

## Ferndale Elementary School Athletics Handbook

Dear Parent,

We are pleased that your child has expressed an interest in being a member of a Ferndale Elementary School athletic program. We believe that athletics are an integral part of the overall school program. Not only do athletics promote physical wellness, they also build character and the ability to work in a cooperative way with others.

Our goal at Ferndale Elementary is to provide a quality program that will do the following:

- 1) Provide a safe and fun place for athletes to learn
- 2) Teach sound fundamental skills
- 3) Encourage players to always give their best
- 4) Promote a winning attitude that emphasizes sportsmanship

\*\*\*Please sign each page COMPLETELY to acknowledge Ferndale Elementary School's Athletic Policies.

*Sincerely,*

*Mr. Rigney – Athletic Director*

## **Eligibility Requirements**

Since our athletic teams will be representing our school and community, there are certain eligibility standards that Ferndale Elementary School requires all athletic participants to adhere to:

1. **Academic Eligibility:**  
All athletes must maintain at least a "C" average (2.0) with NO failing grades at trimester midterm and regular trimester grading periods; athlete may become eligible if grades raise to standards by next grading period
  
2. **Behavior:**  
Any discipline problems involving disrespect or destruction of property, either at school or while on school trips, will result in loss of eligibility for that athlete. Any use of tobacco, alcohol, or other controlled substances at school or on school trips will result in immediate loss of eligibility.
  
3. **Attendance at Practice Sessions:**  
Attendance at practice sessions is mandatory. We do not expect an athlete to practice if he/she is ill. If an athlete must miss a practice for reasons other than illness, arrangements must first be made with the coach. Failure to do so may result in loss of eligibility.
  
4. **P.E. Participation:**  
Participation in P.E. the day of a meet/game or practice is mandatory. If an athlete is unable to participate in PE, he/she is therefore ineligible for the meet/game or practice.
  
5. **School Attendance:**  
Athletes must attend part of the school day to participate in games and practice.

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**Parent Signature**

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**Student Signature**

## Player's Code of Conduct

1. I will not use drugs, alcohol, or tobacco products.
2. I will not use vulgar or foul language.
3. I will be at all practices – on time
  - Illness or medical appointments are excused absences.
  - I will let the coach know about expected “appointments”
4. I will not harass my teammates or opponents.
5. I will show respect to the officials.
6. I will show respect for my coach.
7. I know that sportsmanship and fair play will be first and foremost on my mind.
8. I know that the uniform issued to me must be returned at the end of the season and failure to do so will result in a minimum \$50.00 penalty.
9. I understand the school's playing time policy, and I will abide with the policy.
  - a. 5<sup>th</sup> grade: one quarter (6 minutes), except in tournament play
  - b. 6<sup>th</sup>- 8<sup>th</sup> grade: no required playing time (coach's discretion)
10. I understand in the event there are not sufficient players to form a team, there will not be a team. Players may move up from a lower grade level to help fill a team by consent of both teams' coaches, the parent, AD, and principal. If a unanimous decision is not made, the decision will be left to the principal and AD.
11. I know that I must maintain good grades or risk suspension from the team.
12. I know that I must follow all school rules as outlined in the student handbook, or I risk suspension from the team.
13. I know that failure to follow these rules could result in suspension from the team.

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Parent Signature

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Student Signature

## Parent's Code of Conduct

1. I will support my child during their game.
2. I will not coach them during a game.
3. I will not yell at the coach.
4. I will show good sportsmanship at all times.
5. I will not yell at opposing players, coaches, or officials.
6. As a parent I know that I represent the community of Ferndale and the Ferndale Unified School District.
7. I understand the school's policy regarding playing time, and I will abide with this policy.
  - a. 5<sup>th</sup> grade: one quarter (5-6 minutes), except in tournament play
  - b. 6<sup>th</sup>- 8<sup>th</sup> grade: no required playing time (coach's discretion)
8. I understand in the event there are not sufficient players to form a team, there will not be a team. Players may move up from a lower grade level to help fill a team by consent of both teams' coaches, the parent, AD, and principal. If a unanimous decision is not made, the decision will be left to the principal and AD.
9. If I have a problem or disagreement with the coach, I will proceed as follows:
  - a. I will not approach the coach before, during, or after a game. I will go home, call the coach, and arrange a time to meet.
  - b. If I am not satisfied following the meeting, I will call the Athletic Director and arrange a second meeting with her and the coach.
  - c. If I do not feel the issue has been resolved in these meetings, I will contact the Principal.
10. THERE IS A \$50 MINIMUM PENALTY FOR NOT RETURNING ANY PART OF THE COMPLETE UNIFORM SET.

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Parent Signature

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Student Signature

## FUSD CONCUSSION INFORMATION FACTS

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

### Symptoms may include one or more of the following:

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• Headaches</li><li>• “Pressure in head”</li><li>• Nausea or vomiting</li><li>• Neck pain</li><li>• Balance problems or dizziness</li><li>• Blurred, double, or fuzzy vision</li><li>• Sensitivity to light or noise</li><li>• Feeling sluggish or slowed down</li><li>• Feeling foggy or groggy</li><li>• Drowsiness</li><li>• Change in sleep patterns</li></ul> | <ul style="list-style-type: none"><li>• Amnesia</li><li>• “Don’t feel right”</li><li>• Fatigue or low energy</li><li>• Sadness</li><li>• Nervousness or anxiety</li><li>• Irritability</li><li>• More emotional</li><li>• Confusion</li><li>• Concentration or memory problems (forgetting game plays)</li><li>• Repeating the same question/comment</li></ul> |
|--|--|

### Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

**What can happen if my child keeps on playing with a concussion or returns to soon?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

**If you think your child has suffered a concussion**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and for the remainder of the day.”

**and**

“A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child's coach if you think that your child may have a concussion Remember its better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

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**Parent Signature**

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**Student Signature**

## Ferndale Elementary School Overnight Athletic Trips Contract (8<sup>th</sup> Grade Teams Only)

As a member of an athletic team at Ferndale Elementary School, I agree to the following conditions while on overnight trips:

1. I will respect and obey the coach and/or school supervisor's authority.
2. I will respect the lodging facility and its employees where I am staying and I will not commit any property damage while there.
3. I will not leave my room if the coach and/or supervisor say I need to stay in my room for any reason.
4. When I am in my room, I may not leave the room without verbal permission from my coach and/or supervisor – I will have a phone in my room with the capability to call my coach and/or supervisor at any time.
5. Since I am representing the school at all times on an overnight trip, I must behave in accordance with all other Ferndale Elementary School Athletic Department rules

\*\*\*If I leave my room without permission from my coach and/or supervisor at any time, the following consequences will be in place:

→1<sup>st</sup> time: I will be suspended (benched) from the next game; if the season is over, I will miss the next school related activity (dance, or end of quarter fieldtrip).

→2<sup>nd</sup> time: I will be suspended from the sports' team (no practices or games) for at least one week, and my parent/guardian will be called and asked to pick me up and drive me home from the trip.

\*\*\*I understand that if I misbehave in any inappropriate manner not specifically stated above, my disciplinary consequence will be decided by the athletic director and/or principal.

Playing on a Ferndale Elementary School athletic team is more than just an opportunity to play sports, and we feel by your 8<sup>th</sup> grade year, you are mature enough to have the opportunity to compete in overnight sporting events.

We understand the above contract and agree to follow and abide by its rules. If we have any concerns or questions we will ask them to the coach and athletic director first.

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Student Signature**

*Thank you,*

*Ms. Henderson – Principal, and Mr. Rigney – Athletic Director*

## **RE: JPA form 24 (the following 3 pages)**

There are two methods to properly completing JPA form 24:

1. Fill out pages 1 & 2 (by a Doctor)

Or

2. Fill out page 3 (by a Doctor)





# HISTORY FORM

## Preparticipation Physical Evaluation

Physicians may use the Child Health and Disability Prevention Pre-participation Physical Evaluation History form instead of the JPA 24.

DATE OF EXAM \_\_\_\_\_

Name _____		Sex _____		Age _____		Date of Birth _____	
Grade _____		School _____		Sport(s) _____			
Address _____				Phone _____			
Personal Physician _____							
In Case of Emergency, Contact _____							
Name _____		Relationship _____		Phone (H) _____		(W) _____	

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

- |  | Yes                      | No                       |  | Yes                      | No                       |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason?                 | <input type="checkbox"/> | <input type="checkbox"/> | 25. Is there anyone in your family who has asthma?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have an ongoing medical condition (like diabetes or asthma)?                                 | <input type="checkbox"/> | <input type="checkbox"/> | 26. Have you ever used an inhaler or taken asthma medicine?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? | <input type="checkbox"/> | <input type="checkbox"/> | 27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?             | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have allergies to medicines, pollens, foods, or stinging insects?                            | <input type="checkbox"/> | <input type="checkbox"/> | 28. Have you had infectious mononucleosis (mono) within the last month?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever passed out or nearly passed out DURING exercise?                                      | <input type="checkbox"/> | <input type="checkbox"/> | 29. Do you have any rashes, pressure sores, or other skin problems?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever passed out or nearly passed out AFTER exercise?                                       | <input type="checkbox"/> | <input type="checkbox"/> | 30. Have you had a herpes skin infection?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had discomfort, pain, or pressure in your chest during exercise?                      | <input type="checkbox"/> | <input type="checkbox"/> | 31. Have you ever had a head injury or concussion?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does your heart race or skip beats during exercise?   | <input type="checkbox"/> | <input type="checkbox"/> | 32. Have you been hit in the head and been confused or lost your memory?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has a doctor ever told you that you have (check all that apply):                                    |                          |                          | 33. Have you ever had a seizure?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> High blood pressure   |                          |                          | 34. Do you have headaches with exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> High cholesterol  |                          |                          | 35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?     | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> A heart murmur  |                          |                          | 36. Have you ever been unable to move your arms or legs after being hit or falling?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> A heart infection   |                          |                          | 37. When exercising in the heat, do you have severe muscle cramps or become ill?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram)                | <input type="checkbox"/> | <input type="checkbox"/> | 38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has anyone in your family died for no apparent reason?   | <input type="checkbox"/> | <input type="checkbox"/> | 39. Have you had any problems with your eyes or vision?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does anyone in your family have a heart problem?   | <input type="checkbox"/> | <input type="checkbox"/> | 40. Do you wear glasses or contact lenses?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has any family member or relative died of heart problems or of sudden death before age 50?         | <input type="checkbox"/> | <input type="checkbox"/> | 41. Do you wear protective eyewear, such as goggles or a face shield?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Does anyone in your family have Marfan syndrome?   | <input type="checkbox"/> | <input type="checkbox"/> | 42. Are you happy with your weight?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever spent the night in a hospital?   | <input type="checkbox"/> | <input type="checkbox"/> | 43. Are you trying to gain or lose weight?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever had surgery?   | <input type="checkbox"/> | <input type="checkbox"/> | 44. Has anyone recommended you change your weight or eating habits?  | <input type="checkbox"/> | <input type="checkbox"/> |

17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below:
18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:
19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:

Head	Neck	Shoulder	Upper arm	Elbow	Forearm	Hand/fingers	Chest
Upper back	Lower back	Hip	Thigh	Knee	Call/shin	Ankle	Foot/toes

20. Have you ever had a stress fracture?  Yes  No
21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?  Yes  No
22. Do you regularly use a brace or assistive device?  Yes  No
23. Has a doctor ever told you that you have asthma or allergies?  Yes  No
24. Do you cough, wheeze, or have difficulty breathing during or after exercise?  Yes  No

**FEMALES ONLY**

47. Have you ever had a menstrual period?  Yes  No

48. How old were you when you had your first menstrual period? \_\_\_\_\_

49. How many periods have you had in the last 12 months? \_\_\_\_\_

Explain "YES" answers here: \_\_\_\_\_

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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 \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ ( \_\_\_\_\_ / \_\_\_\_\_, \_\_\_\_\_ / \_\_\_\_\_ )  
 Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Y N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

### PHYSICIAN REMINDERS

Consider additional questions on more sensitive issues

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

Notes:

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	NORMAL	ABNORMAL FINDINGS	INITIALS *
<b>MEDICAL</b>			
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only)* *			
Skin			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

\* Multiple-examiner set-up only.

\*\* Having a third party present is recommended for the genitourinary examination.

Notes:

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Sports participation: Approved: \_\_\_\_\_ Conditional: \_\_\_\_\_ Denied: \_\_\_\_\_

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD, DO, ND, NP or PA



# PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

In order for the student athlete to be able to participate in sports, minimally, the completed JPA 24, page 3 needs to be received by the school.

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 contra-indications 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, DO, ND, NPor, PA

## EMERGENCY INFORMATION

Allergies \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other information \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

