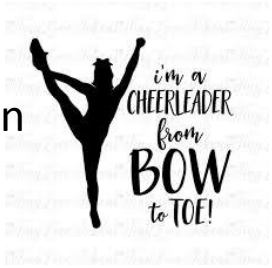
Northwest High School Cheerleading Tryout Information

Fall Season 2017



PAGE	DESCRIPTION	ACTION
2	Camp Information	FOLLOW STEPS
3	Clinic Information	KEEP
4	Expenses	KEEP
5	Season Expectations	KEEP
6	Tryout Procedures	KEEP
7	Tryout Expectations	KEEP
8	Cheerleader Info Sheet	SIGN & RETURN
9-13	NW Cheerleading Constitution	SIGN & RETURN Pg. 13
14-18	Health/Inventory Physical	SIGN & RETURN ***NEEDS TO BE COMPLETED BY A DOCTOR***
19-20	Medical Card	SIGN & RETURN
21-24	Parent Athletic Participation Info	SIGN & RETURN Pg. 23-24

Items 6-22 MUST be COMPLETED FULLY and returned by Wednesday August 9, 2017.
Students will not be permitted to participate in clinics without ALL forms FULLY completed and turned in. **NO EXCEPTIONS WILL BE MADE*

If you have any questions or concerns regarding cheerleading clinics/tryouts, please contact:

Coach Caitlin Campbell → Caitlin_N_Campbell@mcpsmd.org **301-326-6240**

****Information for Captains' Tryouts will be given on an individual basis. Application must be turned in by the meeting on Monday, July 17th****

Northwest Cheerleading Camp

July 22nd - 25th

****THIS CAMP IS OPEN TO ANYONE WHO WOULD LIKE TO TRYOUT FOR THE 2017 FALL CHEER TEAM****

Location: Shippensburg University, PA

Pricing: - Overnight Staying - $331
- Instruction Only - $231 (You will need to personally provide transportation to and from camp every day)

--How to Pay/Hold Your Spot--

Step 1. Fill out the Google doc below with ALL the information.

https://docs.google.com/spreadsheets/d/1e0haMVgGfAo7w1lOWaUAbZ6eD8D8ErHW8lWP8RVbSng/edit?usp=sharing.

Step 2. A deposit of $100 needs to be made BEFORE May 20th.

If making a payment by phone, you can call 800.238.0286. You will need to use the following Registration Number to place your deposit of $100. Please make sure this number is readily available when calling to pay over the phone.

NW Registration Number: 0010295766

Parents can also pay individually by credit card, money order or cashier's check.

Cashier's Checks & money orders can be mailed to NCA
2010 Merritt Dr
Garland, TX 75041

Step 3. Text me once the deposit is made so I can get a head count and know how many drivers I will need. (301)-326-6240

Step 4. The remainder of the money needs to be paid BEFORE July 20th. We will be leaving for the camp on July 22nd, Time (TBD).

After May 20th, an email will be sent to all who have registered about Camp Clothing

Prospective Northwest Cheerleaders,

Thank you for your interest in trying out for the 2017 Northwest High School Fall Cheerleading Squad. We truly appreciate your enthusiasm and interest in our organization.

This can and will be a truly rewarding experience, but it is also a tremendous time commitment. This is an organization that requires ALL YOUR EFFORT & DEDICATION.

Please read the enclosed information CAREFULLY and return the necessary forms by August 9th, 2017 *first day of clinics*. You will be unable to participate in tryouts if these necessary forms are not turned in and COMPLETE. (NO EXCEPTIONS)

THANK YOU & GOOD LUCK!

Clinic Dates:

Wednesday August 9th, 2017	**9:00am-12:00pm**
Thursday August 10th, 2017	**9:00am-12:00pm**
Friday August 11th, 2017	**9:00am-12:00pm**
Saturday August 12th, 2017	**9:00am-12:00pm**

Tryout Date:

Saturday August 14th, 2017	**9:00am-???**

If you are unable to attend Clinics but will be at Tryouts, it will be up to you to learn the material

If you are unable to attend Tryouts, you will be expected to send a video tryout and email it to me by Monday, August 14th at 9:00am

ESTIMATED COSTS FOR NWHS CHEERLEADING

UNIFORM ACCESSORIES:

Black Briefs	**$12.00**
Warm Up Jacket	**$80.00**
Warm Up Pants	**$55.00**
Shoes	**$50.00-$90.00**
Poms	**$27.00**

Other Accessories (OPTIONAL):

Sweatshirt(s)	**$25.00-35.00**
Boyfriend Long Sleeve Tee	**$50.00**
Yoga Pants	**$20.00**
Head Band	**$9.00**
Bag	**$25.00**

****THE ABOVE COSTS ARE ALL ESTIMATES & MAY BE MORE OR LESS THAN STATED***

NWHS CHEERLEADING EXPECTIONS

1. ***All cheerleaders are expected to be on time and prepared for EVERY practice and game. A Coach must be informed WELL in advance (at least 2 days) of any absence/interference with a cheerleading activity. Failure to attend a practice the day before a scheduled game will result in sitting out during the next scheduled game/event.***
2. ***All cheerleaders are expected to attend every practice and game/event. Three absences from practices, excused or unexcused, will result in disciplinary action at the discretion of the Coach. Three absences from any scheduled game/event, excused or unexcused, will result in removal from the squad. Each game/event is just as important as the next and should therefore be attended by EVERY cheerleader.***
3. ***It is mandatory that all cheerleaders maintain a 2.0 GPA. A pattern of absenteeism or tardiness in school will result in suspension from activities. If a cheerleader has an unexcused absence on a game day or the day of an event (INCLUDING PRACTICE), they will not participate in the game/event.***
4. ***In case of injury/illness, a doctor's note is required and most be given to a Coach before being able to return to practice and/or cheer at a game.***
5. ***All cheerleaders will be given calendars of all events. All cheerleaders are expected and required to stay up to date on all cheerleading events. THERE WILL BE NO EXCUSE FOR MISSING A SCHEDULED EVENT AND/OR BEING LATE FOR SCHEDULED EVENTS.***
6. ***Cheerleaders are expected to carry themselves in a respectful manner at ALL TIMES. Each should demonstrate school spirit, responsibility and friendship among the Northwest High School Community. All should promote friendship with one another, athletes from other schools, and schools with whom Northwest competes. HAZING/BULLYING IN ANY WAY WILL NOT BE TOLERATED.***
7. ***All Coaches strongly believe that both JV and Varsity Cheerleaders should have the utmost respect and positive attitudes towards one another. In order for each squad to be successful, all cheerleaders must work together. If any disagreeable actions take place, disciplinary procedures will be taken at the Coaches discretion.***

TRYOUT PROCEDURES

- **All prospective candidates must turn in all required forms by the first day of tryouts. You will NOT participate if all forms are not completed (NO EXCEPTIONS)**
- **The tryout process will consist of:**
  - **2 Clinics- 1 Chant, 1 Cheer, 1 Dance, Jumps**
  - **2 Clinic- Stunting, Tumbling, Review**
  - **Formal Evaluation**
- **All returning squad members must tryout each year & will be evaluated equally to new members**
- **If you are a junior or senior, you will not be trying out for the junior varsity squad. If you do not make the varsity squad, you will not be placed on junior varsity.**
- **No eating or gum chewing during the clinics or tryouts.**
- **Appropriate attire should be worn to clinics each day:**
  - **Dark colored shorts (APPROPRIATE IN LENGTH)**
  - **White/Light colored shirt (NO NW ATHLETIC/CHEER WEAR)**
  - **Socks & RUBBER SOLED ATHLETIC SHOES (MANDATORY FOR ALL CLINIC & TRYOUT DATES)**
  - **No jewelry, including belly buttons (Band-Aids as coverage are not permitted)**
  - **Hair pulled up & OUT OF FACE**
- **Appropriate attire for formal evaluation will be:**
  - **Black or dark blue shorts**
  - **White T-shirt tucked in (NO TANK TOPS)-NO NW ATHLETIC/CHEER WEAR**
  - **White socks & RUBBER SOLED SHOES**
  - **No jewelry, including belly buttons (Band-Aids as coverage are not permitted)**
  - **Hair pulled up & OUT OF FACE with bow**
- **Former cheerleaders of any organization are not permitted to wear anything indicating that they have been on previous squads.**
- **If you are unable to FULLY PARTICIPATE from August 9th - November we appreciate your interest but encourage you to not tryout.**

WHAT COACHES ARE LOOKING FOR

- ♥ APPEARANCE
  - Confidence
  - Smile
  - Appropriate dress
  - Enthusiasm
  - Energy
- ♥ KNOWLEDGE
  - Knowledge of routines
  - Does not watch/follow others
  - Quick recovery after mistakes
- ♥ PRECISION
  - Strength
  - Sharpness
  - Coordination
  - Correct placement
- ♥ OVERALL APPEAL
  - Work ethic
  - Attitude
  - Sportsmanship
- ♥ SKILLS
  - Jumps
  - Gymnastics/Tumbling
- ♥ STUNTING (Not part of formal evaluation)
  - Strength
  - Body placement & control
  - Form
  - Timing

CHEERLEADER INFO SHEET

Student Name: _____ DOB: _____

Home Address: _____ Home Phone: _____

_____

_____ Student Cell: _____

Student Email: _____

School Currently Attending: Entering Grade: _____

_____

Parent/Guardian Information:

Name: _____ Relation: _____

Phone Number: _____

Email: _____

Name: _____ Relation: _____

Phone Number: _____

Email: _____

Have you ever been a Cheerleader before? Yes No

If so, for how long: _____

Are you currently on a competitive Cheer squad? Yes No

If so, for what team: _____

Northwest Cheerleading Constitution 2017-2018

I. PURPOSE- It is the purpose of the Northwest Cheerleading squad to:
   a. Work together to promote and uphold school spirit.
   b. Represent Northwest High School to the highest degree.
   c. Set an example of good behavior AT ALL TIMES (whether in uniform or not) in class, at games, and at all school functions, whether performing or not. You are representing Northwest 100% of the time.
   d. Work together to promote friendship between all levels of other school teams (cheerleading, band, field hockey, soccer, poms, etc.)
   e. Work together to promote friendship with schools which we compete, perform, and attend camp with.
   f. Work together to promote friendship between members of the squad.

II. REQUIREMENTS-
   a. Cheerleading must take PRIORITY over all other extra-curricular activities (including jobs and clubs) from August through November.
   b. Only students attending Northwest High School may be members of the squad.
      i. Students of feeder schools will be informed of upcoming tryout dates.
      ii. Students from other schools in the Montgomery County Public School System may not be recruited.
   c. Squad members will be selected for the next school year through a formal tryout conducted during the summer.
      i. Tryout dates are selected after consultation with other members of the athletic department and will be announced at least two weeks prior to the first day of clinics.
      ii. The tryout procedures consists of:
         1. A series of clinics where routines and skills will be taught.
         2. An impartial and experienced panel of judges will select new squad members at the final tryout date.
      iii. All prospective candidates will receive a packet of information, which will include:
         1. Camp Information
         2. Clinic Information
         3. NW Cheer Expenses
         4. Season Expectations
         5. Tryout Procedures
         6. Tryout Expectations
         7. Cheerleader Info Sheet
         8. NW Cheerleading Constitution

9. **Health Inventory/Physical**
10. **Medical Card**
11. **Parent Athletic Participation Info**

iv. **All prospective candidates must turn in a completed parent permission form and a completed physical form before participation in clinics.**

v. **Being on the squad the previous year in <u>NO WAY</u> guarantees placement on the squad for the following year. Every cheerleader must go through the same tryout/selection process every spring. In addition to ability, each cheerleader's cooperation, effort, attitude and desire to get along with other squad members from the previous year will be considered.**

vi. **The Coach has final authority in member selection.**

vii. **All newly selected cheerleaders will meet before the close of the school year to discuss summer activities and to collect fees.**

d. **Eligibility**

i. **Each member must maintain academic eligibility. Montgomery County Public School requires the athletes maintain a 2.0 GPA but Coaches would like to see all cheerleaders maintain above a 2.5 GPA.**

1. **A member with more than one failing grade on a report card or less than a 2.0 GPA is ineligible until the next report card is issued and grades are acceptable.**
2. **A member with a failing grade on a grade check is ineligible for the next performance or until the grade is brought up.**
3. **A member with an unsatisfactory report in behavior will be ineligible for the next performance or until the coach had received a written note from the teacher.**
4. **If a member is having difficulty in school, it must be reported to the coach. They are there to help you!**
5. **Any captain who becomes ineligible relinquishes her position permanently and the squad may elect a replacement or the coach will choose a replacement.**
6. **More than one failing grade in the final grading period makes the member ineligible for the first grading period. Only one grade can be made up in summer school.**
7. **Members must maintain good citizenship marks, attendance, class performance, and teacher recommendations during the time on the squad and for tryouts. Problems in any area will be disciplined harshly.**

e. Uniforms
    i. Each member is responsible for maintaining the quality of all uniforms issued.
    ii. When noted, uniform irregularities are to be fixed as soon as possible.
    iii. All uniforms are to be returned CLEANED at the end of the season on a given date. Failure to comply with this policy will result in a "failure to clear" notice at the end of the school year.

III. LEADERSHIP

a. The leadership team shall consist of:
    i. The coach is selected by the principal and/or the athletic director.
    ii. The highest score by a senior who completes the necessary application for captain at tryouts will be selected as the first captain. Anyone else interested in captain will go through a tryout process once the team is selected and be voted upon by team members and Coach.
b. Duties and responsibilities of the leadership team:
    i. The captains shall:
        1. Arrive at practice 5 to 10 minutes before the starting time to ensure a prompt start.
        2. Lead in the teaching and perfecting of each routine and pre-game practice, including warm-ups at practice.
        3. Conduct an inspection before each performance.
        4. Coordinate a practice schedule with the coach.
        5. Ensure the timely completion of routines.
        6. Coordinate spirit and positive activities to including the awards banquet.
        7. Ensure that all music is edited for performances and back-ups are made. Be responsible for the music equipment at practice.
        8. Ensure that the practice area is ready at the start of practice, mats set up and ready to go, and everything is cleaned up at the end of practice.

IV. CONDUCT

a. By accepting the privilege/honor of wearing a Quince Orchard Cheerleading uniform, a cheerleader accepts that fact that her actions are more prominent than those not associated with such an activity.
b. Due to this prominence and because members represent the school, EXEMPLARY behavior is mandatory at all times. This conduct applies anywhere in the community of Quince Orchard and at all functions where cheerleaders are recognized as representatives of Quince Orchard.
c. Proper appearance is required at all times with clothing appropriate for the occasion.
d. Members must not use foul language at practice, at school, at games, camps, etc.
e. Drug usage (INCLUDING ALCOHOL) is not allowed and WILL NOT BE TOLERATED at any time according to Quince Orchard's Athletic/Activities Code, EITHER ON OR OFF CAMPUS.

f. **Members may not smoke.**
g. **Practices begin promptly and all cheerleaders need to be on time and READY TO GO.**
h. **Member are expected to be at practice from BEGINNING TO END.**
i. **Only the coach may excuse a member from practice.**
j. **Appropriate dress for practices and games include:**
    i. **Tied athletic shoes**
    ii. **Clothing and makeup appropriate for practice and games.**
    iii. **NO JEWELRY! Including belly button rings, can not be worn at ANY PRACTICE OR GAME or any cheerleading function. No bandaids are allowed for covering up piercings.**
    iv. **Hair must be pulled back and OUT OF FACE at all times.**
k. **Captains and the Coach will have an inspection before every performance.**
l. **If you are late to warm-ups/practices or games you will either run extra laps or you will not perform in a game. If a member needs to speak with a teacher and will be tardy to practice, Coach needs to be notified before the TARDINESS occurs.**
m. **Members perform at home and away varsity games and matches, and will attend pom competitions.**
n. **A demerit system will be used to monitor the attendance and behavior of each member.**
o. **Every attempt will be made to deal with each situation fairly/equally and to make consequences of actions known ahead of time. Parents will be kept informed of problem situations. Severity of the "crime" or repeated offenses may dictate harsher punishments.**
p. **Because this constitution cannot encompass all situations, unforeseen events will be dealt with in a manner decided upon by the coach, with assistance from school administration if deemed necessary.**
q. **The captains demand the same respect as the coach. They have been chosen by the coach to make everyone's life a little bit easier. Therefore, they must be treated with the same respect and attitude the coach is given. If they are not, the offending party will be spoken to and action may be taken.**
r. **IN ORDER TO LETTER FOR A SEASON, A SQUAD MEMBER MUST PERFORM IN A CERTAIN NUMBER OF GAMES. CHEERLEADERS ARE ALLOWED 2 ABSENCES OF ANY KIND PER SEASON. ANY MORE ABSENCES WILL RESULT IN NOT RECEIVING A VARSITY LETTER. SENIOR ARE ALLOWED 1 ADDITIONAL ABSENCE PER SEASON FOR COLLEGE VISITS.**

****REMEMBER: We are a close working team. Your conduct towards one another sets the tone for the entire squad and season. Please help your Coaches and Captains as much as possible, they have a difficult and demanding job and need you support.****

V. **HANDBOOK GUIDELINE COMPLIANCE**

a. **All rules and regulations imposed on any Northwest student will be imposed on cheerleading squad members. Members are responsible for knowing these rules.**
b. **The squad will function within the guidelines set forth in the current MCPS Athletic Handbook and Cheerleading Coaches' Handbook which may not have been expounded upon in this document.**

VI. **NORTHWEST CHEERLEADING DEMERIT SYSTEM**

a. **If you are late to ANY practice or game and/or leaving early without properly notifying the coach at least 2 days prior, if you are improperly dressed, not cooperative, any/or disrespectful at any event, a demerit will be given and signed by the cheerleader. Once 5 demerits are received a meeting with the cheerleader, cheerleaders parents, and coach will be arranged. After 8 demerits are received the Athletic Director will be informed and further consequence will be discussed.**
b. **Failure to participate in required squad activity…….**
CAUSE FOR PROBATION OR DISMISSAL
c. **Suspension from school …….**
CAUSE FOR PROBATION OR DISMISSAL
d. **Coming to a game, practice, or other school function under the influence of illegal drugs or alcohol……..**
DISMISSED
e. **Using drugs, alcohol, or smoking in uniform on school grounds……..**
DISMISSED
f. **Chronic tardiness or resistance of Constitution rules…….**
DISMISSED
g. **Missing practice the 7 days before a competition……..**
WILL NOT PERFORM IN COMPETITION

IF ADMINISTRATION OR ANOTHER TEACHER SPEAKS TO THE COACH ABOUT A DISCIPLINARY ACTION, DEMERITS, NOT PERFORMING AT A GAME OR DISMISSAL WILL BE FORTHCOMING!

***Other demerits may be given at the discretion of the coach.**
***Members face consequences from the school discipline policy as well.**

There are few reasons that cheerleaders will be EXCUSED from practices and/or games. Examples may include; being home sick from school, doctor's appointments (PLEASE TRY NOT TO SCHEDULE DURING PRACTICES OR GAMES), and of course family emergencies. They all require a phone call or note from a parent/guardian and/or doctor.

***DRIVING SCHOOL AND JOBS ARE UNEXCUSED & WILL RESULT IN DEMERITS AND/OR PUNISHMENTS.**

CHEERLEADERS: PLEASE RETURN THIS SIGNED PAGE TO THE COACH BY WEDNESDAY, August 9th, 2017.

****As a member of the Northwest High School Cheerleading Squad, I agree to abide by the rules outlined in this Constitution & Demerit System****

_____

Cheerleader's Signature

****As a parent of a Northwest High School Cheerleader, I have read and discussed this Constitution & Demerit System with my cheerleader****

_____

Parent/Guardian Signature

****THANK YOU FOR YOUR SUPPORT & COOPERATION****

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: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ 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: ☐ High blood pressure ☐ A heart murmur ☐ High cholesterol ☐ A heart infection ☐ 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 _____

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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 _____

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PREPARTICIPATION PHYSICAL EVALUATION
PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

1. 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?
2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height Weight ☐ Male ☐ Female		
BP / (/) Pulse Vision R 20/ L 20/ Corrected ☐ Y ☐ 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		

[a]Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
[b]Consider GU exam if in private setting. Having third party present is recommended.
[c]Consider 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

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HE0503

9-2681/0410

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 _____

_____

_____

_____

_____

_____

_____

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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 #:

over

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. All participants are required to have a valid annual medical evaluation.
2. Students must submit a current *MCPS Health Inventory Form* (MCPS Form SRS-6), *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.
3. 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.
4. 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.
5. 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.
6. 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.
7. 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.
8. Students who are 19 years old, or older, as of August 31 of the current school year are ineligible.
9. Students may not participate in more than one interscholastic sport in one season.
10. 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.
11. Students must satisfy school and school system Participation Standards.
12. Students whose legal residence is outside the designated boundary of a particular school may not participate unless they have received an official transfer and an athletic waiver.
13. Students and their parents must sign the school *Student-Parent Athletic Participation Contract and Parent Permission* form.
14. Students should refer to *A Student's Guide to Rights and Responsibilities* for additional guidelines and regulations related to eligibility.

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 safety information.

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.

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.

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. Display good sportsmanship at all times.
9. Report to the coach any issues or developments that may affect eligibility status.
10. Comply with safety and health precautions distributed and emphasized by the school system.

Residency
Montgomery County Public Schools (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 an official transfer, based on accurate information, and has received an athletic waiver from the Director of System-wide Athletics.

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, shall receive a minimum ten-consecutive school day suspension from all athletic activities. Participation in athletic activities will not resume until the school day following completion of the suspension. Individual schools may adopt a more-stringent regulation or penalty than that stated above.

Montgomery County Public Schools
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

The student-athlete and his or her parent/guardian have received and read the *Student-Parent Athletic Participation Information*. Based on this information, the student and parent/guardian understand and stipulate to the following:

1. I/We understand the eligibility regulations required for participation and affirm that all eligibility requirements have been satisfied, including age, residence, and academics.
2. I/We understand that participation of ineligible players will result in individual and team sanctions, including forfeits for the team.
3. I/We affirm that the student will exert effort to maintain a high level of academic achievement.
4. I/We understand there is potential for serious, catastrophic, or life-threatening injury associated with participation in a sport.
5. I/we have reviewed safety and health information made available by the school system, including information regarding concussions, MRSA, hygiene, heat acclimatization, hydration, and steroids.
6. I/We affirm that the student will not participate in hazing at any time, of any nature.
7. I/We, as a participant or spectator, will exhibit a high level of sportsmanship at contests.
8. I/We will follow appropriate procedures in communicating concerns to coaches.
9. I/We affirm that the student will abide by all team and participation standards.
10. I/We affirm that the student will not use steroids, illegal drugs, alcohol, and tobacco unless medically prescribed for a specific condition or illness.

Residency Verification

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 _____ (Street Address) _____ (City) MD _____ (Zip Code)

B. This residence is within the boundaries of _____ High School/Consortium

C. I reside at this residence with a parent or 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 the Montgomery County Public Schools 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 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 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 the Board of Education makes available a Student Accident 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 Board of Education Student Accident 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 Montgomery County Public Schools (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 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.*