

ATHLETIC POLICY FOR TRAINING RULES

Northridge Middle School

A coach and / or athletic director will confront an athlete concerning a training rule violation and its consequences. If it is determined that the athlete has violated the training rules, the athlete will be informed of the punishment for the violation. The athletic director will make written or verbal contact with the athlete's parent or guardian within three days after the student has been notified of the punishment for a training rule violation. The parent or guardian may appeal the disciplinary action to the principal. If the parent or guardian is not satisfied with the principal's decision, they may appeal to the superintendent and school board. For the purposes of these rules a season consists of the scheduled contests for a sport. The I.H.S.A.A. definition of a contest will apply.

A. Punishment for training rule violation follows:

First offense: Any athlete who uses alcoholic beverages, tobacco, or illicit narcotics in or out of season will be suspended from his/her athletic team for 1/3 of the contests. If the violation occurs in the last 1/3 of the sport season, the athlete will be suspended from all remaining contests and will not receive any awards as a result of his/her participation in the sport. If the violation occurs out of season, the athlete will be suspended for 1/3 of the contests of the next sport in which he/she participates. An athlete must sit out 1/3 of the contests and complete that sport season to be reinstated in athletics. An athlete who uses alcohol or illicit narcotics must also submit to a professional drug assessment by an organization approved by the school after notification of the parent or guardian. A copy of the assessment and the recommendations must be submitted to the athletic director. The athlete must follow the recommendations of the assessment. Reinstatement is conditional upon continued compliance with the recommendations of the assessment. An athlete who does not continue with the assessment recommendation will be suspended until he/she completes the recommendations of the assessment.

Second offense: Suspension from all athletics for one calendar year from the date of notification.

If the offense involves drugs or alcohol, the athlete must also submit to a professional drug assessment by an organization approved by the school after notification of the parent or guardian. A copy of the assessment and the recommendations must be submitted to the athletic director. The athlete must follow the recommendations of the assessment.

Reinstatement is conditional upon continued compliance with the recommendations of the assessment. An athlete who does not continue with the assessment recommendation will be suspended until he/she completes the recommendations of the assessment.

Third offense: Permanent exclusion from athletics.

- B. The procedures outlined in rule A will apply to an athlete who is found guilty of a criminal act. (Traffic violations are not considered a criminal act).
- C. With the head coaches permission an athlete may be allowed to practice while he/she is suspended from competition.
- D. An athlete cannot serve an academic penalty and a training rule penalty simultaneously.
- E. An athlete who is academically ineligible may continue to practice with the consent of a parent or guardian and the coach.
- F. Coaches are responsible for enforcing all of the rules.

STANDARDS FOR NORTHRIDGE MIDDLE SCHOOL ATHLETICS

I. GRADE and ATTITUDE CHECK:

All extracurricular participants must meet discipline, behavior, and academic requirements. A failing grade or an attitude mark of 5 will be cause for a participant to be ineligible for performances, games, or matches until the next grades are issued, which includes the 4 ½ week mid-term progress report and 9 week grade card. Students become eligible and ineligible as a result of a 4 ½ week mid-term progress and a 9 week report card. When a student receives an “F” or a “5” on two consecutive occasions he/she will be dismissed from the team for the remainder of the season. When the student passes all classes and all attitude marks are 4 or better on a 4 ½ week mid-term progress report or a 9 week grade card , he/she becomes eligible to participate once again. During the period of ineligibility, students may continue to practice only with the consent of both the coach and parent.

Students who receive a failing grade or a “5” attitude on the 4th quarter report card (end of the year) will be held accountable at the beginning of the fall season. Students in this category will be until the 4 ½ week mid-term progress report. Ineligible students may participate in practice only. If passing at the 4 ½ week mid-term progress report, full eligibility will be reinstated; however, if an “F” or “5” is earned on the first 4 ½ week mid-term progress report they will be ineligible for the remainder of the season.

Unacceptable behavior may be cause for suspension from athletics at any time. Any student scheduled for an In-School or Out-of-School Suspension will be ineligible for participation in practice or any event that day. In addition, if the athlete is in-season, he/she will receive a one game/match suspension once they return from the Out-of-School Suspension.

II. BEHAVIOR and ELIGIBILITY:

Northridge Middle School athletes are expected to set excellent examples in all athletic contests, within the classrooms and halls of Northridge, in the community, on buses, and at all times. Less than best behavior could be cause for suspension from sports. Athletes may not participate in practice or in a contest on a day(s) he/she has served in-school suspension, after school detention, or suspension from school. **Upon returning to school from an out-of-school-suspension, the athlete will be suspended from the next athletic contest.**

III. ILLNESS or INJURY:

If you are ill five days in succession, you must bring a note from your doctor stating that you are fit to participate again. Athletes must be in attendance for three academic hours on the day of a contest or make arrangements prior to the absence.

IV. PHYSICAL FORM:

An athlete must have had a physical examination between April 11, 2011 and before his/her first practice to be eligible.

Northridge Middle School Physical Form

Doctor's signature is required on the IHSAA physical evaluation form

Parent and student also need to sign the IHSAA physical evaluation form

Student Name _____ Grade _____ School Year _____
has my permission to participate in all sports with the exception of _____

Signature of parent or guardian _____

Insurance Information

Northridge M.S. (Middlebury Community Schools) offers a supplemental insurance policy which includes coverage of middle school aged athletes. A copy of the coverage is available to your son/daughter upon request. Your student **must have** either the school insurance or the signed waiver on file in the school office before he/she will be allowed to participate. **Please read the following statements carefully. A parent or guardian needs to sign one of the two statements below.**

Insurance Waiver

After reviewing the school insurance coverage, I believe my family insurance will adequately protect my student. I decline the coverage offered through the school insurance policy.

DATE

Parent/Guardian Signature

School Insurance Program

We have enrolled our child in the insurance program offered by the school. I understand the coverage offered is not complete coverage. I have returned all the necessary insurance membership materials to the insurance vendor.

DATE

Parent/Guardian Signature

Generally speaking Middlebury Community Schools is not responsible for injuries and accidents occurring to students. Therefore, Middlebury Community Schools makes Student Insurance available each school year. The insurance is administered by a third party. At the beginning of each school year the plan coverage and rates are established. Contact the Administration Center at (574)825-9425 and request the Director of Business Services, to obtain the terms and application of the Student Insurance Carrier.

Standards for N.M.S. Athletes Reply Sheet

My son/daughter and I have read the Standards and Policy for Training Rules for Northridge M.S. Athletes. We understand what the disciplinary procedure will be for misconduct or poor academic performance.

Students must return the IHSAA physical form along with this page dated, and signed by both student and parent **before** they are eligible for practice.

Student Signature

DATE

Parent/Guardian Signature

■ PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM



(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____
 Name _____ Date of birth _____
 Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALES ONLY		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

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■ PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM



(The physical examination must be performed on or after May 1 by a Physician holding an unlimited license to practice medicine to be valid for the following school year – IHSAA By-Law C 3-10)

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ (_____ / _____)	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

- Not cleared
- Pending further evaluation
 - For any sports
 - For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians). *(The physical examination must be performed on or after May 1 by a Physician holding an unlimited license to practice medicine to be valid for the following school year—IHSAA By-Law C 3-10)*

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

■ PREPARTICIPATION PHYSICAL EVALUATION IHSAA ELIGIBILITY RULES



INDIVIDUAL ELIGIBILITY RULES (Grades 9 through 12)

ATTENTION ATHLETE: Your school is a member of the IHSAA and follows established rules. To be eligible to represent your school in interschool athletics, you:

1. must be a regular bona fide student in good standing in the school you represent; must have enrolled not later than the fifteenth day of the current semester.
2. must have completed 10 separate days of organized practice in said sport under the direct supervision of the high school coaching staff preceding date of participation in interschool contests. (Excluding Girls Golf – See Rule 101)
3. must have received passing grades at the end of their last grading period in school in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take and must be currently enrolled in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take. Semester grades take precedence.
4. must not have reached your twentieth birthday prior to or on the scheduled date of the IHSAA State Finals in a sport.
5. must have been enrolled in your present high school last semester or at a junior high school from which your high school receives its students . . .
 - . . . unless you are entering the ninth grade for the first time.
 - . . . unless you are transferring from a school district or territory with a corresponding bona fide move on the part of your parents.
 - . . . unless you are a ward of a court; you are an orphan, you reside with a parent, your former school closed, your former school is not accredited by the state accrediting agency in the state where the school is located, your transfer was pursuant to school board mandate, you attended in error a wrong school, you transferred from a correctional school, you are emancipated, you are a foreign exchange student under an approved CSIET program. You must have been eligible from the school from which you transferred.
6. must not have been enrolled in more than eight consecutive semesters beginning with grade 9.
7. must be an amateur (have not participated under an assumed name, have not accepted money or merchandise directly or indirectly for athletic participation, have not accepted awards, gifts, or honors from colleges or their alumni, have not signed a professional contract).
8. must have had a physical examination between May 1 and your first practice and filed with your principal your completed Consent and Release Certificate.
9. must not have transferred from one school to another for athletic reasons as a result of undue influence or persuasion by any person or group.
10. must not have received in recognition of your athletic ability, any award not approved by your principal or the IHSAA.
11. must not accept awards in the form of merchandise, meals, cash, etc.
12. must not participate in an athletic contest during the IHSAA authorized contest season for that sport as an individual or on any team other than your school team. (See Rule 15-1a) (Exception for outstanding student-athlete – See Rule 15-1b)
13. must not reflect discredit upon your school nor create a disruptive influence on the discipline, good order, moral or educational environment in your school.
14. students with remaining eligibility must not participate in tryouts or demonstrations of athletic ability in that sport as a prospective post-secondary school student-athlete. Graduates should refer to college rules and regulations before participating.
15. must not participate with a student enrolled below grade 9.
16. must not, while on a grade 9 junior high team, participate with or against a student enrolled in grade 11 or 12.
17. must, if absent five or more days due to illness or injury, present to your principal a written verification from a physician licensed to practice medicine, stating you may participate again. (See Rule 3-11 and 9-14.)
18. must not participate in camps, clinics or schools during the IHSAA authorized contest season. Consult your high school principal for regulations regarding out-of-season and summer.
19. girls shall not be permitted to participate in an IHSAA tournament program for boys where there is an IHSAA tournament program for girls in that sport in which they can qualify as a girls tournament entrant.

This is only a brief summary of the eligibility rules.

You may access the IHSAA Eligibility Rules (By-Laws) at www.ihsaa.org

Please contact your school officials for further information and before participating outside your school.

(Consent & Release Certificate - on back or next page)

■ PREPARTICIPATION PHYSICAL EVALUATION CONSENT & RELEASE CERTIFICATE



I. STUDENT ACKNOWLEDGMENT AND RELEASE CERTIFICATE

- A. I have read the IHSAA Eligibility Rules (*next page or on back*) and know of no reason why I am not eligible to represent my school in athletic competition.
- B. If accepted as a representative, I agree to follow the rules and abide by the decisions of my school and the IHSAA.
- C. 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, and agree to release and hold harmless my school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agree to take no legal action against my school, the schools involved or the IHSAA because of any accident or mishap involving my athletic participation.
- D. I consent to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me, including but not limited to any claims or disputes involving injury, eligibility or rule violation.
- E. I give the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use my picture or image and any sound recording of me, in all forms and media and in all manners, for any lawful purposes.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION. (to be signed by student)

Date: _____ Student Signature: (X) _____

Printed: _____

II. PARENT/GUARDIAN/EMANCIPATED STUDENT CONSENT, ACKNOWLEDGMENT AND RELEASE CERTIFICATE

- A. Undersigned, a parent of a student, a guardian of a student or an emancipated student, hereby gives consent for the student to participate in the following interschool sports **not marked out:**
Boys Sports: Baseball, Basketball, Cross Country, Football, Golf, Soccer, Swimming, Tennis, Track, Wrestling.
Girls Sports: Basketball, Cross Country, Golf, Gymnastics, Soccer, Softball, Swimming, Tennis, Track, Volleyball.
- B. Undersigned understands that participation may necessitate an early dismissal from classes.
- C. Undersigned consents to the disclosure, by the student's school, to the IHSAA of all requested, detailed financial (athletic or otherwise), scholastic and attendance records of such school concerning the student.
- D. Undersigned knows of and acknowledges that the student knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation and chooses to accept any and all responsibility for the student's safety and welfare while participating in athletics. With full understanding of the risks involved, undersigned releases and holds harmless the student's school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agrees to take no legal action against the IHSAA or the schools involved because of any accident or mishap involving the student's athletic participation.
- E. Undersigned consents to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me or the student, including but not limited to any claims or disputes involving injury, eligibility, or rule violation.
- F. Undersigned gives the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use any picture or image or sound recording of the student in all forms and media and in all manners, for any lawful purposes.
- G. Please check the **appropriate space:**
 - The student has school student accident insurance.
 - The student has football insurance through school.
 - The student has adequate family insurance coverage.
 - The student does not have insurance.

Company: _____ Policy Number: _____

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION.

(to be completed and signed by all parents/guardians, emancipated students; where divorce or separation, parent with legal custody must sign)

Date: _____ Parent/Guardian/Emancipated Student Signature: (X) _____

Printed: _____

Date: _____ Parent/Guardian Signature: (X) _____

Printed: _____

CONSENT & RELEASE CERTIFICATE

Indiana High School Athletic Association, Inc.
9150 North Meridian St., P.O. Box 40650
Indianapolis, IN 46240-0650

**File In Office of the Principal
Separate Form Required for Each School Year**