

Athlete's Name:



GEMS Athletic Department
Dear Parent & Student Athlete:

Welcome to the Glen Edwards Middle School Athletics' Program. GEMS is a part of the FISAL League, which offers nine sports played at a competitive level. Your participation in the school's athletics' program is a commitment to yourself and your school to perform at your very best academically and athletically. As a student athlete you will serve as a role model for your peers and represent your community at school and the various athletic events.

Foothill Intermediate Scholastic Athletic League (FISAL)

Fall Sports

Cross Country Aug – Oct
Flag Football Aug – Oct
Girls Volleyball Aug – Oct

Winter Sports

Boys Basketball Nov – Dec
Wrestling Dec – March
Girls Basketball Jan – March

Spring Sports

Boys Volleyball March – May
Girls Softball March – May
Track and Field March – May

At this time roller hockey is offered at GEMS, but is not FISAL Sports.

6th grade students have the opportunity to participate in cross country, wrestling, roller hockey, and track and field.

Voluntary Athletic Contribution:

Each student-athlete is requested to make a Voluntary Athletic Contribution (VAC) as part of his or her participation in the Athletic Program. A voluntary minimum contribution of ten dollars (\$10.00) for each sport is requested. These funds will be used to help offset the expenses of our athletic program including equipment, league fees, uniforms and referees. GEMS may solicit and accept donations from parents, but it is important to understand that a VAC is voluntary and is not a requirement for participating in an educational activity, including athletics.

Sportsmanship:

Participation in the sports offered by GEMS requires high standards of good sportsmanship.

Academic and Behavior Eligibility:

Students must have a minimum of a 2.0 GPA with **NO F'S** during the current grading period. Students-athletes must also maintain good behavior as determined by the administration.

Physical Examine Report for Sport Activities:

All students who participate as athletes in organized competitive sports shall first undergo and file with the school a current physical examine report. Upon sustaining an injury or serious illness, a student may be required to have another examination before resuming the sports activities.

Athletic Clearance:

Every student wishing to participate in a sport must complete the items below:

1. Athletic Code of Conduct for Players and Spectators
2. Emergency Information and Health Insurance Verification
3. Physical Form. **Physician's form must have the Physician's signature, address, and phone number to be considered valid.** The physical expires one year from the date indicated by the physician, unless otherwise specified.
4. Once the coach has established a final roster, all athletes must complete a VAC Form.

GLEN EDWARDS MIDDLE SCHOOL

ATHLETIC CODE OF CONDUCT FOR PLAYERS & SPECTATORS

Student-athletes who compete in athletics at Glen Edwards must meet the following requirements for participation:

1. Students must have a 2.0 grade point average with no “F” ‘s on their current grade check form, be in good behavioral standing, and must have a completed physical and Athletic Packet before student can practice/attend tryouts.
2. You are responsible for equipment issued to you; students will pay replacement cost for any lost or damaged items.
3. No jewelry is allowed in practice or games. No sagging pants/uniforms will be allowed in practice or athletic contests.
4. Students are expected to attend all practices and contests unless they are absent from school due to illness or excused by the coach. Students are expected to communicate directly with the coach when they cannot attend practice 3 unexcused missed practices may result in termination from the athletic team.
5. Coaches may adopt individual rules for practice attendance and athletic events with Athletic Director approval, but must notify players and parents of the change/addition.
6. Students must attend at least four periods of school in order to participate in either practice or competition on that day. Students who have a medical excuse for Physical Education cannot practice or compete until the medical excuse is cleared by a parent or their physician.
7. Profanity, unsportsmanlike conduct, and disrespect to any person or institution will not be tolerated. Athletes and spectators accept responsibility for their actions both on and off the court/field.
8. Inappropriate behavior during an athletic season by players will be dealt with at the discretion of the coach and Athletic Director and may be cause for suspension or termination from the team.
9. Inappropriate behavior during an athletic season by spectators will be dealt with at the discretion of the Athletic Director and school administration and may result in prohibition from future games.
10. If you are going on vacation during your sport’s season, this will affect you practice and playing time.
11. Playing time will be determined by the coach.

12. Rule 600 - Students are not allowed to play on any other team (Jr. Zebras, AAU, etc) team during the GEMS athletic season of the same sport (FISAL league rule). If a student is playing in another same-sport league during the GEMS season, they will be removed from the GEMS team, no questions asked, and his or her team may be forced to forfeit the games in which he or she has played. **Note: Rule 600 does not apply to wrestling.**

I and my student-athlete have read and agree to abide by the above rules and guidelines:

Player Name

Player Signature

Date

Parent/Guardian Name

Parent/Guardian Signature

Date

SPORTS PHYSICAL
Glen Edwards Middle School

Student Name: _____ Birthdate: _____ Male: ___ Female: ___ Grade: _____

Parent/Guardian: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Additional Emergency Contact : _____ Phone: _____

Insurance Company: _____ Policy Number: _____

Medical History

Have any members of your family had a heart attack? Yes___No___

Have you ever passed out while exercising? Yes___No___

Do you have to stop while running any distance? Yes___No___

Are you taking any medication? Yes___No___

Type of medication _____

Have you ever been "knocked out", had a concussion, or had severe pain in your neck or arms? Yes___No___

If so, when _____

Have you had any illnesses that required hospitalization or more than one visit to the doctor? Yes___No___

If yes, when _____

Check those areas that may have occurred at any time:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Hypoglycemia |
| <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Scarlet fever | <input type="checkbox"/> Tuberculosis |

Have you ever sprained, strained, dislocated, or broken:

- | | |
|------------------------------------|----------------------------------|
| <input type="checkbox"/> Neck | <input type="checkbox"/> Back |
| <input type="checkbox"/> Ribs | <input type="checkbox"/> Pelvis |
| <input type="checkbox"/> Hip | <input type="checkbox"/> Thigh |
| <input type="checkbox"/> Lower leg | <input type="checkbox"/> Ankle |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> Foot |
| <input type="checkbox"/> Clavicle | <input type="checkbox"/> Humerus |
| <input type="checkbox"/> Elbow | <input type="checkbox"/> Forearm |
| <input type="checkbox"/> Wrist | <input type="checkbox"/> Hand |

To Be Completed by Physician

Pulse: _____ Blood pressure: _____

Height: _____ Weight: _____

	Normal	Abnormal
Eyes		
Ears		
Nose		
Mouth		
Lymph Nodes		
Lungs		
Heart		
Abdomen		
Hernia		
Spine		
Reflexes		
Extremities		

Notes: _____

Recommendation:

- Unlimited participation
 Disqualified at this time

Physician' Signature

Date Physical Completed

Athletic Emergency Information and Health Insurance Verification

Athletes Name _____ Grade _____ Birthdate _____ Male/Female _____
Last Name First Name

Home Address _____
Street House/Apartment. # City Zip Code

Parent(s) or guardian(s) child lives with _____

If parents are separated or divorced, to whom has physical custody been granted? _____

FATHER _____

Employer _____ Work Phone _____ ext. _____

Cell Phone _____ Home Phone _____

Mother _____

Employer _____ Work Phone _____ ext. _____

Cell Phone _____ Home Phone _____

If my child has an emergency and I cannot be reached, please call and release my child to:

Name _____ Phone _____ Relationship _____

Or

Name _____ Phone _____ Relationship _____

Proof of Insurance

As legal custodian of _____, a minor, I hereby authorize the principal or his/her designee, into whose care the aforementioned minor pupil has been entrusted, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and /or dentist. I understand that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. This authorization shall remain effective for the full school year unless revoked in writing and delivered to said agent(s). I understand that the Western Placer Unified School District, its employees and its board assume no liability of any nature in relation to the transportation of treatment of said minor. I further understand that all costs of paramedic transportation, hospitalization, and any examination, x-ray or treatment provided in relation to this authorization shall be my responsibility.

I understand that the Western Placer Unified School District does not provide accident medical insurance for students for school related injuries but does offer student accident insurance for voluntary purchase.

Parent/Guardian Signature: _____

Note: Student Athletes are not eligible to participate without proof of insurance.

Family Physician _____ Address _____ Phone _____

Health Plan/Insurance _____ Group Policy # _____ Medical # _____

My child is allergic to the following medications _____

Other medication my child uses _____

My child has the following health problems _____