **FORM I**

_____ Determine equipment and supply needs, and order them through AD. **FORM K**

_____ Turn in all other requests—scouting mileage, etc. **VARIOUS FORMS**

_____ Turn in hours logged during season.

_____ Receive evaluation feedback and copy of evaluation from AD. **FORM P**

COACH'S SIGNATURE: _____

AD'S SIGNATURE: _____

R&L Fusion

Richey Schools— PO Box 60, Richey, MT 59259---773-5523; fax 773-5554
Lambert Schools—PO Box 260, Lambert, MT 59243—774-3333; fax 774-3335

PASSENGER MANIFEST

A complete passenger list must be completed prior to departure to any away games. The list must include **ALL** passengers including the coaches and be approved by the administration of the school providing the transportation. This list shall also serve as the parent sign-out in the event a parent gives permission for their student to travel home by other means than the provided school transportation. The parent must provide their signature in the appropriate area by their student's name and when doing so, releases the co-op and both schools from the responsibility and liability of that student.

Coach completing this form: _____ Superintendent Approval _____

Date _____ Event _____ Total Passengers _____

PASSENGER	CONTACT PHONE #	PARENT RELEASE SIGNATURE**
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1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

- 21. _____
- 22. _____
- 23. _____
- 24. _____
- 25. _____
- 26. _____
- 27. _____
- 28. _____
- 29. _____
- 30. _____

** Signature reinforces the following disclaimer: I release Lambert Public Schools and Richey Public Schools and their coaching staff from any liability resulting in my taking my athlete into my custody following participations event referred to on this document.

FUSION ATHLETICS COMMENT FORM

In effort to provide continual improvement to the R&L athletic cooperative, the Co-op Board has developed a policy and form for parents and/or student athletes to comment on the athletic program. The procedure of completing the form and submitting are as follows:

1. Comment period ends 4 days after the last game played by the Fusion for that sport.
2. Concerns must be discussed with the coach and Athletic Director before submitting comment form.
3. Comment form will not contain any derogatory language about any individuals and should provide constructive information.
4. Comment form must be signed and dated. Unsigned forms will not be considered.
5. Comments may or may not be utilized by the Co-op staff and Board.

Comment Form for Co-op Athletics

Sport: _____ Coach(es): _____

1. Some of the positive aspects I observed about the program and/or coach(es) for this sport were:

2. Some of the concerns I would like the Athletic Directors, Administrators, and Co-op Board to consider about the program and/or coaches(es) of this program are:

I _____ have followed the proper chain of common and have discussed my concerns with the coach(es) for this sport and the Athletic Directors and realize this comment form is a tool to help improve the Athletic Co-op. This comment form may or may not be utilized by the Co-op Staff and Board.

Signature

Date

COACH'S HANDBOOK STATEMENT OF UNDERSTANDING

The R&L Fusion Coach's Handbook and Policy and Procedure Manual describe important information about the Richey/Lambert Athletic Co-op and I understand that I should consult the Superintendents regarding any questions not answered in the handbook. I have entered into my employment relationship with Richey and Lambert schools voluntarily and acknowledge that the specified length of my employment is stated in the signed contract.

Since the information, policies, and benefits described here are necessarily subject to change, I acknowledge that revisions to the handbook and policy and procedure manual may occur. All such changes will be communicated through official notices and I understand that revised information may supersede, modify, or eliminate existing policies. Only the school boards of Richey and Lambert have the ability to adopt and revisions to the policies in this handbook.

Furthermore, I acknowledge that this handbook and policy and procedure manual are neither a contract of employment nor a legal document. I have received the handbook and policy and procedure manual and understand that it is my responsibility to read and comply with the policies contained in these documents and any revisions made to it.

EMPLOYEE'S NAME: (printed): _____

EMPLOYEE'S SIGNATURE: _____

DATE: _____