



Yulee Middle School Athletic Sports Packet 2017-2018

School Address:
Yulee Middle School
85439 Miner Road
Yulee, Florida 32097
Phone: (904) 225-5116
Fax: (904) 225-0104

Administration:
Principal: Amanda Cooper
Asst. Principal: Adam Marcum
Athletic Director: Michael Franzese
Guidance Counselors: Kelly Fletcher
Deondra Hightower

Athletic Eligibility Packet and Requirements

Student's Last Name: _____ First Name: _____

Address: _____ Date of Birth: _____

_____ Grade Enrolled In: _____

Parent/Guardian Name: _____

Phone: _____

SPORTS SELECTION

Please circle the sports that the student-athlete plans to participate in:

FALL:	WINTER:	SPRING:
FOOTBALL	BOYS BASKETBALL	BASEBALL
VOLLEYBALL	GIRLS BASKETBALL	SOFTBALL
CHEERLEADING	BOYS SOCCER	BOYS TRACK
	GIRLS SOCCER	GIRLS TRACK

REQUIREMENTS FOR ATHLETIC PARTICIPATION AND ELIGIBILITY

- All sections of the Athletic Sports Packet filled out correctly and on file
- Current Sports Physical – Physical is valid for 1 year from the time it was conducted by a physician
- Have and maintain a 2.0 GPA (Grade Point Average) in all classes enrolled in

**GPA REQUIRMENTS FOR MIDDLE SCHOOL
STUDENT-ATHLETES
2017 - 2018**

Students participating in middle school athletics must maintain a 2.0 grade point average in all subjects, each grading period to continue participation in their respective sport(s). If a student falls below the 2.0 GPA, he/she will be ineligible until the next grading period, whether the closing period is a nine weeks or semester. Students may not become eligible at progress report time or any other time prior to the conclusion of the grading period.

Upon entering the sixth grade for the first time, a student will be automatically eligible through the first grading period. Thereafter, his/her eligibility will be monitored each and every grading period.

The students' grade point average will be calculated by using the following conversions:

<u>Numerical Grade Range</u>	<u>Letter Grade Transfer</u>	<u>GPA Value</u>
90 – 100	A	4
80 - 89	B	3
70 - 79	C	2
60 - 69	D	1
50 - 0	F	0

Yulee Middle School Athletic Department

The following rules and procedures are implemented across all sports at Yulee Middle School. The expectations are for all coaches, student-athletes, and members of the YMS Athletic Department to follow and adhere to all of the following rules and procedures.

Student-Athletes Name: _____

Telephone Number: _____

Coaches:

- ❖ Must submit to the athletic director all original physicals turned in by the student-athletes for our records.

Team Rules:

- ❖ All members of their respective teams must show good sportsmanship at all times
- ❖ Follow the guidelines of the Florida High School Athletic Association (FHSAA)
- ❖ Being placed on a YMS athletic team is a privilege and should be treated as such, student-athletes should be aware that if all rules and procedures are not followed this privilege can be taken away
- ❖ Be on time to all practices and games
- ❖ Follow their specific coaches' team rules and expectations
- ❖ Need to be in school at least half of the school day to play in the game that evening

Try-out Procedure

- ❖ Each sport will have a period of time (no less than 3 school days long) in which the student-athlete will have an opportunity to show their skill in the sport for which they are trying out
- ❖ Each coach will assess the student-athlete by a sport specific rubric or rubrics that they have created in order to properly assess the abilities of the student-athlete
- ❖ The coach has full discretion on who makes or does not make a YMS athletic team

Travel Rules:

- ❖ Each student-athlete will follow the guidelines of Nassau County Bus Rules/Policies
- ❖ The student-athlete will also follow any travel rules that the head coach has set forth
- ❖ While at any school, restaurant, and/or establishment all student-athletes are expected to be respectful, responsible, and following the schools code of conduct
- ❖ The student-athlete needs to be picked up on time (No more than 30 minutes after arriving back to YMS)

Travel Dress Code:

- ❖ Each student-athlete will abide by the Nassau County School Board Dress Code
- ❖ The student-athlete will also wear his/her specific uniform that the coach/YMS has provided them
- ❖ To travel home with a parent/guardian the student-athlete will need to be signed out by his/her parent/guardian as long as their head coach permits it

In-school Suspension:

- ❖ NO student-athlete can participate in a game when assigned to in-school suspension
- ❖ If the student-athlete has been released, the student-athlete can play, but it will be up to the coaches discretion
- ❖ The student-athlete may practice while in in-school suspension

Out of School Suspension

- ❖ The student-athlete will not be allowed to participate in practice(s) or game(s) while in out of school suspension

Academic Standing

- ❖ The student-athlete must get promoted, maintain a 2.0 grade point average (GPA) on a 4.0 grading scale, be in regular attendance at school, have a normal class load, and have a good conduct record
- ❖ Grades will be checked during the 1st and 3rd nine weeks. If the student-athlete does not have a 2.0 GPA he/she will be placed on academic probation until progress report time (must have a 2.0 GPA). If the student-athlete has a 2.0 GPA at that time they are then eligible to participate in athletics at YMS (weekly progress report may be requested)

Discipline Probation:

- ❖ The student-athlete will be placed on discipline probation on their second in-school suspension or their first out of school suspension. On their third in-school suspension or second out of school suspension, the student-athlete will be taken off the YMS athletic team, no questions asked.

Coaches, student-athletes, and members of the YMS athletic department will follow all FHSAA Handbook and Nassau County rules and expectations. All student-athletes participating in extracurricular activities will abide by the school Code of Conduct Handbook.

Student-Athlete Signature: _____

Date: _____

Parent Signature: _____

YULEE MIDDLE SCHOOL

Athletic Department

Rules and Regulations

In order to have a successful school year and athletic season, it is important for everyone to understand the rules and regulations that govern our athletic programs. The following rules and applicable to all student-athletes at Yulee Middle School:

1. All athletes must have a 2.0 grade point average (a "C" average) to be eligible to participate in any sport.
2. Athletes who receive out-of-school suspension will be suspended for 1 game. An athlete who receives a second out-of-school suspension will be dismissed from the team.
3. Any athlete who is in isolation or suspended out of school may not attend practice or participate in any athletic event on that day or days.
4. Any student who displays inappropriate behavior, as defined by the coach, at school, practice, or at a game can be dismissed from the team by the coach.

I _____ have read and fully understand the rules and regulations for athletic participation. I understand that any student, who does not meet the criteria or violates these rules, will be dismissed from the team.

Student Signature

Sport

Date

Parent/Guardian Signature

Sport

Date

Yulee Middle School

85439 Miner Road
Yulee, Florida 32097
(904) 225-5116 (904) 225-0104 fax

Dear Parent/Guardian,

This memo is to inform you of procedures that Yulee Middle School will be implementing in the event of an emergency during a sporting event.

Your child's health and well-being is always at the forefront of everything we do at Yulee Middle School. In the case of an emergency, our coaches are trained to take care of any individual in need until the proper medical authorities arrive.

In the occurrence of a medical injury, the only personnel that are allowed on the field for assistance are the coaches of that sport, immediate family, and medical personnel that are in the stands.

We sincerely hope that nothing bad befalls any of our athletes at any of our school functioned events. However, in the case of an emergency, we have guidelines in place to ensure the immediate safety and well-being of all individuals involved. Please assist us by following the aforementioned guidelines set forth by Yulee Middle School.

Respectfully,

Amanda Cooper
Principal
Yulee Middle School

Michael Franzese
Athletic Director
Yulee Middle School

MEDICAL AUTHORIZATION FORM

_____ (Student's Name) has my permission to participate in extra-curricular activities sponsored or authorized by _____ School and/or the School Board of Nassau County.

In my absence or in the absence of an authorized parent or guardian of the Participant, I hereby authorize The School Board of Nassau County, Florida, its agents, servants, employees or designees to administer first aid and to obtain and consent to on behalf of the Participant and Participant's parents or guardians, any emergency first aid or medical care by any physician, hospital, or attendant which is deemed necessary or expedient by said physician, hospital or attendant as a result of involvement in the Activity. I agree to abide and be bound by such decisions and consents as if made by me and do assume full financial responsibility for and agree to pay all expenses of such care. I understand that it is my responsibility to secure adequate insurance for such first aid and medical care. The name of our health insurance company is _____ Policy Number _____.

I further authorize any physician, hospital or medical attendant to receive full and complete medical reports or information deemed necessary by them with respect to the treatment of my child. Execution of this document shall operate as an authorization for such person(s) to receive any medical information which they require.

The medical authorization contained within this form shall be valid and usable by The School Board of Nassau County during such periods of time as my child is enrolled in a school within said District and this authorization shall remain valid unless revoked by me in writing.

Parent or Guardian: _____ Date: _____

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ by
(Date)

_____, who is personally known to me or who has
(Name of person acknowledged)

produced _____ as identification and who did (did not) take an oath.
(Type of Identification)

(Title or Rank)

(Signature of Notary taking Acknowledgment)

(Serial Number, if any)

(Name of Notary, typed, printed or stamped)

MIDDLE AND HIGH SCHOOL STUDENTS:

I hereby certify that I have read, understand and agree to abide by all of the rules of conduct and regulations of The School Board of Nassau County and if appropriate, the Florida High School Activities and Athletic Association. Any violation of these rules and regulations will subject me to disciplinary action.

Student's Signature: _____ Date: _____

**PROOF OF ACCIDENT INSURANCE
2017 - 2018**

Required for Athletic, Cheerleading and Extracurricular Activity Participants

The Florida Statutes and the Nassau County School Board Administrative Rules 5.71 require that students participating in the interscholastic Athletics, Cheerleading and Extracurricular Activities **MUST** have accident insurance and proof of the insurance is to be kept on file at the school.

This is to confirm that my child, _____, who is a student at _____ is covered under the following accident insurance policy:

Name of Insurance Company _____

Policy Number _____

I understand that my child will not be permitted to participate in Interscholastic Athletics, Cheerleading and/or Extracurricular Activities without accident insurance and I agree to maintain accident insurance coverage for my child during his/her participation.

Parent Signature _____ Date _____

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ by

_____, who is personally known to me or who has
(Name of Person Acknowledged)

Produced _____ as identification and who did (did not)

Take an oath.

(Title or Rank)

(Signature of Notary taking Acknowledgment)

(Serial Number, if any)

(Name of Notary, typed, printed or stamped)

Our mission is to develop each student as an inspired life-long learner and problem-solver with the strength of character to serve as a productive member of society.



Preparticipation Physical Evaluation (Page 1 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.

Part 1. Student Information (to be completed by student or parent)

Student's Name: _____ Sex: ____ Age: ____ Date of Birth: ____/____/____
 School: _____ Grade in School: ____ Sport(s): _____
 Home Address: _____ Home Phone: (____) _____
 Name of Parent/Guardian: _____ E-mail: _____
 Person to Contact in Case of Emergency: _____
 Relationship to Student: _____ Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____
 Personal/Family Physician: _____ City/State: _____ Office Phone: (____) _____

Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	___	___	26. Have you ever become ill from exercising in the heat?	___	___
2. Do you have an ongoing chronic illness?	___	___	27. Do you cough, wheeze or have trouble breathing during or after activity?	___	___
3. Have you ever been hospitalized overnight?	___	___	28. Do you have asthma?	___	___
4. Have you ever had surgery?	___	___	29. Do you have seasonal allergies that require medical treatment?	___	___
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	___	___	30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)?	___	___
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	___	___	31. Have you had any problems with your eyes or vision?	___	___
7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)?	___	___	32. Do you wear glasses, contacts or protective eyewear?	___	___
8. Have you ever had a rash or hives develop during or after exercise?	___	___	33. Have you ever had a sprain, strain or swelling after injury?	___	___
9. Have you ever passed out during or after exercise?	___	___	34. Have you broken or fractured any bones or dislocated any joints?	___	___
10. Have you ever been dizzy during or after exercise?	___	___	35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	___	___
11. Have you ever had chest pain during or after exercise?	___	___	<i>If yes, check appropriate blank and explain below:</i>		
12. Do you get tired more quickly than your friends do during exercise?	___	___	___ Head	___ Elbow	___ Hip
13. Have you ever had racing of your heart or skipped heartbeats?	___	___	___ Neck	___ Forearm	___ Thigh
14. Have you had high blood pressure or high cholesterol?	___	___	___ Back	___ Wrist	___ Knee
15. Have you ever been told you have a heart murmur?	___	___	___ Chest	___ Hand	___ Shin/Calf
16. Has any family member or relative died of heart problems or sudden death before age 50?	___	___	___ Shoulder	___ Finger	___ Ankle
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	___	___	___ Upper Arm	___ Foot	
18. Has a physician ever denied or restricted your participation in sports for any heart problems?	___	___	36. Do you want to weigh more or less than you do now?	___	___
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?	___	___	37. Do you lose weight regularly to meet weight requirements for your sport?	___	___
20. Have you ever had a head injury or concussion?	___	___	38. Do you feel stressed out?	___	___
21. Have you ever been knocked out, become unconscious or lost your memory?	___	___	39. Have you ever been diagnosed with sickle cell anemia?	___	___
22. Have you ever had a seizure?	___	___	40. Have you ever been diagnosed with having the sickle cell trait?	___	___
23. Do you have frequent or severe headaches?	___	___	41. Record the dates of your most recent immunizations (shots) for:		
24. Have you ever had numbness or tingling in your arms, hands, legs or feet?	___	___	Tetanus: _____ Measles: _____		
25. Have you ever had a stinger, burner or pinched nerve?	___	___	Hepatitis B: _____ Chickenpox: _____		

FEMALES ONLY (optional)

42. When was your first menstrual period? _____
 43. When was your most recent menstrual period? _____
 44. How much time do you usually have from the start of one period to the start of another? _____
 45. How many periods have you had in the last year? _____
 46. What was the longest time between periods in the last year? _____

Explain "Yes" answers here: _____

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, and FHSAA Bylaw 9.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test.

Signature of Student: _____ Date: ____/____/____ Signature of Parent/Guardian: _____ Date: ____/____/____



Preparticipation Physical Evaluation (Page 2 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.

Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).

Student's Name: _____ Date of Birth: ___/___/___
Height: _____ Weight: _____ % Body Fat (optional): _____ Pulse: _____ Blood Pressure: ___/___ (___/___, ___/___)
Temperature: _____ Hearing: right: P ___ F ___ left: P ___ F ___
Visual Acuity: Right 20/____ Left 20/____ Corrected: Yes No Pupils: Equal _____ Unequal _____

FINDINGS NORMAL ABNORMAL FINDINGS INITIALS*

MEDICAL

- 1. Appearance
2. Eyes/Ears/Nose/Throat
3. Lymph Nodes
4. Heart
5. Pulses
6. Lungs
7. Abdomen
8. Genitalia (males only)
9. Skin

MUSCULOSKELETAL

- 10. Neck
11. Back
12. Shoulder/Arm
13. Elbow/Forearm
14. Wrist/Hand
15. Hip/Thigh
16. Knee
17. Leg/Ankle
18. Foot

* - station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

___ Cleared without limitation
___ Disability: _____ Diagnosis: _____
___ Precautions: _____
___ Not cleared for: _____ Reason: _____
___ Cleared after completing evaluation/rehabilitation for: _____
___ Referred to _____ For: _____

Recommendations: _____

Name of Physician/Physician Assistant/Nurse Practitioner (print): _____ Date: ___/___/___
Address: _____

Signature of Physician/Physician Assistant/Nurse Practitioner: _____



Preparticipation Physical Evaluation (Page 3 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.

ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)

I hereby certify that the examination(s) for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s):

___ Cleared without limitation

___ Disability: _____ Diagnosis: _____

___ Precautions: _____

___ Not cleared for: _____ Reason: _____

___ Cleared after completing evaluation/rehabilitation for: _____

Recommendations: _____

Name of Physician (print): _____ Date: ___/___/___

Address: _____

Signature of Physician: _____

Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.

YULEE Middle School
2017 – 2018

Transportation Permission Consent

To: School Principal: Yulee Middle School, Nassau County School District

From: Parent or Guardian of Student

I/We, _____ Parent (s)/guardian (s)
Of _____ hereby grant our permission for _____
to be transported from the school event listed by another source other
than the on arranged by Yulee Middle School. All drivers must be 21 years
or older. In the absence of this completed form athletes will be required
to ride the bus to and from each event.

School Event: All Athletic Sports Events: (Dates: All Contest)
Name of Responsible Person to Transport Student _____

I/We, on behalf of ourselves, our heirs, executors, successors and
assigns, in consideration of my/our child participating in the above
referenced Transportation Consent, do hereby release and agree to save
and hold harmless the District School Board of Nassau County, Florida, its
agents, servants, employees and successors, from any and all claims,
actions or liability which may or might arise out of my/our child's
transportation arrangement for all school events.

I/We hereby certify that we have read the entire contents of this Consent
Form and that I/We understand the significance of its terms and conditions
and agree to abide the covenants stated herein.

Parent or Guardian _____ Date _____
Home/Cell Phone # _____