

ATHLETIC POLICY FOR TRAINING RULES

Northridge Middle School

A coach and an athletic director must confront an athlete concerning a training rule violation and its consequences. If they determine that the athlete has violated the training rules, they must inform the athlete of the punishment for the violation.

The athletic director must 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. A meeting must be set up between the coach, athletic director and parent or guardian as soon as possible concerning the situation.

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:

Athletes should strive to excel in the classroom as well as in athletics. One failing grade or an attitude mark of five on the 4 week grade check, 6 week progress report or the 9 week report card will be cause for the athlete to be ineligible for a length of time. If the athlete improves their grade so that they no longer have an "F" or a "5" attitude when the grades are checked again, he/she regains eligibility. Athletes receiving a failing grade or "5" attitude on two consecutive occasions when grades are checked will be dismissed from the team. Athletes may also lose eligibility by accumulating nine points in the Northridge discipline policy. This includes behavior at school, on the bus, and at school activities. After a student accumulates nine points he/she may not participate in any athletic contest for 15 clean school days. For a student to get below the nine points he/she must not receive any disciplinary action from the office during these 15 clean school days to be reinstated to full eligibility on the team. Each student will start a new semester with a clean slate in our discipline policy.

An athlete who is academically ineligible may continue to practice with consent of both parent and coach. Students with failing grades and/or attitudes on two consecutive occasions will be dismissed from the team and not allowed to practice.

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.

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.

PHYSICAL FORM:

An athlete must have had a physical examination between May 1 and before his/her first practice to be eligible.

Northridge Middle School Physical Form

Doctor's signature is required on the IHSA physical evaluation form
Parent and student also need to sign the IHSA 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 school.

DATE

Parent/Guardian Signature

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 IHSA 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

IHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

(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)



SCHOOL: _____

HISTORY (to be completed by student and parent prior to examination by Physician) **Date:** _____

Name: _____ Phone: (_____) _____

Address: _____ City: _____ Zip: _____

Sex: _____ Age: _____ Date of Birth: _____ Grade: _____

Personal Physician: _____ Phone: (_____) _____

Previous school attended and dates: _____

Explain "Yes" answers below:

1. Have you ever been hospitalized? Yes ___ No ___
Have you ever had surgery? Yes ___ No ___
Are you presently under a doctor's care? Yes ___ No ___
2. Are you presently taking any medications or pills? Yes ___ No ___
3. Do you have any allergies (medicine, bees or other stinging insects)? Yes ___ No ___
4. Have you ever passed out during or after exercise? Yes ___ No ___
Have you ever been dizzy during or after exercise? Yes ___ No ___
Have you ever had chest pain during or after exercise? Yes ___ No ___
Have you ever had high blood pressure? Yes ___ No ___
Have you ever been told that you have a heart murmur? Yes ___ No ___
Have you ever had racing of your heart or skipped heartbeats? Yes ___ No ___
Has anyone in your family died of heart problems or a sudden death before age 50? Yes ___ No ___
Has anyone in your family had Marfan's syndrome? Yes ___ No ___
5. Do you have any skin problems (itching, rashes, acne)? Yes ___ No ___
6. Have you ever had a head injury? Yes ___ No ___
Have you ever been knocked out or unconscious? Yes ___ No ___
Have you ever had a seizure or epilepsy? Yes ___ No ___
Have you ever had a stinger, burner or pinched nerve? Yes ___ No ___
7. Have you ever had heat cramps, heat illness or muscle cramps? Yes ___ No ___
8. Do you have trouble breathing or do you cough during or after activity? Yes ___ No ___
9. Do you use any special equipment (pads, braces, neck rolls, eye guards, etc.)? Yes ___ No ___
10. Have you had any problems with your eyes or vision? Yes ___ No ___
Do you wear glasses or contacts or protective eye wear? Yes ___ No ___
11. Are you missing an eye, kidney or testicle? Yes ___ No ___
12. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? Yes ___ No ___
 Head Shoulder Thigh Neck Elbow Knee Foot
 Forearm Shin/Calf Back Wrist Ankle Hip Hand
13. Have you had any other medical problems (infectious mononucleosis, diabetes, anemia, etc.)? Yes ___ No ___
14. **Have you had a medical problem or injury since your last evaluation?** Yes ___ No ___
15. When was your last tetanus shot? _____
16. When was your first menstrual period? _____
When was your last menstrual period? _____
What was the longest time between your periods last year? _____

Explain "Yes" answers:

I hereby state that, to the best of my knowledge, my answers to the above questions are correct. **(BOTH SIGNATURES ARE REQUIRED)**

• Signature of athlete: _____

Date: _____

• Signature of parent/guardian: _____

Date: _____

PHYSICAL EXAMINATION (to be completed by Physician)**Date:** _____

Name: _____ Age: _____ Date of Birth: _____

Height: _____ Weight: _____ BP: _____/_____ Pulse: _____		
Vision: R 20/_____ L 20/_____ Corrected: Y N Pupils (Circle) Equal/Unequal R > L L > R		
	Circle (if option given)	----- Specific Findings -----
Marfan's syndrome stigmata	No Yes	
Heart		
Rhythm	Regular Irregular	
Murmur (supine)	No Yes	
Murmur (standing)	No Yes	
	Normal <input type="checkbox"/>	----- Specific Findings -----
Lungs		
Skin		
Abdominal		
Femoral Pulses		
Genitalia/Hernia		
Musculoskeletal:		
Neck		
Shoulders		
Elbows		
Wrists		
Hands		
Back		
Knees		
Ankles		
Feet		
Other		

Clearance:

- A. Cleared
- B. Cleared after completing evaluation/rehabilitation for: _____
- C. Not cleared

Due to: _____

Recommendation: _____

I hereby certify that this athlete was examined by me. At that time, no physical condition was detected which would reasonably be anticipated to render this athlete physically unfit to engage in any sport, **except those marked below:**

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

Name of Physician: _____ Date: _____

Address: _____ Phone: (_____) _____

Signature of Physician: _____

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(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 of Sports Medicine.)