Millennium Middle School Athletics Expectations

I realize that it is a privilege to participate in all athletic activities at Millennium Middle School. Accordingly, I do agree to accept and live by the following expectations and athletic codes:

Required Forms and Information:
- All forms must be on file before you may participate in any athletic event, practice, game, or meet. These forms include, but are not limited to:
  - Signed Seminole County Public Schools Release and Consent form.
  - Signed Seminole County Public Schools Sportsmanship Agreement Acknowledgement.
  - A sports physical completed by a physician. Sports Physicals are valid for a period of 1 year.
  - A notarized SCPS Form 985 (Sports Screening/Physical & Parent/Student Release Form)
  - Signed Seminole County Public Schools Athletics Emergency Card
  - Signed Parental Release and Waiver
- Before you may compete in any games/meets you must have submitted all forms as well as your Athletic Participation Fee.
- Grades: At least a 2.0 GPA from the previous 9 weeks of the season that must be maintained during the season and no F’s in any class.
- Behavior: Students must adhere to the Citizenship Standards Policy for participation in school sponsored extra-curricular activities as outlined in the Student Code of Conduct. The coach has the discretion to dismiss an athlete from the team upon administrative approval for any violation of the citizenship standards.
  - Students must follow all SCPS Code of Conduct and Millennium Middle School Rules, Standards and Expectations.
  - Students may not have any referrals in the Nine Week Quarter for the sport they wish to participate.
  - If an athlete receives a discipline referral during the season, it is coaches discretion with administrative approval of any team based disciplinary decisions.

Athletic Codes:
- I will work daily, during the season of the sport, to improve my skills and be an asset to my team.
- I understand that my participation is a season-long commitment to myself, my team, and my coaches.
- I will conduct myself in such a manner as to bring respect to myself and my team, both at Millennium and when visiting other schools.
  I understand that my behavior is a reflection upon myself, my coaches, and my school.
- I will try, as far as is humanly possible, to be at every practice and game this season. I understand that if I miss practice and am unexcused three times during the season, I may be dismissed from the team. If, for some very important reason I cannot attend practice or a game, I will contact my coach, at the very least, by the morning before practice or game.
- I will be at practice on time.
- I realize that as a student/athlete I must maintain a good disciplinary record.
- I will organize my time so that my academic responsibilities do not conflict with practices or games. I understand that my team commitment does not excuse me from maintaining academic excellence.
- I understand that if I am unable to participate in my regularly scheduled physical education class during the school day, I will not be allowed to participate in after school games or practices.
- I will be personally responsible for all school athletic equipment and/or uniform issued out to me and will return it in good condition or will pay for the replacement equipment/uniform. I also understand that I must return said equipment/uniform on the day appointed or will have my name forwarded to the deans for disciplinary action.
- I realize that if I am a member of an outside team, that Millennium games, matches, etc., must take priority.
- I understand that the coaches have the responsibility to decide the makeup of the team and who will play in a game.
- I understand that any unsportsmanlike conduct or other violation of this code may result in serious disciplinary action.

Athlete Name: ___________________________ Parent/Legal Guardian Name: ___________________________

Athlete Signature: ___________________________ Parent/Legal Guardian Signature: ___________________________

Date: ___________________ Date: ___________________
SEMINOLE COUNTY PUBLIC SCHOOLS, FLORIDA
RELEASE AND CONSENT

THIS FORM MUST BE READ AND SIGNED BY PARENT(S) OR GUARDIAN(S) OF EVERY MINOR.

STUDENT NAME: ____________________________________________________________

Last  First  MI

I/We do hereby approve of our child attending: __________________________________________

I/We acknowledge that the Seminole County Public Schools, Florida, is not liable for medical expenses, hospital expenses, or other such charges incurred for such services as may be rendered for or on behalf of my/our child as a result of injury or sickness. I/We understand that if my/our child is injured or becomes sick, Seminole County Public Schools, Florida, will not be liable unless the injury or illness is the result of negligent conduct on the part of an employee of Seminole County Public Schools, Florida.

Child’s Allergies: ____________________________________________________________

PHYSICIAN INFORMATION

Child’s Physician: ____________________________________________________________

Address of Physician: __________________________________ Telephone Number: ______

________________________________________

MEDICAL INSURANCE INFORMATION

Medical Insurance Co.: _______________________________________________________

Address: __________________________________ Telephone Number: ______

________________________________________

Policy #: __________________________ Group #: __________________________

Parent/Guardian Signature: __________________________________ Date: ___/___/___

Parent/Guardian Telephone Number: __________________________ (work) ______

________ (and) Contact Person: __________________________ (home) ______

Emergency Telephone Number: ______

SCPS FORM 504 (Rev. 9/95)
SCPS Middle School Sportsmanship Agreement

Coaches are expected to:

● treat players, parents, opponents, and officials with respect;
● teach and inspire players to love the game and compete fairly and in a sportsmanlike manner;
● model appropriate behavior and sportsmanship;
● maintain control of their players and command discipline at all times;
● respect and abide by all rules and regulations for their sport;
● realize that, as coaches, they are educators and, therefore, understand the sport they are coaching and the proper behavior for that sport;
● monitor the student athlete’s grades (progress reports and report cards) and behavior to ensure that the students athlete’s academic performance is at an acceptable level; and
● report any breach of conduct by their athletes to the appropriate school authority (example: fighting during an athletic event). The student will be subject to the appropriate disciplinary measures according to the Seminole County Public Schools Student Conduct and Discipline Code.

Players are expected to:

● comply with a reasonable request, order or direction by a coach, administrator or authorized personnel, and with the rules of the game;
● demonstrate self-control;
● respect and accept all official’s calls and decisions without gestures or arguments;
● win or lose with dignity;
● know the team always comes first;
● show respect for their coaches, teammates, the opposition’s coaches and players, and the officials;
● adhere to all school and team rules;
● understand and abide by the Seminole County Public Schools Student Conduct and Discipline Code; and
● conduct themselves at all times in a manner that represents character and sportsmanship.

Parents are expected to:

● act as positive role models at all athletic events – your child will be very aware of your behavior;
● support the coach – the team is the coach’s responsibility;
● refrain from coaching from the sidelines;
● communicate with the coach and create a positive, supportive working relationship;
● respect the authority and responsibilities of the coach;
● remember the primary value of athletic participation is to provide our youth with an opportunity for self-development – physically, emotionally, and mentally;
● respect the judgment of the officials and refrain from openly criticizing calls made by the officials;
● understand it is not appropriate to attempt to have a conference with the coach at the conclusion of an athletic event – wait until the next day and call or email for an appointment with the coach;
● recognize and respect the different roles of parents, coaches and officials – parents should parent, coaches should coach, and officials should officiate, and each should be treated with dignity and respect; and
● abide by the guidelines established in SCPS policy 9.63 Civility and Conduct of Parents, Other Visitors to Schools and School District Facilities, and District Employees (provided).

Middle School Sportsmanship Agreement Acknowledgement

I have read and understand the Seminole County Middle School Sportsmanship Agreement and viewed the presentation outlining these expectations. I agree to abide by this agreement at all Seminole County Middle School sporting events.

Student Name (Print):____________________________________________
Student Signature: ____________________________________ Date: ________________

Parent/Guardian Signature:_______________________________________ Date: ________________

Coach Signature: _______________________________________
Date: _______________
SCHOOL BOARD OF SEMINOLE COUNTY, FL
MIDDLE SCHOOL
SPORTS SCREENING/PHYSICAL & PARENT/STUDENT RELEASE FORM

PART 1. Student information (to be completed by student or parent)
Student’s Name: ____________________________ Sex: _____ Age: _____ Date of Birth: _____ / _____ / _____
Grade _____ Home Phone: ( ) __________ Work ( ) ___________ Cell ( ) __________

Home Address: ____________________________, ____________________________ City ____________________________
Legal Name of Parent/Guardian: ____________________________
Emergency Contact ____________________________ Relationship to Student: __________
Home # ( ) ___________ Work # ( ) ____________

Family Physician: ____________________________ City ____________________________ Office Phone: (_____) ____________

PART 3: Medical History to be completed by student or parent. Explain “yes” answers on separate page. Please circle any questions you are unable to answer.

1. Have you had a medical illness or injury since your last check or sports physical?
   Yes No
2. Do you have an ongoing chronic illness?
   Yes No
3. Have you ever been hospitalized overnight?
   Yes No
4. Have you ever had surgery?
   Yes No
5. Are you currently taking any prescription or nonprescription (over the counter) medications or pills or using an inhaler?
   Yes No
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?
   Yes No
7. Do you have any allergies, for example (pollen, medicine, food or stinging insects)?
   Yes No
8. Have you ever been told you have a heart murmur?
   Yes No
9. Have you ever had a rash or hives develop during or after exercise?
   Yes No
10. Have you ever passed out during or after exercise?
    Yes No
11. Have you ever had chest pain during or after exercise?
    Yes No
12. Do you get tired more quickly than your friends do during exercise?
    Yes No
13. Have you ever had chest pain during or after exercise?
    Yes No
14. Have you ever been told you have a heart murmur?
    Yes No
15. Have you ever had a severe viral infection (for example, myocarditis or mononucleosis) within the month?
    Yes No
16. Has any family member or relative died of heart problems or sudden death before age 50?
    Yes No
17. Have you had a serious viral infection (for example, myocarditis or mononucleosis) within the month?
    Yes No
18. Has a physician ever denied or restricted your participation in sports for any heart problems?
    Yes No
19. Do you feel stressed out?
    Yes No
20. Have you ever had a period since your last check or sports physical?
    Yes No
21. Have you ever been knocked out, become unconscious, or lost your memory?
    Yes No
22. Have you ever had a seizure?
    Yes No
23. Do you have frequent or severe headaches?
    Yes No
24. Have you ever had numbness or tingling in your arms, hands, legs, or feet?
    Yes No
25. Have you ever had a sticker, burr, or pinched nerve?
    Yes No
26. Have you ever had pain or swelling in a muscle, tendon, bone, or joint?
    Yes No
27. Do you have cold, wheeze, or have trouble breathing during or after activity?
    Yes No

PART 2: Verification of medical insurance: Insurance coverage is required for participation in athletic events. Athletes must have personal insurance coverage or school purchased insurance. School insurance covers all sports.

My child/ward is covered under a family policy, which has limits $25,000, or school purchased policy. Sport(s) played ____________________________

School Insurance Company Name ____________________________ Policy # ____________________________
Individual Insurance Company Name ____________________________ Policy # ____________________________

PART 4: Physical Examination (to be completed by physician).

Student’s Name: ____________________________ Date of Birth: _____ / _____ / _____ Height: __________ Weight: __________

% Body Fat (optional): __________ Pulse: __________ Blood Pressure: _____ / _____ ( _____ / _____ . _____ / _____)
Visual Acuity: Right 20/ _____ Left 20/ _____ Corrected : Yes No
Pupils: Equal _____ Unequal _____

FINDINGS NORMAL ABNORMAL FINDINGS INITIALSENORMALARABNORMALINITIALSENORMALARABNORMALINITIALS

MUSCULOSKELETAL
1. Neck
2. Back
3. Shoulder/Arm
4. Elbow/Forearm
5. Hip/Thigh
6. Knee
7. Leg/Ankle

9. Foot
10. Appearance
11. Heart
12. Pulses
13. Lymph Nodes
14. Lungs
15. Abdomen
16. E/E/N/T
17. Skin
18. Genitalia (Males only)

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No
PART 5: Parental/Guardian Consent, Acknowledgement and Release

- I/we hereby approve of my child’s participation in approved athletic activities (practice, games, competition and travel) as a representative of his/her middle school.
- I/we clearly understand that participation in athletic activities creates a risk of severe injury (including paralysis or death) normally associated with such activities and that the risk increases as the sport becomes more vigorous and involves more bodily contact.
- I/we acknowledge that the Seminole County Public Schools, Contest Officials Associations or the Athletic Trainers are not liable for medical expenses (i.e., hospital, physician, emergency transportation, etc.) or other charges incurred for such services, as may be rendered for or on behalf of my child as a result of injury or illness.
- I/we understand that if my child is injured or becomes ill, the Seminole County Public Schools will not be liable unless the injury or illness is the result of negligent conduct on the part of any employee of the Seminole County Public Schools.
- I/we do hereby approve emergency treatment, as deemed necessary by the hospital and/or medical personnel (Physician, Physical Therapist, Emergency Medical Services, Athletic Trainer, and Coaches) attending to my child on site.
- I/we do hereby give permission for the information contained in the Sports Screening/Physical form to be given to any medical personnel and emergency care facility administering treatment to my child.
- I/we understand that this health examination is entirely voluntary on my part and the part of the doctors; therefore, I agree to release doctors and personnel involved in the examination of any circumstances that might arise (directly or indirectly) from said examination.
- I/we understand that a release (note) from my child’s doctor must be submitted to the office each time my child is seen by a doctor to continue to participate in sports during the school year.
- I/we understand that participation may necessitate early dismissal from classes.
- Furthermore I grant the released parties the right to photograph and/or videotape my child/wards face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.
- I give my consent for my child/ward to participate in the following interscholastic sport(s) not crossed out: volleyball, cross country, track and field, cheerleading other  .
- I/we also state that all questions have been answered correctly and my eligibility will be forfeited for false answers or failure to follow the requirements.

PART 6: STUDENT CONSENT, ACKNOWLEDGE AND RELEASE

I have read the rules and know of no reason that I am not eligible to participate in my school’s athletic competition. As a representative I agree to abide by my school’s rules, regulations and decisions. I know that participating is a privilege and I understand that serious injury and even death is possible. I agree to accept this responsibility and fully understand all risks involved. I voluntarily accept all responsibility for my own safety and welfare. Should I be 18 or become emancipated from my parent(s) I release and hold harmless my school, schools I compete against, and contest officials of any and all responsibility and liability for any injury or claim resulting from my athletic participation and agree to take no legal action because of any accident or mishap. I grant the released parties the right to photograph and/or videotape me and further to use my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

I / WE PARENT (S) AND STUDENT ATHLETE HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE

PRINT NAME (S) CLEARLY PLEASE

Student ___________________________ Student Signature_________________________ Date ____________

Parent/Guardian______________________ Parent/Guardian Signature_______________ Date ____________

Parent/Guardian _____________________ Parent/Guardian Signature_______________ Date ____________
Seminole County Public Schools, Florida

Sports Screening/Physical & Parent/Student Release Form

Addendum to SCPS Form 985

I. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes and FHSAA Bylaw 11.8, 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.

II. I further hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I understand that his authorization is voluntary and that I may revoke it at any time by submitting the revocation in writing to my school.

III. I hereby grant to FHSAA the right to review all records relevant to my athletic eligibility including, but not limited to, my records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness.

IV. I understand that the authorizations and rights are voluntary and that I may revoke them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that I will no longer be eligible for participation in interscholastic athletics.

I/We Parent(s) and Student Athlete have read this information carefully and know it contains a release. This form must be signed in the presence of a notary.

PRINT NAME CLEARLY

Student ___________________________ Student Signature ___________________________

Date ___________________________

Parent ___________________________ Parent Signature ___________________________

Date ___________________________

State of Florida

County of ___________________________ Sworn to and subscribed before me this _______ day of ____________________ 200___

( ) is personally known or produced identification ( ) type of identification produced ___________________________

Notary Stamp

______________________________

Signature of Notary Public

SCPS Form 985a (3/06) Distribution: White Copy: Trainer Yellow Copy: Principal-designee Pink: Coach Gold: Parent/Student
ATHLETE ___________________________ MALE ☐ FEMALE ☐ BIRTHDATE (MM/DD/YY)

DATE OF PHYSICAL ___________ Insurance ( ) Birth Certificate ( ) GPA _______ Eligible ( )

PHYSICIAN’S NAME ___________________________ PHONE ___________________________

ALLERGIES __________________________________ EYE GLASSES: YES ☐ NO ☐ CONTACTS: ☐ YES ☐ NO

MEDICATIONS __________________________________ EMERGENCY MEDICATIONS: __________

MEDICAL CONCERNS: ________________________________________________________________

MOTHER’S NAME ___________________________ Cell Phone ___________________________ Home Phone ___________

FATHER’S NAME ___________________________ Cell Phone ___________________________ Home Phone ___________

HOME ADDRESS ___________________________ (Number & Street) ___________________________

(Apt. #) ___________________________ (City) ___________________________ (Zip Code) ___________

PERSON AUTHORIZED TO CARE FOR STUDENT IN CASE PARENT CANNOT BE REACHED:

NAME ___________________________ ADDRESS ___________________________________________

PHONE ___________________________ CELL PHONE ___________________________ RELATIONSHIP ___________________________

Your insurance must remain current during this sport. You must notify your coach immediately if you change residence, cell phone number or no longer have insurance coverage.

** COMPLETE BOTH SIDES OF THIS FORM **
PARENTAL CONSENT

STUDENT’S FULL NAME ____________________________________________  AGE ______

SCHOOL ______________________________________________________  GRADE ______

I consent to the sharing of my child’s health information as listed on the reverse side with appropriate school personnel unless specified in writing to the principal.

In the event of serious accident of illness, I request that the school contact me. If I cannot be reached, the school may make the necessary arrangements to provide emergency care and treatment for my child. This may include conveyance to and treatment at a hospital or medical facility. I will assume responsibility of payment for services rendered.

In case of an accident or illness where immediate treatment of my child is not indicated, but where he/she is unable to remain at school, I request the school contact me or my spouse to arrange transportation for my child. If the school is unable to contact a parent/legal guardian, I request that one of the persons listed on the reverse side of this form be contacted and requested to care for my child.

All medical concerns regarding my child have been provided on this card for the care of my child.

We have health insurance through ____________________________________________  (NAME OF COMPANY)  (POLICY #)

We have purchased Student Accident Insurance to supplement my personal insurance. □ YES  □ NO

https://schoolinsuranceofflorida.com/pages/parent_pages/9035

PARENT OR LEGAL GUARDIAN ____________________________________________  DATE __________

(SIGNATURE)
THE SCHOOL BOARD OF SEMINOLE COUNTY, FLORIDA
WAIVER AND RELEASE FOR ATHLETIC PARTICIPATION

I. Student Release and Waiver – to be signed by student

I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury and even death is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved. Should I be 18 years of age or older, or should I be otherwise emancipated, I hereby release and hold harmless the School Board of Seminole County, Florida, its officers, employees and agents; the school district of Seminole County, Florida; and my school (including but not limited to, the principal, athletic director, coaches, staff, and athletic trainers) of any and all responsibility and liability, including liability for their own negligence, for any injury or claim involving such athletic participation. This includes but is not limited to practice, fundraising, games, and competitions. I agree to take no legal action against any of the above listed parties involving my participation in athletic activities.

I have read this waiver carefully and know it contains a release

Student name (printed)    Student Signature    Date

II. Parental Release and Waiver – to be completed by parent/guardian or adult student
with legal authority to make educational decisions

I know of and acknowledge that my child/ward is participating in interscholastic activities and such participation includes risks, including serious injury and even death. I voluntarily accept any and all responsibility for my child’s safety and welfare while participating in athletics and fully understand the risks involved. On behalf of myself and my child, I hereby release and hold harmless the School Board of Seminole County, Florida, its officers, employees and agents; the school district of Seminole County, Florida; and my child’s school (including but not limited to, the principal, athletic director, coaches, staff, and athletic trainers) of any and all responsibility and liability, including liability for their own negligence, for any injury or claim involving such athletic participation. This includes but is not limited to practice, fundraising, games, and competitions. I agree to take no legal action on behalf of myself or my child against any of the above listed parties involving my child’s participation in athletic activities.

I have read this waiver carefully and know it contains a release

Parent/Guardian name (printed)    Parent/Guardian signature    Date
(or adult student)    (or adult student)