

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: _____

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: _____ Legal Name of Parent/Guardian: _____

Emergency Contact _____ Relationship to Student: _____ Home # (____) _____ Work # (____) _____

Family Physician: _____ City _____ Office Phone: (____) _____ Previous School _____

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 _____

Individual Insurance Company Name _____ Policy # _____

School Insurance Company Name _____ Policy # _____

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.

	Yes	No		Yes	No		
1. Have you had a medical illness or injury since your last check or sports physical?			28. Do you have asthma?				
2. Do you have an ongoing chronic illness?			29. Do you have seasonal allergies that require medical treatment?				
3. Have you ever been hospitalized overnight?			30. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?				
4. Have you ever had surgery?			31. Have you had any problems with your eyes or vision?				
5. Are you currently taking any prescription or nonprescription (over the counter) medications or pills or using an inhaler?			32. Do you wear glasses, contacts, or protective eyewear?				
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?			33. Have you ever had a sprain, strain, or swelling after injury?				
7. Do you have any allergies, for example (pollen, medicine, food or stinging insects)?			34. Have you broken or fractured any bones or dislocated any joints?				
8. Have you ever had a rash or hives develop during or after exercise?			35. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?				
9. Have you ever passed out during or after exercise?							
10. Have you ever been dizzy during or after exercise?			If yes, check appropriate blank and explain below.				
11. Have you ever had chest pain during or after exercise?			__Head	__Elbow	__Hip	__Neck	__Ankle
12. Do you get tired more quickly than your friends do during exercise?			__Thigh	__Back	__Wrist	__Knee	
13. Have you ever had racing of your heart or skipped heartbeats?			__Hand	__Shin/Calf	__Shoulder	__Finger	
14. Have you had high blood pressure or high cholesterol?			__Upper Arm	__Foot	__Forearm	__Chest	
15. Have you ever been told you have a heart murmur?							
16. Has any family member or relative died of heart problems or sudden death before age 50?			36. Do you want to weigh more or less than you do now?				
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the month?			37. Do you lose weight regularly to meet weight requirements for your sport?				
18. Has a physician ever denied or restricted your participation in sports for any heart problems.?			38. Do you feel stressed out?				
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?			39. Record the dates of your most recent immunizations (shots) for:				
20. Have you ever had a head injury or concussion?			Tetanus: _____ Measles: _____				
21. Have you ever been knocked out, become unconscious, or lost your memory?			Hepatitis B: _____ Chickenpox: _____				
22. Have you ever had a seizure?							
23. Do you have frequent or severe headaches?			Females Only (optional)				
24. Have you ever had numbness or tingling in your arms, hands, legs, or feet?			40. When was your first menstrual period? _____				
25. Have you ever had a stinger, burner, or pinched nerve?			41. When was your most recent menstrual period? _____				
26. Have you ever become ill from exercising in the heat?			42. How much time do you usually have from the start of one period to the start of another? _____				
27. Do you cough, wheeze, or have trouble breathing during or after activity?			43. How many periods have you had in the last year? _____				
			44. What was the longest time between periods in the last year? _____				

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 INITIALS	NORMAL	ABNORMAL	INITIALS	NORMAL	ABNORMAL	INITIALS
<u>MUSCULOSKELETAL</u>			9. Foot						
1. Neck			10. Appearance				16. E/E/N/T		
2. Back			<u>MEDICAL</u>				17. Skin		
3. Shoulder/Arm			11. Heart				18. Genitalia (Males only)		
4. Elbow/Forearm			12. Pulses						
6. Hip/Thigh			13. Lymph Nodes						
7. Knee			14. Lungs						
8. Leg/Ankle			15. Abdomen						

ASSESSMENT

Cleared without limitation.

Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendations: _____

Name of Physician (print or type): _____ Date: _____

Address: _____

Signature of Physician: _____, MD or DO

PART 5: Parental/Guardian Consent, Acknowledgement and Release

- I/We do 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 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's/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 this 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



SCHOOL _____ Grade _____

SEMINOLE COUNTY PUBLIC SCHOOLS, FL – ATHLETICS EMERGENCY CARD 20__-20__

ATHLETE _____ MALE FEMALE BIRTHDATE _____
Last Name First Name (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.

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 or 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)
(or adult student)

Parent/Guardian signature
(or adult student)

Date