

2014-2015 RHS Unified Bocce Student Information Sheet

Name: _____ Student ID (last 6 digits): _____

Birthday (including year): _____ Grade in School: _____

Parent/Guardian Name(s): _____

Address: _____

Home Phone: _____ Student Cell Phone: _____

Parent(s) Work Phone(s): _____

Student Email Address: _____

Parent(s) Email(s): _____

Please check if the student has: _____ IEP _____ 504 Plan

If the student has a special education case manger, who is it? _____

By signing below I agree to the following:

- The student will adhere to all rules and regulations in regards to the RHS Unified Bocce Team, the RHS Athletics Program, and the MCPS Athletics Program.
- The student has permission to travel with the RHS Unified Bocce Team to any away contests.

Student Signature

Date

Parent Signature

Date

Please complete the questions on the following page.

Please list any specific physical, medical or behavioral concerns, or any other special needs that may require special accommodations for Unified Bocce:

Is there any special equipment your child will need to participate in Unified Bocce?

Is your child taking any medications that the coach should be made aware? If so, please list them below.

What are your child's strengths/weaknesses?

Do you have any other concerns about your child participating in Unified Bocce?

Please rate your child in the following areas:

	Lowest					Highest
Follows directions consistently	1	2	3	4	5	
Understands directions	1	2	3	4	5	
Controls temper consistently	1	2	3	4	5	
Dresses independently	1	2	3	4	5	
Demonstrates motor control	1	2	3	4	5	
Works well with others	1	2	3	4	5	
Works well with the opposite gender	1	2	3	4	5	

PRE-PARTICIPATION PHYSICAL EVALUATION FOR ATHLETICS

To Parents or Guardians:

Students enrolled in grades 9-12 must have an annual pre-participation physical evaluation in order to participate in Montgomery County Public Schools (MCPS) interscholastic athletics and school conditioning programs. Students enrolled in grades 7-8 must have a medical evaluation every two years to participate in the MCPS middle school interscholastic athletics program.

The medical evaluation shall be performed by a licensed physician, a certified nurse practitioner, or a certified physician assistant under the supervision of a licensed physician.

The pre-participation physical evaluation consists of four parts: History Form (page 1), Supplemental History Form for Athletes with Special Needs (page 2), Physical Examination Form (page 3), and Clearance Form (page 4).

The student must turn in only the last page (CLEARANCE FORM—page 4) to the school or coach prior to participation. The physician should retain the first three pages.

When a student- athlete has experienced a significant injury, illness, or surgery after submitting the annual pre-participation physical evaluation, a clearance letter from a physician, nurse practitioner, or certified physician assistant under the supervision of a licensed physician is required to resume participation.

The health information submitted to the school will be available only to those health and education personnel who have a legitimate educational interest in your child.

Exemptions from physical examinations are permitted if they are contrary to a student's religious beliefs. In such circumstances, the family should submit verification.

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
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
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: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
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: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
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)?		
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?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
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)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
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 _____

■ PREPARTICIPATION PHYSICAL EVALUATION

THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

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 _____

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

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).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name _____ Sex M F Age _____ Date of birth _____

- 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).

Name of physician/nurse practitioner (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician/nurse practitioner _____ Title _____

EMERGENCY INFORMATION

Allergies _____

Other information _____



Medical Card for Athlete

MCPS Form 560-30
October 2010

Interscholastic High School Athletics
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

INSTRUCTIONS: This card should be kept on file in the medical kit for each sport. It should accompany the athlete to the doctor or hospital when medical attention is required.

Student Name:

Birth Date:

School Name:

Student ID #:

Home Address:

Parent/Guardian Name:

Home #:

Work #:

Cell #:

Parent/Guardian Name:

Home #:

Work #:

Cell #:

If parent cannot be reached, person to be contacted in case of emergency

Name:

Relationship:

Home #:

Work #:

Cell #:

MEDICAL CARD FOR ATHLETE

Family Physician:

Physician #:

Hospital Preference:

Date of Last
Tetanus Shot:

Allergies:

Medicine Administered on the Field:

INSURANCE INFORMATION:

Does your son/daughter have medical insurance? Yes No

If Yes, Name of Insurance Company: _____

RELEASE FOR TREATMENT:

I hereby give permission to the attending physician or hospital to administer appropriate medical treatment in the event I cannot be reached.

Signature

Parent/Guardian:

Date

This card must be kept on file in the medical kit for each sport and should be available at all practices and contests. It must accompany the athlete to the doctor or hospital when emergency medical attention is required.

STUDENT-PARENT ATHLETIC PARTICIPATION INFORMATION

Montgomery County Public Schools (MCPS)

Philosophy

Interscholastic athletics supplement and support the academic mission of the school system and assist students in their growth and development. Athletics assists in promoting the importance of teamwork, effort, goals, and commitment. Interscholastic athletics is highly competitive, but winning is not the primary measure of success. Sportsmanship, respect for participants, and dignity in the face of adversity are more important than the outcome of the contest. All athletes do not perform at the same level, but all can demonstrate effort, dedication, and sportsmanship.

Sportsmanship

An important mission of the interscholastic athletics program is to teach and reinforce values relating to sportsmanship, competition, and fair play. It is expected that team personnel, parents, and spectators respect this mission by exhibiting appropriate behavior at athletic events. Countywide team and school awards are presented annually to schools whose coaches, players, and fans, demonstrate a high degree of sportsmanship.

Student Eligibility Requirements

Students must meet the following requirements to be eligible to participate. Participation of ineligible students shall result in individual and team sanctions, including forfeits for the team.

1. Students must submit a current *MCPS Pre-participation Physical Evaluation Form* (MCPS Form SR-8), a *Medical Card for Athlete* (MCPS Form 560-30), and a *Student/Parent Athletics Participation Contract* before being allowed to participate in practices or contests.
2. Students selected for a team must pay the MCPS extracurricular activities (ECA) fee. Students may not participate in contests until they have paid the activities fee.
3. Students must achieve a minimum 2.0 grade point average for the most recently completed marking period, with no more than one failing grade. Academic eligibility is determined on the date report cards are issued and remains until the next report card is issued.
4. Students must attend all of their scheduled classes in order to participate in a practice or contest on that day. If the principal or designee grants an excused absence in advance for a prescheduled activity or an unforeseen emergency, the student may participate on that day.
5. If during the season a student has an unexcused absence, he/she may not compete in the next contest after the violation has been verified.
6. In addition to other infractions, a student may be suspended or removed from a team for unexcused absences or chronic tardiness to classes or team practices.
7. Students who are 19 years old or older as of August 31 of the current school year are ineligible.
8. Students may not participate in more than one interscholastic sport in one season.
9. A student may not participate when he/she is serving an in-school or out-of-school suspension. The student becomes eligible to participate on the next school day following the suspension.
10. Students must satisfy school and school system Participation Standards.
11. Students whose legal residence is outside the designated boundary of a particular school may not participate unless they have received a Change of School Assignment (COSA) and athletic waiver.
12. Students should refer to *A Student's Guide to Rights and Responsibilities* for additional guidelines and regulations related to eligibility.

Hazing

Hazing is prohibited at all times. Hazing involves any act that subjects teammates to mental or physical discomfort, embarrassment, harassment, or ridicule. In some instances, hazing constitutes a criminal act. At a minimum, hazing may lead to immediate dismissal from a team.

Assumption of Risk

Participation in interscholastic athletic activities often includes intense competition and poses the potential for serious, catastrophic, or life-threatening injury. Participants and parents are urged to consider that there are inherent risks and hazards associated with athletic participation. Risks vary from sport-to-sport and can occur under direct supervision and with use of proper safety equipment.

Health and Safety

Parents and students are required to review health and safety related information provided on the MCPS Athletics website <http://www.montgomeryschoolsmd.org/departments/athletics>. The website includes information on MRSA, hygiene, heat acclimatization, hydration, head injuries, and steroids. If a student or parent cannot access the MCPS Athletics website, the school will provide the required information.

Communication with Coaches

Parents should not attempt to address coaches immediately after games and practices. Coaches have many post game/practice responsibilities, including supervision of players. Also, the post-game/practice period is often emotionally charged and not conducive to productive discussion. If a parent feels a need to communicate a concern, the parent should contact the coach and/or athletic director to arrange a later meeting.

Electronic Communications

Parents and students are expected to utilize appropriate, positive use of social media, e-mail messages, blogs, websites, and other electronic communications. Parents and students shall not make inflammatory or derogatory comments and/or post inappropriate descriptions or pictures regarding students, staff members, coaches, and/or other teams or schools.

Participation Expectations and Standards

Participation in interscholastic athletics is a privilege. Accordingly, students must meet certain standards in order to earn the privilege of participation. At a minimum, the following standards are required of all student-athletes:

1. Exhibit public behavior that will reflect positively on the team, school, and community.
2. Exhibit responsible, respectful, and trustworthy behavior to teammates and the coach.
3. Exert efforts to maintain a high level of academic achievement.
4. Comply with all team, school, and school system rules, regulations, and policies.
5. Exhibit appropriate behavior at all team and school-related activities.
6. Attend all team functions unless ill or given prior permission to be absent by the coach.
7. Respect and comply with decisions made by the coach, athletic department, and game officials.
8. Report to the coach any issues or developments that may affect eligibility status.
9. Comply with safety and health precautions distributed and emphasized by the school system.

Residency

MCPS residency regulations require that students attend specific high schools, assigned by the school system, based on their legal residence. When a student participates at a school to which he or she is not assigned, or the home address provided is not the legal residence, the student is not eligible to participate unless the student has received a COSA, based on accurate information, and has received an athletic waiver from the director of systemwide athletics. A COSA and an athletic waiver also are required when a student moves out of a school's boundary area and desires to continue to attend and participate at that school.

Illegal Substances/Alcohol/Tobacco/Steroids/Controlled Substances

MCPS athletic regulations state that any student-athlete with verified use, distribution, or possession of alcohol, tobacco, illegal drugs, and/or controlled substances on school property or at a school-sanctioned event is prohibited from participating in athletic activities for a minimum of 10 consecutive school days (including any intervening non-school days). The student-athlete will be eligible for athletic activities on the eleventh school day. Individual schools may create a more stringent penalty than that stated above consistent with the philosophy of its administration and community.

**MONTGOMERY COUNTY PUBLIC SCHOOLS (MCPS)
STUDENT-PARENT ATHLETIC PARTICIPATION CONTRACT
AND PARENT PERMISSION FORM**

Student: _____ Student ID: _____

School: _____ Team: _____ School Year: _____

Parent and Student-Athlete: Review this contract carefully (front and back), complete information as requested, affix signatures, and return the completed contract/permission form to the school.

Stipulations

We have received and read the *Student-Parent Athletic Participation Information*. Based on this information, we understand and stipulate to the following. I/We:

1. Understand the eligibility regulations required for participation and affirm that all eligibility requirements have been satisfied, including age, residence, and academics.
2. Understand that participation of ineligible players shall result in individual and team sanctions, including forfeits for the team.
3. Affirm that the student will exert effort to maintain a high level of academic achievement.
4. Understand there is potential for serious, catastrophic, or life-threatening injury associated with participation in a sport.
5. Acknowledge receipt and review of safety and health information made available by the school system, including information regarding concussions, MRSA, hygiene, heat acclimatization, hydration, steroids, and sudden cardiac arrest.
6. Affirm that the student shall not participate in hazing at any time, of any nature.
7. Shall exhibit, as a participant or spectator, a high level of sportsmanship at contests.
8. Shall follow appropriate procedures in communicating concerns to coaches.
9. Affirm that the student will abide by all team and participation standards.
10. Shall utilize appropriate, positive use of technology, including social media and other electronic communications.
11. Affirm that the student shall not use steroids, illegal drugs, alcohol, and tobacco unless medically prescribed for a specific condition or illness.
12. Shall allow certified athletic trainers contracted by MCPS to administer emergency and first aid care to our child, as allowed by the Code of Maryland Regulations (COMAR), the National Athletic Trainers Association (NATA), the Maryland Board of Physicians, and MCPS policies and regulations.

Residency Verification

In order to be eligible, students must be legally enrolled at a high school designated by the school system based on their legal primary address. Please respond to the following residency questions:

A. I reside at	_____	_____ MD _____	
	Street Address	City	Zip Code
B. This residence is within the boundaries of _____	High School/Consortium		
C. I reside at this residence with my parent(s) or legal guardian:	_____ yes	_____ no	
D. My current address is the same as last year:	_____ yes	_____ no	
E. I have only played at my current high school:	_____ yes	_____ no	
F. I agree to notify the coach / school of any changes in residence:	_____ yes	_____ no	

Permission to Participate

I/We hereby authorize and consent to our child's participation in interscholastic athletics and sports. We understand that the sport in which our child will be participating is potentially dangerous, and that physical injuries may occur to our child requiring emergency medical care and treatment. I/We assume the risk of injury to our child that may occur in an athletic activity.

In consideration of the acceptance of our child by MCPS in its athletic program, and the benefits derived by our child from participation, I/we agree to release and hold harmless the Board of Education of Montgomery County, its members, the Superintendent of Schools, the principal, all coaches, and any and all other of their agents, servants, and/or employees, as well as entities that provide training to MCPS coaches and/or athletes as part of the school system's athletic program, and agree to indemnify each of them from any claims, costs, suits, actions, judgment, and expenses arising from our child's participation in interscholastic athletics.

I/We hereby give our consent and authorize the Board of Education of Montgomery County and its agents, servants, and/or employees to consent on our behalf and on behalf of our child, to administer emergency medical care and treatment in the event we are unable to be notified by reasonable attempts of the need for such emergency medical care and treatment.

Each year, MCPS makes available a student accident insurance policy at a nominal premium. This insurance is secondary to the family's own insurance. Because accidents will inevitably occur despite our best efforts to maintain a high level of safety in all student activities, this insurance coverage is recommended unless the family deems that other insurance coverage (in force) will meet the needs of the student. The student accident insurance policy is available at the beginning and throughout the school year. The coverage may be obtained from the insurance carrier. Forms are available at the school.

I, _____, and I, _____
(parent's name) (student's name)

have carefully reviewed the *Student- Parent Athletic Participation Information* and the *Student/Parent Athletic Participation Contract and Parent Permission Form*. I/We understand the conditions for participation in the MCPS interscholastic athletic program, and we understand there are inherent risks associated with participation.

I/We agree as follows:

- My son/daughter has my/our permission to participate in _____
(name of sport)
at _____ High School.
- I/We understand and conform to all of the statements in the Stipulations portion of the Contract.
- I/We I have responded truthfully and accurately to the questions in the Residency portion of the Contract.

Please affix signatures below.

Signature of Parent or Legal Guardian Date _____ Date
Signature of Parent or Legal Guardian Date

Signature of Student Date

**In the event that both parents retain legal guardianship of the student, the signatures of both parents are required.*



For official use only: Name of Athlete _____ Sport/season _____ Date Received _____

**Concussion Awareness and Sudden Cardiac Arrest Awareness
Parent/Student Athlete Acknowledgement Statement**

Parent/Guardian

I acknowledge that I have read and understand the following:

- Sudden Cardiac Arrest (SCA) Information Sheet
- Concussion Awareness Information Sheet

PRINT NAME

PARENT/GUARDIAN SIGNATURE

Date

Student Athlete

I acknowledge that I have read and understand the following:

- Sudden Cardiac Arrest (SCA) Information Sheet
- Concussion Awareness Information Sheet

PRINT NAME

STUDENT ATHLETE SIGNATURE

Date



For official use only: Name of Athlete _____ Sport/season _____ Date Received _____
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PRE-PARTICIPATION HEAD INJURY/CONCUSSION REPORTING FORM FOR EXTRACURRICULAR ACTIVITIES

This form should be completed by the student's parent(s) or legal guardian(s). It must be submitted to the Athletic Director, or official designated by the school, prior to the start of each season a student plans to participate in an extracurricular athletic activity.

Student Information

Name:

Grade:

Sport(s):

Home Address:

Has student ever experienced a traumatic head injury (a blow to the head)? Yes _____ No _____

If yes, when? Dates (month/year): _____

Has student ever received medical attention for a head injury? Yes _____ No _____

If yes, when? Dates (month/year): _____

If yes, please describe the circumstances:

Was student diagnosed with a concussion? Yes _____ No _____

If yes, when? Dates (month/year): _____

Duration of Symptoms (such as headache, difficulty concentrating, fatigue) for most recent concussion:

Parent/Guardian: Name: _____ (Please print)

Signature/Date _____

Student Athlete: Signature/Date _____



PARENT/GUARDIAN APPROVAL FOR TRIPS MCPS TRANSPORTATION IS NOT PROVIDED

MCPS Form 560-31
October 2013

Office of School Support and Improvement
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

To Be Completed by the Trip Sponsor.

School _____ Grade Level/Group _____

Date(s) of Trip _____ From _____ a.m./p.m. To _____ a.m./p.m. Student Cost _____

Location of Trip (include city and state) _____

Transportation Arrangements: MCPS Bus MCPS Approved Bus Carrier (Name: _____)

Public Transportation (Specify: _____) Walking

Riding in a vehicle with: Parent Guardian Staff Student

Purpose of Trip _____

School Staff Sponsor _____ Date ____/____/____

The student named below may be excused to engage in the above-described activity.

Signature of Principal _____ Date ____/____/____

To Be Completed by Parent, Legal Guardian, or Eligible Student

Read carefully before signing. The Board of Education of Montgomery County and its servants, agents, and employees does not insure transportation as described above. The school system does carry liability insurance, which, under terms of the coverage, may apply to a school-sponsored activity. The owner of the vehicle must carry bodily injury insurance of \$100,000 per individual or \$300,000 per accident.

I as parent/guardian of the student named below, or as eligible student, give permission for the named student to be transported in the manner described in above.

I as parent/guardian of the student named below, or as eligible student, give permission for the named student to participate in the above-described activity.

I release, acquit, forever discharge, and agree to and do indemnify and save harmless the Board of Education of Montgomery County and its servants, agents, and employees from any and all future liability resulting from any and all claims or causes of action which I now or may in the future have for personal injuries, damage to property, loss of services, medical expenses, and losses or damages of any and every kind whatsoever that may arise from the transportation to and from the activity described above.

PARENT/GUARDIAN FINANCIAL RESPONSIBILITY

The Montgomery County Public Schools (MCPS) and above-mentioned school wish to advise parents and guardians of the potential financial responsibility they may incur in the event that the activity named above is cancelled, delayed, interrupted, or revised.

A decision may be made by the school or by MCPS, in accordance with the MCPS School Travel Policy, to cancel the trip for safety or other reasons. In the event of such a cancellation, the trip operator's cancellation policies, as well as those of the hotels, bus companies and others providing services in connection with the trip, will determine the amount of any refund to which you are entitled, if any. This will depend upon the date any cancellation occurs. As you would expect, the closer to the date of the trip that a cancellation occurs, the more likely you will receive a smaller refund due to non-refundable payments made by the trip operator to others on your behalf. Please note that, while trip operators generally will make every effort to minimize your financial exposure in the event of a cancellation, we are unable to anticipate the amount of any refund at this time should the trip be cancelled.

In addition, please be advised that, for safety or other reasons, the trip may be delayed or interrupted once it is underway. In that event, it may be necessary for students to remain away for an extended time, thereby incurring additional room and board costs. It may also be necessary to modify itineraries or other travel arrangement, thereby requiring additional transportation costs.

Neither MCPS nor above-mentioned school will be responsible for any additional costs that may be incurred as a result of any delay, interruption or revision to the trip.

By signing below, parents and guardians acknowledge they have read this notice and accept responsibility for any loss of trip fees due to cancellation and any potential additional costs that may be incurred as a result of any delay, interruption or revision to the trip.

INFORMATION REGARDING TRAVEL INSURANCE

Although there are many travel insurance providers, the scope and cost of the coverage they provide varies widely. The one consistency, however, is that the cancellation of a school trip by school officials is not a "covered event" under travel insurance policies when the cancellation is purely precautionary. Nonetheless, travel insurance may be helpful should a trip be cancelled, delayed or interrupted due to other causes. If group travel insurance is unavailable, impractical or inappropriate for a particular trip (e.g., only a small number of students are traveling or the cost of the trip is not substantial), parents/guardians may still wish to purchase travel insurance on their own.

Student Name _____ Teacher _____

I give permission for my child to participate in the above-described activity.

I do NOT give permission for my child to participate in the above-described activity.

Parent/Guardian Name _____ Phone Number _____

Emergency Contact _____ Phone Number _____

Parent/Guardian Signature _____ Date ____/____/____

INFORMATION REGARDING TRAVEL INSURANCE

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If group travel insurance is unavailable, impractical or inappropriate for a particular trip (e.g. only a small number of students are traveling or the cost of the trip is not substantial), parents may still wish to purchase travel insurance on their own. In such a situation, we recommend that the following statement be included in the letter to parents:

Given your potential financial responsibilities in the event of trip cancellation, delay or interruption, you may wish to consider purchasing travel insurance, which may cover costs arising from such events. The cost of such insurance and the scope of coverage will vary among companies. Please be aware that eligibility to receive cancellation benefits from an insurance company depends upon the circumstances of the trip cancellation. For example, if the school officials canceled a trip, it is most likely that this would not be considered a "covered event" unless it could be proven that cancellation was justified by independent circumstances. But, if the trip was underway and you incurred expenses for additional lodging or transportation, those might be covered. Therefore, we urge you to be sure you understand the scope of your coverage before purchasing any insurance. We do not endorse or recommend any particular insurance company and ask that you handle this on your own. If you are not familiar with companies offering travel insurance, a quick Internet search for "travel insurance" will provide you with numerous names.

EXTRACURRICULAR ACTIVITY FEE REMITTANCE FORM

The Montgomery County Board of Education requires payment of an Extracurricular Activity (ECA) fee for your middle or high school student to participate in extracurricular activities in the school 2014-2015 year.

What is the ECA fee?

The \$30 annual fee supports adult-supervised, extracurricular activities, such as sports and clubs, for middle and high school students. Students who pay the fee are entitled to participate in one or more programs during the year. Although the Board of Education strongly believes students benefit from participation in after-school activities, these activities are voluntary.

Who pays the ECA fee?

All middle and high school students who voluntarily participate in sports or clubs pay the ECA fee. Check with your school administration to determine what other activities require the ECA fee.

NOTE: Students may try out for sports teams before paying the fee. However, once they have been selected for a team or activity, the fee must be paid or the selection will be revoked. Paying the fee does not guarantee that a student will be selected for a team or activity, nor does it supersede academic eligibility requirements.

Who is exempt from the ECA fee?

Students who do not participate in extracurricular activities do not pay the fee. Students who take a course that requires participation in an extracurricular activity, such as a concert performance as a class requirement, do not pay the fee. Check with your school administration if you are unsure if an activity is exempt from the fee.

DETACH form and send payment to address below. Do not pay the school directly.

For your convenience, pay online at <http://montgomeryschoolsmd.org/activityfee>.

2014-2015 Extracurricular Activity Fee Remittance Form

Return to MCPS, ECA Office, 45 West Gude Drive, Suite 3201, Rockville, MD 20850

Student Name: _____

Student ID#: _____

Street: _____

School: _____

City, Zip: _____

Grade Level: _____

Parent/Guardian Name (please print) _____

MAKE CHECKS PAYABLE TO MCPS. DO NOT FOLD OR STAPLE FORM.

\$30 - Gross family income is more than \$35,000

\$15 - Gross family income is less than \$35,000 (You must enclose proof of Income)

Am I eligible to pay a reduced ECA fee?

You may be eligible to pay a reduced fee of \$15 if your gross family income is less than \$35,000. If you are eligible to pay a reduced fee, you must send written proof of income with your payment, such as a recent tax form, current pay statement, or letter from a family assistance agency. MCPS will NOT accept reduced fees without documentation. Do not send original documents, as we do not return them.

How do I pay the ECA fee?

DO NOT SEND PAYMENT TO YOUR SCHOOL.

Credit Card— Payments are accepted online at <http://montgomeryschoolsmd.org/activityfee>. This is a secure website. You will be sent a receipt via e-mail when you pay online. Reduced ECA fees are not eligible for online credit card processing and must be paid by check.

Check— Make payment to MCPS and write student ID# on check or money order. Send payment directly to MCPS, ECA Office, 45 West Gude Drive, Suite 3201, Rockville, MD 20850. Returned checks are subject to a \$25.00 fee.

Cash— Payments may be made in person at the ECA Office, 45 West Gude Drive, Suite 3201, Rockville, MD 20850. If you have any questions, e-mail the office at ECA@mcpsmd.org or call 301-517-5000.

Sincerely



Susanne G. DeGraba
Chief Financial Officer

FOR OFFICE USE ONLY

Check MO Cash

