

FALL MOUNTAIN REGIONAL HIGH SCHOOL ATHLETICS

2007-2008

**PHILOSOPHY
ATHLETIC CODE
HEALTH QUESTIONNAIRE
PARENT PERMISSION
PHYSICALS
INSURANCE
PERMISSION TO TREAT**

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DIRECTOR OF ATHLETICS: STAN JURKOIC

FALL MOUNTAIN REGIONAL DISTRICT ATHLETIC PHILOSOPHY

I. MIDDLE SCHOOL ATHLETIC PHILOSOPHY

It is the philosophy of the Fall Mountain Regional Athletic Council to ensure that students participating in interscholastic sports receive a rewarding competitive experience; become knowledgeable and competent in the fundamentals of the particular sport; display good sportsmanship; and conduct themselves as representatives of the Fall Mountain Regional School District. The emphasis of the athletic program shall be on teaching, participating and progression of skills.

II. SUB-VARSITY HIGH SCHOOL ATHLETICS

It is the philosophy of the Fall Mountain Regional Athletic Council to ensure that students participating in interscholastic sports receive a rewarding competitive experience; become knowledgeable and competent in the fundamentals of the particular sport; display good sportsmanship; and conduct themselves as representatives of the Fall Mountain Regional School District. The emphasis of the athletic program shall be on teaching, participating and progression of skills. Though participation is still important at this level, it should also be noted that coaches will be striving to win and playing time will be based upon attitude and skill performance. Depending on numbers of participants and equipment availability, coaches may have to limit roster sizes.

III. VARSITY HIGH SCHOOL ATHLETICS

It is the philosophy of the Fall Mountain Regional Athletic Council to ensure that students participating in interscholastic sports receive a rewarding competitive experience; become knowledgeable and competent in the advanced aspects of the particular sport; display good sportsmanship; and conduct themselves as representatives of the Fall Mountain Regional School District. The emphasis of the athletic program shall be on teaching, program involvement and the perfection of skills. It should also be noted that coaches will be striving to win and playing time will be based upon attitude and skill performance. Depending on numbers of participants and equipment availability, coaches may have to limit roster sizes.

**Fall Mountain Regional School District
Athletic Code/Paperwork
Revised June 6, 2000**

INTRODUCTION

Students are asked to make a true commitment to the meaning of team. Students are expected to support their classmates, to be a productive student in the classroom, to be a solid school and community citizen and to thus, be a model to others who will be part of the Fall Mountain District tradition in the future. They are also asked to be punctual and to become as physically fit as possible.

The administration in the Fall Mountain School District has high expectations, which include rules to keep order and ensure that our students take proper care of their minds, bodies, and attitudes. These regulations are to be adhered to and will be enforced equally to all students participating in athletic events, regardless of their year in school or status on their team.

We commend you for deciding to become involved in athletics in the Fall Mountain District. Your teachers and coaches have pledged to give their best in terms of energy and knowledge to help all students reach their full potential. Remember, however, that you can only reach your potential by giving your best and constantly strengthening your attitude and spirit.

INSURANCE

All students participating in athletics must have medical and dental insurance. Students not presently insured may obtain coverage by purchasing the school accident insurance policy through the district by an independent insurance company. The cost of this policy is minimal. Families have the option of purchasing additional insurance coverage through the school if they desire. It is recommended that students playing football have additional coverage.

SCHOOL POLICIES

1. Each student must present to the Athletic Director written parent/guardian approval before they participate in athletics.
2. **SPORTS PHYSICALS:** Every student who intends or aspires to participate in school athletics must have a physical examination by a registered physican dated May 1st or later of the previous year before entering the 6th, 9th, and 11th grades, to be eligible for participation in athletics.
3. The student must present proof of insurance to the Athletic Director prior to participating in athletics.

EXPECTATIONS AND RESPONSIBILITIES OF PARENTS

- A. To be supportive of your child's efforts by attending games and events while providing encouragement and serving as a good role model.
- B. To ensure that your child's eating and sleeping habits are adequate and consistent with the demands of both school and athletics.
- C. To notify coaches of personal health concerns or special needs of your child.
- D. To notify the school immediately if conflicts arise between academic and athletic demands and expectations so that we can work together to resolve problems.
- E. To be aware of schedules for practices and games in order to ensure that transportation is arranged, and that the students are picked up promptly after such affairs.
- F. To report a concern please follow the appropriate chain of command:
 - 1. Talk with your son or daughter to make sure that your question or concern is also their question or concern.
 - 2. Call or set up a time to meet with the coach of your son's or daughter's team.
 - 3. If you still are not satisfied after speaking with the coach, you may make an appointment with the Athletic Director.
 - 4. If you are unsatisfied with the results of that meeting, you may make an appointment with the school principal.
 - 5. If you are still unsatisfied with the results of that meeting, you may make an appointment with the superintendent.

FMRHS ELIGIBILITY

The FMRHSD encourages academic achievements and student participation in extra-curricular activities. It is not the intent of this policy to discourage participation in extra-curricular activities. It is intended to increase learning by keeping students involved in their educational programs. It is also the intent of the board to encourage student responsibility and accountability for their school performance. The board realizes that to achieve its mission of ensuring a quality education and equal opportunities for students, guidelines shall be developed by its administration that are consistent with NHIAA standards and an inclusive philosophy.

FMRHS ELIGIBILITY GUIDELINES

A student who fails one class in a quarter will be placed on “**PROBATION**”. A student placed on probation will be ineligible for participation in games for three calendar weeks from the day grades close. Students will be able to practice and scrimmage during this period but will be unable to participate in any regular season games. When on probation, it is the student’s responsibility to complete the Academic Probation Grade Check sheet and present it to the Athletic Director within the three weeks of grades closing to obtain eligible status to participate. When on probation following quarter four, the Academic Probation Grade Check sheet will be completed three weeks after the start of quarter one of the following year. Failure to return the Probation Grade Check will result in the student becoming ineligible for the quarter. If all of the student’s grades are passing he/she will be taken off probation. If the student is failing one or more classes, he/she will be declared ineligible to participate in activities/clubs/sports for the remainder of the quarter.

Any student failing two classes in a quarter will be ineligible for participation for the entire quarter that follows, games and practices.

PHYSICAL EDUCATION (1/2) CREDIT FOR SPORTS PARTICIPATION

Course 005 (Sports Participation) – Allows for ½ credit toward the Physical Education requirement if, a minimum of 150 hours of participation are completed playing a varsity level sport. To earn the credit: 1) The appropriate paperwork must be requested from either the Guidance Department or the Athletic Director, 2) The paperwork **MUST** be completed and signed by the Coach, Athletic Director, and Principal. 3) The paperwork **MUST** be turned in to the student’s Guidance Counselor within two weeks of the last game. In the case of a senior playing a spring sport and the season is not completed: the paperwork will be completed, and turned in, one week prior to graduation.

TARDINESS POLICY

1. All student-athletes are expected to be in school and in class at the beginning of the school day unless granted an exception by school administration.
2. Tardiness is defined as not being in class at the beginning of the school day.
3. Unexcused tardiness to school automatically precludes all participation for that day (PRACTICE OR GAME), unless granted permission by the Athletic Director, assistant principal, or principal.
4. Legitimate tardiness or dismissal due to doctor's appointment, dentist, personal family matter, etc., must be accompanied by a note from a parent and is excused.
5. Any student who is dismissed early due to sickness cannot participate in a game or practice that day.

ATHLETIC EQUIPMENT

The Fall Mountain School System equips each participant with the best possible equipment within financial means. Each player, therefore, must assume full responsibility for his/her equipment and be prepared to pay for any equipment that is lost or stolen.

The athletes may not try out for another sport until equipment is returned or paid for. Class schedules, report cards, and diplomas may also be held until these obligations are met.

TRAINING REGULATIONS

1. Any team member possessing, drinking, or transporting intoxicating beverages, illegal drugs, drug paraphernalia, or using tobacco products (cigarettes, snuff, chewing tobacco, plug) will be ineligible for participation in any games or events for twenty-five (25) calendar days.
2. Any student violating the alcohol, drug, or tobacco policy a second time will be excluded from all athletics for one (1) calendar year (365 days).
3. Any student discovered selling or distributing illegal drugs would be banished from all athletics for one (1) school year with a referral to the Student Assistance Program.

4. The student must complete the permission to treat form (attached to the proof insurance form) and return it to the coach prior to participating in athletics.
5. The student must show respect for his/her teammates, opponents, coaches, officials, and fans at all times. Any participant engaging in unsportsmanlike conduct, i.e. swearing, fighting, harassment, obscene gestures, etc., will result in disciplinary action by the coach, Athletic Director, assistant principal, or principal.
6. A student athlete who is declared ineligible to complete a season (including playoffs) may not receive letters or other awards for that sport.
7. Students may not compete in more than one sport each season unless coaches, parents, and the Athletic Director grant permission.
8. If a player drops a sport after it has been in progress for two (2) weeks, he/she shall not be eligible to participate in another sport in the same season. This does not apply if the athlete has been cut.
9. Athletes, who are assigned a disciplinary after-school detention, must attend the detention session. Failure to do so will result in a one game suspension.
10. Students who are serving an in-school or out-of-school suspension will not be able to participate in athletics for the same number of days as the suspension. (i.e., 2 day suspension equals no participation in athletics for 2 days).
11. On away trips, all players must ride the team bus to and from the game unless granted permission by the coach to ride with his/her parents. Permission will not be granted to those students serving a detention on the day of an away game. Permission to ride with the parents must be in writing and should be requested prior to the scheduled game. In such cases, the parent assumes all responsibility. Special permission can be granted to ride with another adult if prearranged by parents in writing with the Athletic Director, assistant principal, principal, or coach.
12. All coaches are responsible for securing a copy of the Athletic Code and enforcing the rules written in the code. Coaches may add team rules not addressed in the Athletic Code.
13. Playing time is determined by the coach.
14. Administrators reserve the right to adjust code rules at their professional discretion.

FALL MOUNTAIN REGIONAL HIGH SCHOOL ATHLETICS
Student Athlete Health Questionnaire, Proof of Insurance, and Permission to Treat Form

This form is to be completed on BOTH SIDES in legible print as possible by the student athlete's parent(s) or legal guardian.

ATHLETE'S NAME _____ DOB ___/___/___ AGE ___ GRADE ___

HOME ADDRESS _____ HOME PHONE # (____) _____

Town _____ State _____ Zip Code _____

MOTHER/GUARDIAN _____ HOME PHONE # (____) _____

WORK # (____) _____ CELL # (____) _____ OTHER # (____) _____

FATHER/GUARDIAN _____ HOME PHONE # (____) _____

WORK # (____) _____ CELL # (____) _____ OTHER # (____) _____

Please indicate two different adult contacts for the possibility that a parent/guardian cannot be reached in case of an emergency

CONTACT #1 _____ RELASHIONSHIP _____

PHONE #'S: home (____) _____ work (____) _____ other (____) _____

CONTACT #2 _____ RELASHIONSHIP _____

PHONE #'S: home (____) _____ work (____) _____ other (____) _____

STUDENT ATHLETE'S PHYSICIAN _____ PHONE # (____) _____

STUDENT ATHLETE'S DENTIST _____ PHONE # (____) _____

PREFERRED HOSPITAL TO ATTEND IN CASE OF AN EMERGENCY (if any) _____

PROOF OF INSURANCE

The Fall Mountain Regional School District requires all student athletes (including cheerleading) be covered by medical and dental insurance. Students not presently insured may obtain coverage by purchasing the Student Accident Insurance Policy offered through the district by an independent insurance company. The cost of this policy is minimal.

MEDICAL INSURANCE _____ SUBSCRIBER'S NAME _____

POLICY/GROUP/ID# _____ CUSTOMER SERVICE (____) _____

DENTAL INSURANCE _____ SUBSCRIBER'S NAME _____

POLICY/GROUP/ID# _____ CUSTOMER SERVICE (____) _____

Please list ANY and ALL allergies including medicines, chemicals, foods, plants, insects, fabrics/materials, etc. If none, write N/A on line.

Please list ANY and ALL medical conditions (diabetes, asthma, heart conditions, Crohn's Disease, migraine headaches, epilepsy, etc) If none, write N/A on line.

Please list ANY and ALL current medications including prescription and over-the-counter drugs (asthma meds/inhalers, allergy meds, insulin, shots/pump, ibuprofen, Advil, etc.) If none, write N/A on line.

LAST TETANUS BOOSTER _____

ATHLETE'S NAME _____

page 2

Has your student athlete ever...

Circle Answer

1. Needed to see a doctor for any injury/serious illness that lasted longer than 10 days? YES NO Please explain _____
2. Needed to be hospitalized? YES NO Please explain _____
3. Been in a motor vehicle accident? YES NO Please explain _____
4. Had/Needed surgery? YES NO Please explain below:

<i>Type</i>	<i>Body Part</i>	<i>Date</i>	<i>Any Recent Problems?</i>
_____	_____	_____	_____
_____	_____	_____	_____
5. Been diagnosed with migraines/headaches that prevent him/her from participating in activity? YES NO Please explain _____
6. Been unconscious? YES NO Please explain _____
7. Had a concussion or other head injury? YES NO Please explain below:
How many times? _____ *Please list date(s) and how it/they occurred:* _____
8. Had a convulsion? YES NO Please explain below:
Age and Date of 1st convulsion _____ *Age and Date of last convulsion* _____ *Total # to date* _____
Cause: _____
9. Had blood in his/her urine or bowel movements? YES NO Please explain _____
10. Had back/chest pain when taking a deep breath? YES NO Please explain _____
11. Had shortness of breath during exercise or at rest? YES NO Please explain _____
12. Been diagnosed with asthma? YES NO Please explain below:
What type? _____ *What kind of medication(s), if any, is used for control?* _____
13. Experienced pressure or pain in his/her chest or armpits? YES NO Please explain _____
14. Been diagnosed with a heart condition? YES NO Please explain below:
At what age? _____ *Type of condition* _____ *Medication used (if any)* _____
15. Had problems with hearing, vision, nausea, dizziness, or fainting with exercise? YES NO Please explain _____
16. Worn prescription glasses or contact lenses? YES NO _____
17. Needed/Used a hearing aide? YES NO Please explain _____
18. Needed to use crutches? YES NO Please explain _____
19. Had a fracture (broken bone)? YES NO Please explain _____
20. Had a sprain, strain, or dislocation in any part of his/her body? YES NO Please explain _____
21. Experienced difficulty with sleeping well? YES NO Please explain _____
22. Are there any other medical conditions or reasons that may affect his/her ability to play competitive sports? YES NO Please explain _____

My signature below certifies that I have completed this form accurately to the best of my knowledge with the necessary health and insurance information. I hereby give my consent for my son/daughter to engage in approved school athletics. In the event a parent or guardian cannot be reached, I hereby give my permission for my son/daughter to receive secure and proper medical treatment from the physician selected by the Fall Mountain Coaching Staff, certified athletic trainer, emergency medical personnel, ambulance, and/or hospital personnel.

Date _____

Parent(s)/Legal Guardian's Signature _____

FALL MOUNTAIN SCHOOL DISTRICT CODE OF CONDUCT PLEDGE

I, as a student of the Fall Mountain Regional School District, agree to abide by the rules and regulations stated herein and have full knowledge of these rules.

Student's Signature

Date

I, the parent or guardian of the above student in the Fall Mountain Regional School District, have read the attached rules and regulations, understand and approve of them. I will attempt to aid my son/daughter in observing them and realize that if he/she does not comply with them, he/she may lose his/her privilege of representing our school herein.

I also give my permission to the coaches/directors to render first aid and/or emergency care to my son/daughter should he/she require such assistance at a school event or at any practice session.

Parent/Guardian Signature

Date

PHYSICIAN REPORT

STUDENT'S NAME _____ DOB ____/____/____ AGE _____ GRADE _____
 Ht _____ Wt _____ BP _____ / _____ HR _____ bpm

NORMAL

COMMENTS

SKIN		
MOUTH		
EYES/EARS		
LUNGS		
HEART		
ABDOMEN		
GENTALIA (Males)		
LYMPHATICS		
ORTHOPEDIC		
URINALYSIS		
OTHER		
MEASLES VAC. OR MMR		DATE: _____
10-YEAR TETANUS		DATE: _____

RECOMMENDATIONS:

Check	Full, unlimited participation
	Limited participation to... (specify sport category) _____ Endurance Sports _____ Non-Contact Sports _____ Other
	Clearance withheld until: _____ Reason: _____ Re-exam Date: ____/____/____
	No athletic participation

DATE EXAMINED ____/____/____ BY _____ MD
 Licensed Physician's Signature

 Physician's Name (Please Print) MD

 Address

PLEASE RETURN TO SCHOOL NURSE AT _____

Name _____ DOB ____/____/____ Age _____ Grade _____
 Address _____ Home Phone#(_____) _____
 Town _____ State _____ Zip Code _____
 Mother/Guardian _____ Home Phone#(_____) _____
 Work#(_____) _____ Cell#(_____) _____ Other#(_____) _____
 Father/Guardian _____ Home Phone#(_____) _____
 Work#(_____) _____ Cell#(_____) _____ Other#(_____) _____
 Contact 1 _____ Relationship _____ Phone#(_____) _____
 Contact 2 _____ Relationship _____ Phone#(_____) _____

INSURANCE/DOCTOR INFORMATION

Medical Insurance _____ ID# _____
 Physician _____ Phone#(_____) _____
 Dental Insurance _____ ID# _____
 Dentist _____ Phone#(_____) _____

HEALTH HISTORY

Allergies _____ Medications _____
 Medical Conditions _____ 10-year Tetanus _____