

Spartan Fall Athletics Meeting



Spartan Athletics Meeting



To graduate thoughtful, compassionate,
and flourishing young people who find
meaning through work that is
worthwhile, caring for others, and
courageously overcoming life's
difficulties.



Sports Available

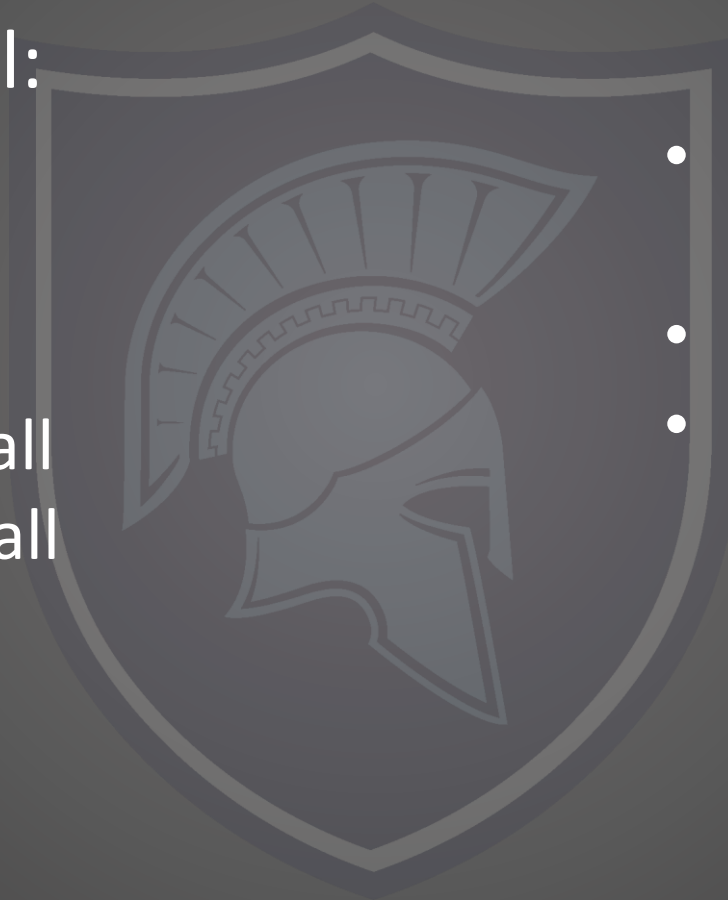
Fall Sports

High School:

- Co-Ed Cross Country
- Flag Football
- Girls Volleyball
- Boys Volleyball

Middle School:

- Co-Ed Cross Country
- Flag Football
- Girls Volleyball



Sports Available

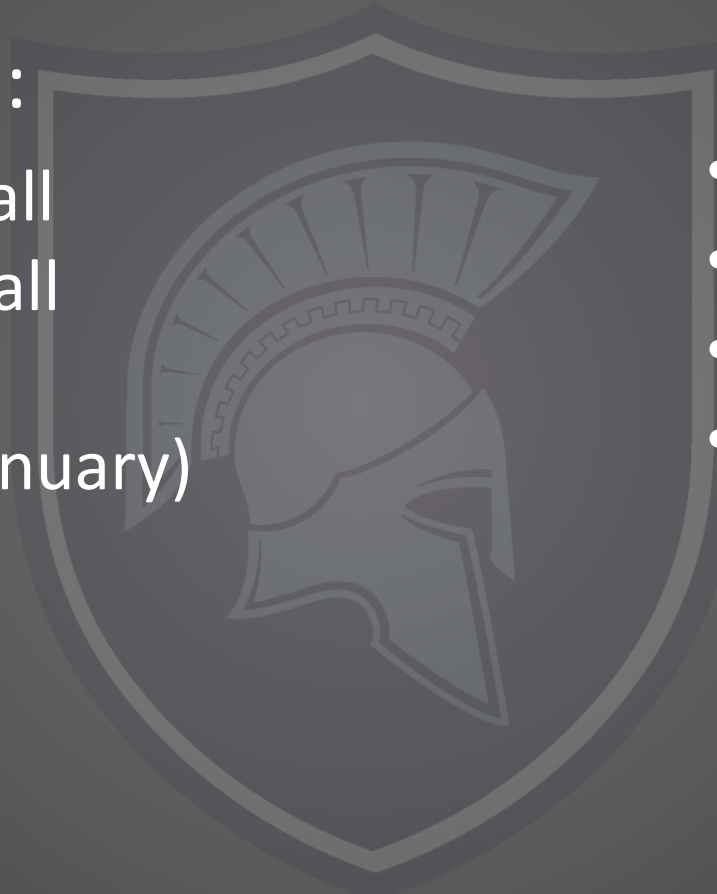
Winter Sports

High School:

- Girls Basketball
- Boys Basketball
- Co-ed Soccer
(starting in January)

Middle School:

- Girls Basketball
 - Boys Basketball
 - Girls Soccer*
 - Boys Soccer*
- *Starts in January



Sports Available

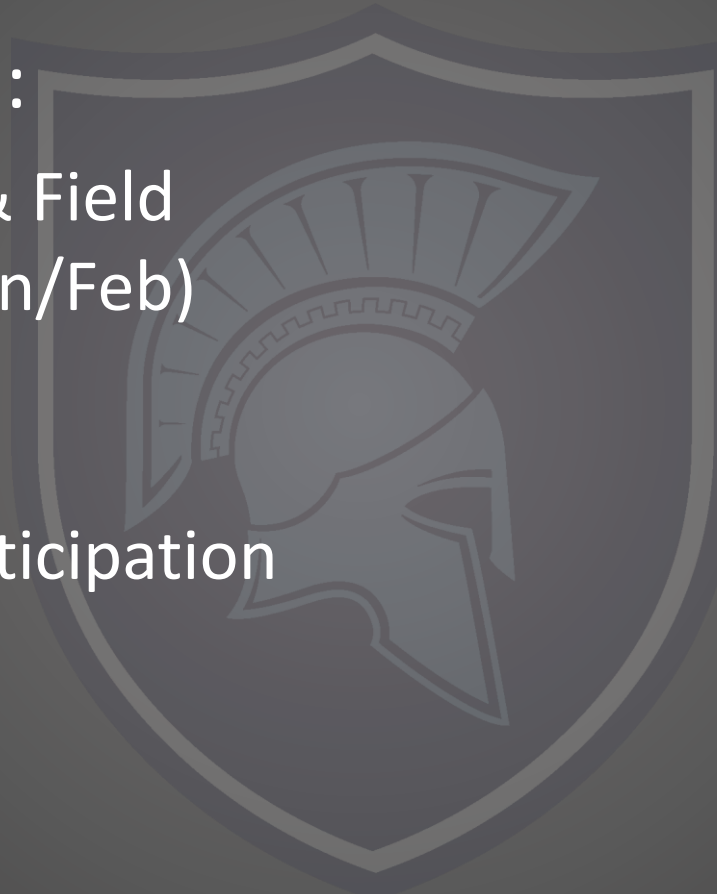
Spring Sports

High School:

- Co-ed Track & Field (starting in Jan/Feb)
 - Softball*
 - Baseball *
- *Pending participation

Middle School:

- Co-ed Track & Field (starting in Jan/Feb)
 - Softball
 - Baseball *
- *Pending participation



Tryouts



Girls
Volleyball

Cross
Country

Flag
Football

Boys
Volleyball



Tryouts



Cross Country

Grades 6 – 10

Practices are currently happening

Cut off date to join is August 25th

First Meet is August 19th

Tryouts



Girls

Volleyball

August 14th & 15th

MS: 6th - 8th Grade

4:45 – 5:45 pm

HS: 8th – 10th Grade

3:45 – 4:45 pm

Rosters announced: August 16th

Tryouts



Boys Volleyball

August 16th & 17th

8th – 10th Grade

4:15 – 5:15 pm

Rosters announced: August 18th

Tryouts

Flag Football

August 14th - 16th

4:15 – 5:15 pm

MS: 6th – 8th

HS: 8th – 10th

Rosters announced: August 17th

Eligibility to Participate

Completed Registration in Aktivare

- 1) Current Physical on File
 - a) Signed by a medical professional clearing for athletics
 - b) Pre-participation Medical History form signed by student and Parent and with a date
- 2) Signed Athletic Handbook

PREPARTICIPATION PHYSICAL EVALUATION – MEDICAL HISTORY

2017

This **MEDICAL HISTORY FORM** must be completed *annually* by parent (or guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

Student's Name: (print) _____ Sex _____ Age _____ Date of Birth _____
 Address _____ Phone _____
 Grade _____ School _____
 Personal Physician _____ Phone _____

In case of emergency, contact:
 Name _____ Relationship _____ Phone (H) _____ (W) _____

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

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had prior testing for the heart ordered by a physician?	<input type="checkbox"/>	<input type="checkbox"/>	14. 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)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below:		
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many times? _____			18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
When was your last concussion? _____			<i>Females Only</i>		
How severe was each one? (Explain below)			19. When was your first menstrual period? _____		
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
Have you ever had numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Males Only</i>		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	20. Do you have two testicles? _____		
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	21. Do you have any testicular swelling or masses? _____		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>			
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.		
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	**EXPLAIN "YES" ANSWERS IN THE BOX BELOW (attach another sheet if necessary). _____ _____ _____		
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>			
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>			

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL.

Student Signature: _____ Parent/Guardian Signature: _____ Date: _____

Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches. **THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.**

For School Use Only:

This Medical History Form was reviewed by: Printed Name _____ Date _____ Signature _____

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____/_____/_____
brachial blood pressure while sitting

Vision: R 20/____ L 20/____ Corrected: Y N Pupils: Equal Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high athletic participation and again prior to first and third years of high school athletic participation. It **must** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. ** Local district policy may require an annual physical exam.*

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

- Cleared
 Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendations: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) _____ Date of Examination: _____

Address: _____

Phone Number: _____

Signature: _____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or games/matches.



The cost
to
participate

Athletics Handbook

The cost to participate

High School Sports

-\$300/sport

Middle School Sports

-\$275/sport

Intramural Sports

-\$115 for the first sport
(pays for t-shirt)

-\$100/sport after the first

The Cost to Participate



- Coaches
- Uniforms
- League Fees
- Facility Rentals
- Referees
- Equipment Upkeep
- Travel

- Field/Facility maintenance upkeep
(paint, floors, etc).

Cost to Participate

Resources available to you

- **FRL**

- **Multi-Scholar Discount**

- 2nd scholar – 10% off

- 3rd scholar – 15% off

- **For single scholar homes: 3rd Sport played is 25% off**

- **Family Cap at \$750**

Coaches Expectations

- Inclusive Sports Practices
- Weekly Communication
- Team Meeting at the beginning of the season
- Treat all scholar athletes with respect

Student Athlete Expectations

- Remain Academically Eligible
- Expectation to be at all practices and games
- Understanding that you may be at every practice but not start or receive limited playing time
- Represent yourself and your team in a positive manner always
- Tutoring/Detention takes priority

Student Athlete Expectations

Remain Academically Eligible

- Students must be passing ALL classes with a 70% (C-) or above
- A D or F is not considered passing
- Eligibility is determined at Progress Report & Report Card time
- Student-Athletes can GAIN back eligibility at In House Progress Report time – but NOT lose it
- Athletic Director > Coach > Student - Athlete

Student Athlete Expectations

Remain Academically Eligible

- Only Quarter grades are utilized
– not the semester grade

Q1

Q2

S1

Student Athlete Expectations

Attendance Expectations

- Student Athletes should be at every practice and competition
- 3 Unexcused absences, including no showing at a game, can see you dismissed from a team
- See athletics handbook for further details

Athletics Handbook

Parent Support & Expectations

Volunteering in the following capacities:

- **Carpooling to games**
- **Concession stands/game admittance**
- **Keeping book / Running scoreboard**

When rosters are announced, each family will be “assigned” 2 games to volunteer at.



Role of the Parent

- **Be a parent first**
- **Celebrate your child and the team.**
- **Encourage through challenges**
 - **Let the coaches coach.**

Athletics Handbook

Communication from Parents

- **Concerns expressed directly to coach**
 - **Remember the 24 hr rule**
- **Notification of any scheduled conflicts, illness, or injury in advance**
- **Social Media Outlets**
- **Coaches + Parents = Partnership!**

Sportsmanship

**Absolutely no heckling or
inappropriate behavior towards refs,
players, coaches, or score table**

**Spectators will remain on the sidelines
or in the bleachers**

Meet the Coaches



**Ath
Directors**



Intramurals



**Cross
Country**



**MS
Volleyball**



**HS
Volleyball**



**Boys
Volleyball**



Flag Football



A large, faint, semi-transparent logo of a Spartan helmet is centered in the background behind the text.

GO BLUE!
GO WHITE!
GO SPARTANS!
GO FIGHT!