

# STUDENT ACTIVITIES CONTRACT 2019 - 2020

Participation in athletics and other student activities is a privilege and, as such, requires that students adhere to certain rules. One of those rules states; "the use or possession of tobacco, alcohol or other illegal drugs is prohibited."

A violation of this rule will involve penalties as listed in this contract agreement and requires student and parent/guardian signatures.

## I understand:

If I use or possess alcohol, tobacco products and/or drugs as defined in the Henrico County Public Schools Code of Conduct, on or off school property, the penalty for use or possession will affect my participation in student activities as follows:

 $1^{st}$  offense – mandatory 30 calendar day suspension from all VHSL team participation and extracurricular activities  $2^{nd}$  offense – mandatory 365 calendar day suspension from all VHSL team participation and extracurricular activities  $3^{rd}$  offense – mandatory high school career suspension from all VHSL team participation and extracurricular activities

Intervention Program.					
Printed Student's Name/Grade	Student's Signature/Date				
School	Parent's/Guardian's Signature/Date				

I may be required to complete the Alcohol and Drug Awareness

The proponent for this form is: DIVISION OF INSTRUCTION

Telephone: Secondary – 652-3761

### TO: CANDIDATES FOR 2019-2020 ATHLETIC TEAMS & AUXILLIARY GROUPS AT D.S. FREEMAN

## FROM: H.S. SUZANNE CRISWELL, DIRECTOR OF STUDENT ACTIVITIES

PLEASE PRINT

We are happy that you have chosen to try-out for one of our athletic teams or athletic auxiliary groups. These forms should <a href="mailto:not">not</a> be separated and <a href="mailto:all pages">all pages</a> must be completed and returned to your coach <a href="mailto:before">before</a> you may be permitted to try-out. <a href="mailto:These">These</a> forms <a href="mailto:must be signed by your physician">must be signed by your physician</a>, <a href="mailto:your parent/guardian">your parent/guardian</a>, <a href="mailto:and by you">and by you</a>. This form is good for all sports during the 2019-2020 school year.

To participate during the 2019-2020 school year, your physical <u>must be dated on or after May 1, 2019. The physician must sign this form. Do not attach other physical forms</u> (camp forms, middle school athletic forms, work permit forms, school enrollment physical forms, etc) as these <u>cannot</u> be accepted.

LIST ALL SPORT(S)		
ATHLETE'S NAME		
LAST NAME	FIRST NAME	MIDDLE INITIAL
PARENT'S NAME(S)		
WORK PHONE #s		
HOME PHONE NUMBER	CELL NUMBER	
WHAT SCHOOL DID YOU ATTEND IN 2018-19?		
DO YOU LIVE WITH YOUR PARENT (S)?	IF NOT, WHO DO YOU LIVE WITH?	
IF YOU DID NOT GO TO DOUGLAS FREEMAN OR T	UCKAHOE OR QUIOCCASIN MIDDLE IN 2018-19, PLEA	ASE EXPLAIN YOUR TRANSFER
TO DOUGLAS FREEMAN.		
Athletic participation is a privilege and, as such, readdition to Virginia High School League rules, the  (1) You are expected to attend school/cl school early due to illness, you may not (2) As an athlete, you represent D.S. Free responsible and mature young lady or go (3) You are expected to attend all practic coach. If there is a conflict between prashall attend the school teams practice of (4) You must travel to and from away co (5) The use of tobacco (any form), alcoholo (6) Extremes in hairstyles or dress are not (7) Other team rules as established and (8) You are financially responsible for los	eman H.S., your team and your parents. You are expendentleman at all times.  ces, games, and meetings of your team unless a priorectice or games of an outside team and your school or game.  ontests with your team.  ol, or other illegal drugs is prohibited. ***  ot permitted. You are expected to dress neatly and b	t apply to all students. In liary groups. If you are absent or leave ected to behave like a rexcuse is arranged with your team's practice or game, you se well groomed. The that a violation of these
	tory 30 day suspension, 1 <sup>st</sup> offense, 365 day	
DATE		, STUDENT
DATE		, PARENT/GUARDIAN



# **Student-Athlete Concussion Policy**

The General Assembly amended the *Code of Virginia* requiring each school division to develop policies and procedures regarding identification and handling of suspected concussions in student-athletes in the Commonwealth of Virginia. One part of this requirement is annual review by student-athletes and parents, information on concussions provided by the school division. This information can be provided by handouts, parent n1eetings, workshops and other methods individual schools deem appropriate. Included below is basic information on concussions and a Statement of Acknowledgement. This form must be signed and returned to the student-athlete's school in order to participate inv. any extracurricular athletic activity.

**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.

### SIGNS AND SYMPTOMS OF A CONCUSSION:

#### SIGNS OBSERVED BY SYMPTOMS REPORTED BY YOUR CHILD PARENTS/GUARDIANS Appears dazed or Thinking/Remembering **Emotional** Irritable stunned Difficulty thinking clearly Diff1culty concentrating or Is confused about events Sad Answers questions remembering More emotional than usual slowly Feeling more slowed down Nervous Repeats questions Feeling sluggish, hazy, foggy, Can't recall events prior or groggy to the hit, bump, or fall **Physical** Sleep Can't recall events after Headache or "pressure" in Sleeps less than usual the hit, bump, or fall Loses consciousness head Sleeps more than usual (even briefly) Nausea or vomiting Has trouble falling asleep Balance problems or dizziness Shows behavior or Only ask about symptoms if the personality changes Fatigue or feeling tired injury occurred on a prior day Forgets class schedule or Blurry or double vision assignments Sensitivity to light or noise

Information provided by U.S. Department of Health and Human Services Centers for Disease Control and Prevention (CDC)

We acknowledge we have received and reviewed information provided by our school on the risk and recognition of concussions in student-athletes. We also understand review of current information on concussions shall take place annually in order to participate in Henrico County Public Schools athletic activities.

Numbness or tingling Does not "feel right"

Printed Student's Name/Grade	Student's Signature/Date
Printed Parent/Guardian Name	 Printed Parent/Guardian Signature/Date

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Revised	repluary	2017

Routing	
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# VIRGINIA HIGH SCHOOL LEAGUE, INC. 1642 State Farm Blvd., Charlottesville, Va. 22911



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# Athletic Participation/Parental Consent/Physical Examination Form

Name Student ID # (Last) (First) (Middle Italias)  Home Address  City/Zip Code  Home Address of Parents  City/Zip Code  Date of Birth Place of Birth Place of Birth  This is my semester in Place of Birth  Place of Birth Place of Birth  Place of Birth Place of Birth  This is my semester in High School, and my semester since first entering the ninth grade. Last semester I attended School and passed credit subjects, and I am taking credit subjects this semester. I have read the condensed individual eligibility rules of the Virginia High School League that appear below and believe I am eligible to represent my present high school in any VHSL interscholastic athletic contest, you—  must be a regular bona fide student in good standing of the school you represent.  must be enrolled in the last four years of high school. (Eighth-grade students may be eligible for junior varsity.)  must have enrolled not later than the fifteenth day of the current semester.  for the first semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit has been previously awarded.  for the second senseter must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit has been previously awarded.  for the second senseter must be currently enrolled in not fewer than five subjects, or their equivalent requived the previously awarded.  for the second senseter must be currently enrolled in not fewer than five subjects, or their equivalent infered for credit and which may be used for graduation the immediately preceding senseter for schools that certify credits on a senseter basis. (Check with your principal for equivalent requivalent approach of	For School Year		ILETIC PARTION  IN IT IN		*	Male Female
Home Address   City/Zip Code	PRINT CLEARLY	(10 01				
Home Address of Parents  City/Zip Code  Date of Birth Place of Bir	Name		Stu	dent ID#		
City/Zip Code  Date of Birth	W. 25	.5 8				
City/Zip Code Date of Birth						
City/Zip Code Date of Birth						
Date of Birth	Home Address of Parents					
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semester I attended	Date of Birth	Place of	f Birth			, <u> </u>
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INDIVIDUAL ELIGIBILITY RULES To be eligible to represent your school in any VHSL interscholastic athletic contest, you—  must be a regular bona fide student in good standing of the school you represent.  must be enrolled in the last four years of high school. (Eighth-grade students may be eligible for junior varsity.)  must have enrolled not later than the fifteenth day of the current semester.  for the first semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding semester for schools that certify credits on a semester basis. (Check with your principal for equivalent requirements).  May not repeat courses for eligibility purposes for which credit has been previously awarded.  for the second semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding semester. (Check with your principal for equivalent requirements.)  must sit out all VHSL competition for 365 consecutive calendar days following a school transfer unless the transfer corresponded with a family move. (Check with your principal for exceptions.)  must not have reached your nineteenth birthday on or before the first day of August of the current school year.  must not, after entering the ninth grade for the first time, have been enrolled in or been eligible for enrollment in high school more than eight consecutive semesters.  must have submitted to your principal before any kind of participation, including tryouts or practice as a member of any school athletic or cheerleading team, an Athletic Participation/Parental Consent/Physical Examination Form, completely filled in and properly signed attesting that you have bee			ty rules of the Virginia	High School League t	that appear belo	ow and believe I am eligible to
<ul> <li>To be eligible to represent your school in any VHSL interscholastic athletic contest, you— must be a regular bona fide student in good standing of the school you represent.</li> <li>must be enrolled in the last four years of high school. (Eighth-grade students may be eligible for junior varsity.)</li> <li>must have enrolled not later than the fifteenth day of the current semester.</li> <li>for the first semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding year or the immediately preceding semester for schools that certify credits on a semester basis. (Check with your principal for equivalent requirements).</li> <li>May not repeat courses for eligibility purposes for which credit has been previously awarded.</li> <li>for the second semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding semester. (Check with your principal for equivalent requirements.)</li> <li>must sit out all VHSL competition for 365 consecutive calendar days following a school transfer unless the transfer corresponded with a family move. (Check with your principal for exceptions.)</li> <li>must not have reached your nineteenth birthday on or before the first day of August of the current school year.</li> <li>must not, after entering the ninth grade for the first time, have been enrolled in or been eligible for enrollment in high school more than eight consecutive semesters.</li> <li>must not, after entering the ninth grade for the first time, have been enrolled in or been eligible for enrollment in high school more than eight consecutive semesters.</li> <li>must not have reached your princip</li></ul>	represent my present high school in atl	nletics.				
	<ul> <li>must have enrolled not later the for the first semester must be be used for graduation and has immediately preceding year of your principal for equivalent previously awarded.</li> <li>for the second semester must may be used for graduation graduation the immediately preceding with a family move. (Check with a family move. (Check with a family move. (Check with a family move) must not have reached your nimust not, after entering the nimust have submitted to your athletic or cheerleading team properly signed attesting that and that your parents consent the must not be in violation of VF regard to cheerleading.)</li> <li>Eligibility to participate in intersect also all other standards set by your the effect an activity might have of League rules. Meeting the interpenalized. Additionally, I give more program, publication or video.</li> </ul>	than the fifteenth day of currently enrolled in the passed five subject of the immediately provided in the requirements.  The currently enrolled and have passed five eceding semester. (Control of the first eceding semester in the passed five eceding semester. (Control of the first eceding semester) and have passed five eceding semester. (Control of the first eceding semester) and the first error of the first	of the current semester not fewer than five sects, or their equivalent ecceding semester for May not repeat could in not fewer than five subjects, or their Check with your prince cutive calendar days or exceptions.) or before the first days of time, have been entry kind of participation ined during this school dis, All Star or College privilege you earn by a school. If you have heck with your pringue standards will proval for my picture and	r. ubjects, or their equital schools that certify rses for eligibility ve subjects, or their equivalent, offered ipal for equivalent refollowing a school of August of the curolled in or been eligible, in cluding tryouts sent/Physical Example year and found to be Team Rules. (Che y meeting not only the any question regard actipal for interpret revent you, your tend name to be print	r equivalent, offered and which may credits on a so a purposes for equivalent, of for credit and requirements.) transfer unless arrent school yields for enrolling the above-listed ding your eligitations and exam, school arted in any high	ed for credit and which may be used for graduation the semester basis. (Check with or which credit has been offered for credit and which and which may be used for os the transfer corresponded year. Ollment in high school more as a member of any school and, completely filled in and yfit for athletic competition principal for clarification in ted minimum standards, but gibility or are in doubt about exceptions provided under and community from being gh school or VHSL athletic
	Student Signatura		Date			

Providing false information will result in ineligibility for one year.

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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- Explain "Yes" answers below

This form must be completed and signed, prior to the physical examination, for review by examining practitioner.							
Explain "Yes" answers below with number of the question. Circle questions you don't know the answers to.							
GENERAL MEDICAL HISTORY	Yes	No	MEDICAL QUESTIONS (cont)	Yes	No		
<ol> <li>Has a doctor ever denied or restricted your participation in sports for any reason?</li> </ol>			29. Do you have groin pain or a painful bulge or hernia in the groin area?				
2. Do you currently have an ongoing medical condition? If so, Please identify: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections ☐ Other:			30. Have you had mononucleosis (mono) within the last month?				
3. Have you ever spent the night in the hospital?			31. Do you have any rashes, pressure sores, or other skin problems?				
4. Have you ever had surgery?			32. Have you ever had a herpes or MRSA skin infection?	' П	· 🗆 і		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	33. Are you currently taking any medication on daily basis?	□*			
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			34. Have you ever had a head injury or concussion? If so, date of last injury:				
Have you ever had discomfort, pain, or pressure in your chest during exercise?			35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?				
7. Does your heart race or skip beats during exercise?			36. Do you have headaches with exercise?				
8. Has a doctor ever told you that you have (check all that apply):  High Blood Pressure A heart murmur  High cholesterol A heart infection  Kawasaki disease Other:			Have you ever been unable to move your arms or legs after being hit or falling?				
Has a doctor ever ordered a test for your heart?     (For ex: ECG/EKG, echocardiogram)			38. When exercising in heat, do you have severe muscle cramps or become ill?				
10. Do you get lightheaded or feel more short of breath than expected during exercise?			39. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?				
11. Have you ever had an unexplained seizure?			40. Have you had any other blood disorders?				
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	41. Have you had any problems with your eyes or vision?				
12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			42. Do you wear glasses or contact lenses?				
13. Does anyone in your family have a heart problem?			43. Do you wear protective eyewear, such as goggles or a face shield?				
14. Does anyone in your family have a pacemaker or implanted defibrillator?			44. Do you worry about your weight?				
15. Does anyone in your family have Marfan syndrome, cardiomyopathy, or Long Q-T?			45. Are you trying to or has any professional recommended that you try to gain or lose weight?				
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			46. Do you limit or carefully control what you eat?				
BONE AND JOINT QUESTIONS	Yes	No	47. Do you have any concerns that you would like to discuss with a doctor?				
17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis that caused you to miss a practice or game?	П		48. What is the date of your last Tdap or Td(tetanus) immuniza (circle type) Date:	tion?			
18. Have you had any broken or fractured bones or dislocated joints?			49.Do you have an allergy to medicine, food or stinging insects?				
19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?			FEMALES ONLY 50. Have you ever had a menstrual period?				
20. Have you ever had an x-ray of your neck for atlanto-axial instability? OR Have you ever been told that you have that disorder or any neck/spine problem?			51. Age when you had your first menstrual period?				
21. Have you ever had a stress fracture of a bone?			52. How many periods have you had in the last 12 months?				
22. Do you regularly use a brace or assistive device?			EXPLAIN "YES" ANSWERS BELOW:				
23. Do you currently have a bone, muscle, or joint injury that bothers you?			# »				
24. Do any of your joints become painful, swollen, feel warm, or look red?			#				
25. Do you have a history of juvenile arthritis or connective tissue disease?			#				
MEDICAL QUESTIONS	Yes	No	и				
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		- <u> </u>	# »				
27. Do you have asthma or use asthma medicine (inhaler, nebulizer)			*List medications and nutritional supplements you are currently tal				
28. Were you born without or are you missing a kidney, an eye, a testicle, spleen or any other organ?							

					4
Ţ►I	Parent/Guardian Signature:	I	Date:	Athlete's Signature:	



## PART III - PHYSICAL EXAMINATION

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

NAME		Date of Birth School	
A.			
Height	Weight	☐ Male ☐ Female	
BP /	Resting Pulse	Vision R 20/ L 20/ Corrected ☐ Yes	□ No
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance			
Eyes/ears/nose/throat			
Lymph nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only)			
Skin			
		3.	
Neurologic			
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS	
Neck		ş =	
Back			
Shoulder/arm		*	
Elbow/forearm			
Wrist/hand/fingers	S .		
Hip/thigh		The state of the s	
Knee			
Leg/ankle			
Foot/toes			
Functional			
<b>Medical Practitioner to S</b>	School Staff (ple	ease indicate any instructions or recommendations here)	
Emergency medications require	d on-site		
6	∐ Inha	aler	
Comments:			
I have were away the date chave	marrianned bio/bon m	nedical history form and make the following recommendations for his/her participatio	n in athlatics
CLEARED WITH		ANSTONIAN STATE CONTROL IN THE STATE OF STATE O	ii iii aiiiieties.
☐ CLEARED WITH			
☐ Cleared <b>AFTER</b> do	cumented further	evaluation or treatment for:	
Cleared for Limited	d narticination (c	check and explain "reason" for all that apply): "Limited Until Date" when appro	
Cleared for Emintee	i participation (c	shock and explain Teason for an that appropria	pridie
☐ Not cleared	d for (specific spo	orts)Until Date:	
Reason(s):			
		ATION Reason	
		the above student and completed this pre-participation physical including a review of Part II – Medical H.	istory.
Physician Signature:		(*MD, DO, LNP, PA) . Date**	
		Phone Number	
Address:	26 (v (12000000 value 0000	City State Zip Plactor of Osteonathic Medicine Nurse Practitioner or Physician's Assistant lie	- os
* Only cianatures of I	Jactor of Medicina	Doctor of Octaonathic Madicina Nursa Practitionar or Physician's Assistant lie	rensed to



Page 4 of 4 PART IV -- ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT

(To be completed and signed by parent/guardian)

I give permission for are not crossed out: baseball, basketball, cheerleading, caswimming/diving, tennis, track, volleyball, wrestling, other	ross country, field hockey, footba	participate in any all, golf, gymnasti	of the following sports that cs, lacrosse, soccer, softball,
I have reviewed the individual eligibility rules ar child/ward. I understand that the degree of danger and contact sports carrying the higher risk. I have had an o handouts, or some other means. He/she has student med participation insurance coverage through the school (yes_	the seriousness of the risk varies apportunity to understand the risk ical/accident insurance available to the contract of t	s significantly from inherent in sporthrough the school	m one sport to another with ts through meetings, written
Name of Medical Insurance Company:Policy Number:	Name of Policy Holder:		
I am aware that participating in sports will involved and with the travel involved and with this knowledge in with the team.  By this signature, I hereby consent to allow the perform a pre-participation examination on my child and athletics/activities for his/her school during the school year provider(s) to share appropriate information concercoaches and other school personnel as deemed necessary.  Additionally I give my consent and approval for VHSL athletic program, publication or video.  To access quality, low-cost comprehensive hear going to <a href="https://www.coverva.org">www.coverva.org</a> or calling 855.242.8282	mind, grant permission for my clobysician(s) and other health care to provide treatment for any injugar covered by this form. I furtherning my child that is relevant to the above named student's picture.	hild/ward to partic provider(s) selective or condition reserved to allow participation in e and name to be	ed by myself or the school to esulting from participating in w said physician(s) or health athletics and activities with printed in any high school or
	ERGENCY PERMISSION F pleted and signed by parent/guardian)		
STUDENT'S NAME	GRADE	AGE	DOB
HIGH SCHOOL_ Please list any significant health problems that might be significant to	CITYa physician evaluating your child <u>in case</u>	of an emergency	
Please list any allergies to medications, etc			
Is the student currently prescribed an inhaler or Epi- Is student presently taking any other medication? Does student wear contact lenses?			
EMERGENCY AUTHORIZATION: In the even selected by the coaches and staff of for and to order injection and/or anesthesia and/or surgery	at I cannot be reached in an emer	gency I hereby g	ive permission to physicians
Daytime phone number (where to reach you in emergence			
Evening time phone number (where to reach you in emer	gency)		8
Cell phone			
⇒ Signature of parent or guardian			Date
Relationship to student*Emergency Permission Form may be reproduced to tra	evel with respective teams and is	acceptable for em	ergency treatment if needed.
I certify all the above information is correct	Parant/Cuardian Si	onature	