Vance County Middle School
Athletics Guide

Academics First….. Athletics Second!!!

Fall Sports - August to November
Cheerleading, Cross Country, Flag Football, Football, Boys' Soccer, and Volleyball
Winter Sports – November - February
Cheerleading, Basketball, and Wrestling
Spring Sports – February - May
Baseball, Girls' Soccer, Softball and Track

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.

- Medical Exam - must have a current physical exam conducted by a licensed physician
- 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. Therefore, you have an obligation to be a true sportsman and 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.

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

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.

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.

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.

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

Vance County Middle School
Student-Athlete & Parent/Legal Custodian 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.*

Student-Athlete Name:_____

This form must be completed 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:
(Please Initial Each Box after Reading and Sign the bottom)

Student-Athlete Initials	INITIAL EACH STATEMENT ACKNOWLEDGING YOU UNDERSTAND	Parent/Legal Custodian Initials
	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.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	
	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/my child 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.	
	I realize that ER/Urgent Care physicians will not provide clearance if seen right away after the injury.	
	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 Date

_____ _____
Signature of Parent/Legal Custodian 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) i**s expected to maintain high academic standards to participate on our athletics teams. Students in the 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 will 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 will 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

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 _____

Birth date _____ Last 4 Digits of Social Security Number _____

Athlete's Address _____

Mother's Name _____

Mother's Numbers – Cell _____ Home _____ Work _____

Father's Name _____

Father's Numbers – Cell _____ Home _____ Work _____

Nearest Relative In Case You Cannot Be Contacted

Name _____ Relationship _____

Phone Numbers - Cell _____ Home _____ Work _____

Insurance Company Name: _____

Group/Policy Number: _____

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: _____