

## Policy for Participation in ECS Athletics

Participation in our inter-scholastic sports program is a privilege, which is open to all middle school (grades 6 – 8) students, and grade 5 students for Fall Cross Country and Spring Track, who meet the following criteria:

1. Students are expected to maintain a good academic average. Failure of any course or two D's in a core subject are grounds for dismissal from the team on either the progress report or report card.
2. Students are expected to adhere to school regulations. Any students with two situations due to disciplinary action may be expelled from the team.
3. Students are responsible for arranging their own transportation to and from school.
  - a. Students should have rides arranged for practices in advance. The phone should not be used except in an emergency.
  - b. Students are expected to arrive at school on time for practices and games. They should not expect the bus to pick them up or wait for them.
  - c. Students should arrange for rides home from games. The exact pick-up time may be arranged by a phone call when the team returns to school.
4. Students are not be permitted to attend or participate in any athletic events on a day they were absent from school unless extenuating circumstances are approved the administration in advance.
5. Students are responsible for any uniform issued to them and equipment they use. Students are expected to pay for loss or damage of any school property for which they were responsible.
6. Students are required to have permission slips and current physicals on file in the nurse's office before they can try out for any team.
7. Students are representing our school at all athletic events. Any unsportsmanlike conduct or poor behavior will result in immediate dismissal from the team.
8. Students who receive an after school detention **MUST** serve their detention before attending games or practices. If the detention cannot be made up on the day the detention was given, the student will not be allowed to participate until the detention is served.

These rules are for the safety and welfare of all of our athletes and will enable all students involved to enjoy their sports season.

This form must be signed and returned to the Athletic Director before try-outs.

We have read and understand the athletic policy and agree to adhere to it.

---

Student Signature

Date

---

Parent/Guardian Signature

Date

# Epsom Central School

## Sports Participation / Health Screen Form

Students are required to have a physical exam by their primary care provider (family physician or nurse practitioner) on file prior to his / her participation in any inter-scholastic sports. The physical exam must be current within twenty-four months of the time of the first day of try-outs for the season in which the child elects to participate. Documentation of physical exams must be on file at the school before the first day of try-outs for the particular sport. Forms for physician documentation are available in the nurse's office. Documentation only needs to be submitted once within the twenty-four month period.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Sport: \_\_\_\_\_ Student's DOB: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Current Physical: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please circle the correct answer the following questions and explain any "YES" responses:

1. Has the student had an illness or injury since his / her last physical that would or did prevent him / her from participation in athletics? YES NO

2. Does the child take any medication? YES NO  
Please list medications below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Has your child ever been unconscious or had a concussion? YES NO  
Please explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- |                                      |     |    |
|--------------------------------------|-----|----|
| 4. Does your child wear              |     |    |
| a. Contacts or glasses?              | YES | NO |
| b. Dental bridges, plates or braces? | YES | NO |

- |  |     |    |
|--|-----|----|
| 5. Has your child ever had a heart murmur, high blood pressure or a heart abnormality? | YES | NO |
|--|-----|----|

Please explain

---



---



---

- |  |     |    |
|--|-----|----|
| 6. Is your child missing any organs? (i.e. kidney) | YES | NO |
|--|-----|----|

Please explain

---



---



---

During the course of the season, if the child has an illness or injury that prevents further participation in practice and / or games for one week or longer, a doctor's note is required before the child may return to participating. The school reserves the right to contact you or your child's physician to obtain additional information regarding medical conditions noted above.

**Informed Consent:**

I, as parent / guardian of the above-named athlete, give my permission for him / her to participate in the sport listed above. I certify that the medical information requested has been answered accurately, that my son / daughter is in good health, and that permission has been given by a physician for him / her to participate in athletics. I understand that the school will not be held financially responsible for any sickness or injury which may result from athletic participation. Further, I give my permission for my son / daughter to be transported, by private vehicle operated by a faculty member / coach or by school bus to an event if necessary. In case of an accident, the coach has permission to arrange medical attention for my child if necessary.

Parent / Guardian Name (printed) \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_