Maureen Joy Charter School

Athletic Handbook

2017-2018



This athletic handbook is designed to inform athletes and their parents or guardians of the rules, regulations, and information that continues to help develop the rich and competitive tradition of Maureen Joy Charter School. Athletic participation on our teams is a ***privilege*** and not a right. Those who choose to participate are expected to follow the code of conduct established by the school as well as specific coaches’ rules for their sport. Athletes should always remember that they represent their family, school, student body, and community.

We require that parents as well as athletes take time to read this handbook so you can properly support the school and help your student-athlete. Thanks for your support.

Mark Bailey, Principal

Darius Long, Athletic Director

**ATHLETIC DIRECTOR MESSAGE**

The primary purpose of the athletic program at Maureen Joy Charter School (MJCS) is to promote the physical, mental, social, emotional, and moral well being of each participant. We believe that athletics is an extension of the classroom and that it contributes greatly to the overall educational experience of the student-athlete at Joy. We encourage participation in athletics because it provides students with important lessons for life such as teamwork, self-discipline, hard work, sportsmanship, and how to strive for success. We hope that by participating in athletics, our student-athletes will have a positive experience that will prepare them to be successful and well rounded in their adult life.

The staff of MJCS considers athletics to be an important part of the total school experience. Participation is voluntary and open to all eligible students. Although participation in athletics is voluntary, student-athletes are representing their family, school, team, and community. MJCS has set high standards as a requirement for participation. These standards include academic requirements, good sportsmanship, and exemplary personal conduct. Each student-athlete will be held responsible to follow the school rules, the rules of the athletic department, and their individual team rules. Participation in MJCS athletics is a privilege and should be taken seriously. Joy Student- Athletes are ambassadors for our school and see themselves as such. I know that you will be a model student-athlete and carry on the Joy Athletic tradition of excellence.

Darius Long

Athletic Director

**MESSAGE TO STUDENT-ATHLETES**

As a student-athlete at Maureen Joy Charter School, you should demonstrate pride in yourself as a student, an athlete, and a member of the community. As a member of the MJCS athletic program, you will represent yourself, your family, your teammates, and your coaches. Additionally, you will be considered an ambassador of Maureen Joy Charter School. You should set goals academically and athletically that will benefit yourself, your team, and the school. To attain these goals, you must base your lifestyle on hard work, self-discipline, sacrifice, perseverance, determination, and punctuality. As a student-athlete, you will be a role model, a leader, a team member, and a supporter. Others might try to divert your attention away from the goals you have set. Remain true to yourself.

Being a part of the athletic program can be time consuming and take time away from your studies, social life, and other activities. It is important to be diligent in your school work and in practice to become successful, both academically and athletically. Academics are of the utmost importance. I look forward to working with you in the classroom and seeing you compete in sports. Best wishes for a successful academic and athletic year.

Darius Long

Athletic Director

**ATHLETIC PHILOSOPHY**

Maureen Joy Charter School’s Athletic Department believes that competitive athletics are desirable as part of the overall educational program of the school. To achieve maximum effectiveness, the athletic program must be closely coordinated with the instructional program of the school. The welfare of the individual takes precedence over any other interest. Athletic participation promotes desirable attitudes toward the importance of team work/team unity, social growth and leadership of each individual, and preparation for the responsibilities of adult life.

Coaches, participants, and parents should strive at all levels to develop and display the attitudes of good sportsmanship, teamwork, commitment, dependability, good work ethic, self-discipline and loyalty to teams and school. Winning and losing at this level are important only when considered in the context of how we play the game and how we represent ourselves and our school under the pressure of competition.

## ACADEMICS

The athletes at Maureen Joy Charter School are students first and foremost. Coaches will work with teachers in helping the student-athlete be successful in the classroom. If a student has a scheduled after-school tutoring session, the student will not be penalized for being late or missing practice.

Students participating in athletics should anticipate the demands on their time and plan accordingly. Student-athletes should be present and prepared for class regardless of game and practice schedules.

**SPECIAL REQUIREMENTS**

A. Each athlete must have a new or updated physical before each new school year. The

MJCS Sports Preparticipation Examination Form can be found in the back of this manual or at the main office. The athlete cannot compete in tryouts, practice, or games without a new or updated physical. One physical per school year takes care of all sports for that school year. ***Revision (NCDPI Aug. 2016: Physical examination forms shall be good for 395, from date of given exam.)***

B. Each athlete must return the Athletic Contract, the Sports Preparticipation

 Examination Form, the Athletic Permission Form, and the Authorization to Treat

A Minor Form in the back of this handbook to his/her coach before he/she will be

Allowed to participate in his or her first practice of the school year.

**ATHLETES’ CODE OF CONDUCT**

A. Athletes are expected to be examples of good conduct to other students. In that

 Regard, after an athlete receives a suspension from school, the student will be

 Suspended from his team for next game. Further action will be at the discretion of the

 Principal and/or athletic director.

## STATEMENT OF RISK

Regular physical activity yields many benefits to the participant, but also may result in serious, and potentially permanent, injury. All sports involve movement, potential contact and special equipment that makes participation an inherent risk for serious injuries.

**UNIFORMS AND EQUIPMENT**

A. Any uniforms or equipment issued to an athlete are the athlete’s responsibility to

 Return in good shape.

B. Lost or damaged equipment will be charged ($50/ per piece) to the parent of athlete.

C. School uniforms are only to be worn for games, not practices or other functions.

D. Uniforms are not to be altered or tailored by the athlete.

E. All uniforms and equipment must be returned to the coach or athletic office within

 One week after the last game of the season.

# ATHLETIC POLICIES

A. Students must meet all eligibility requirements before tryouts/practice.

B. Prior to participation, students must have all completed athletic forms on

 file at Maureen Joy.

## MJCS ATHLETIC PROGRAMS

Maureen Joy Charter School offers several athletic programs for both males and female students. All students are encouraged to participate in interscholastic athletics. We will attempt to include every student who desires to be a member of a team sport as long as they meet MJCS’s eligibility requirements.

Maureen Joy Charter School offers the following sports during these seasons:

**FALL** **WINTER** **SPRING**

Co-Ed X- Country Boy’s Basketball Girl’s Soccer

Girl’s Volleyball Girl’s Basketball Co-Ed Track and Field

Boy’s Soccer Wrestling

 Cheerleading

## DISCIPLINE

Coaches are employees of the school. Therefore, the coaches at practices, games, and on road trips will carry out all school policies and standards of behavior for students set forth by the administration. Disciplinary actions for misconduct will be applied. Serious offenses will be brought to the attention of the Athletic Director and the Principal.

WHAT PARENTS CAN EXPECT FROM MAUREEN JOY CHARTER SCHOOL’S ATHLETIC DEPARTMENT

• A safe, caring, and challenging environment

• Communication about athletics and our athletic philosophy

• Fairness and consistency

• Communication regarding any disciplinary action

• Professionalism

• Respect

• Information regarding practice, games (locations/times) and other team requirements

• An emphasis on the proper ideas of sportsmanship, ethical conduct and fair play

WHAT PARENTS CAN EXPECT FROM MAUREEN JOY CHARTER SCHOOL’S ATHLETIC COACHES

• Emphasis on values derived from playing the game fairly.

• Supervision of athletes at all times until they are pick up from practice/games.

• Maintenance of safe playing conditions.

• Establishment of a positive relationship with visitors, visiting teams and officials.

• Demonstration of a thorough understanding and acceptance of the rules of the

 Game and the standards of eligibility.

• Communication of practice and game schedules to athletes and parents.

• Encouragement of leadership by the athletes on the team.

• Support of Maureen Joy Charter School athletic philosophy, keeping in

 Perspective that an athletic contest is only a game.

• Promotion of healthy lifestyles.

WHAT MAUREEN JOY CHARTER SCHOOL ATHLETIC DEPARTMENT EXPECTS FROM PARENTS

• Respect

• Support for our philosophy, teams and coaches

• Athletes ***to be picked up on time*** from practices or games

• Adherence to Maureen Joy Charter School’s Sportsmanship rules when attending a

 Game or match

• Communication of concerns to occur at the appropriate time

• Support of disciplinary actions

• Notification of any illness, injuries or missed practices.

• to support our teams and their coaches. One of the most effective ways to do this is to

 Keep negative “chatter” about others (players, coaches, and parents) out of all

 Conversations. The coaching staff will also pledge the same to parents and players. If

 Concerns arise that need to be discussed we ask that they be communicated directly to

 The individual involved.

## COACHES

**Coaches’ Authority**

The head coach is charged with conducting tryouts, determining the team roster, defining player expectations, implementing team rules, deciding student-athletes’ playing time, and taking disciplinary actions whenever necessary. Student-athletes are expected to completely and respectfully abide by the leadership and authority of the head coach and their assistants. Disciplinary measures may include but are not limited to increased exercise, suspension from a game, or expulsion from the team. Grievances with disciplinary measures or similar issues should be taken directly to that coach first.

**Volunteer Assistant Coaches**

When volunteers offer to assist, the head coach is required to attain approval first from the Athletic Director. With said approval, the head coach becomes responsible for proper

Training of the assistant, including making certain the assistant reads this handbook and agrees to adhere to these policies.

**Parent Coaches/Assistants/Volunteers**

Volunteer coaches or assistant coaches who are also parents of team members are expected to maintain a professional detachment from the parent/child relationship while “on duty”. In other words, they act as a “parent” only after leaving the game, practice field, or court for the confines of their home.

**Discipline Policies**

When discipline is necessary, the coach may administer any of the following options (not

Limited to these options):

 1. Suspension from part or all of practice(s).

 2. Suspension from one or more games or events.

 3. Suspension from team for undisclosed amount of time.

 4. Student-Athlete permanently removed from team (Athletic Director/Head Coach)

Parents will be notified beforehand of all major disciplinary actions. The coach is responsible to notify the Athletic Director of any discipline.

Any participation fees charged would not be refunded in the event a player is suspended

From the team.

## PROCEDURE FOR ADDRESSING CONCERNS

Coaches are professionals. They make decisions based on what they believe to be the best for all athletes involved. Accordingly, the following issues are not appropriate to discuss with the coach:

• Playing time, positions, starting status, rotations, etc.

• Team strategy

• Play calling

• Other student-athletes

Please do not attempt to confront a coach before or after a contest or practice.

**Listed below is Maureen Joy Charter School’s Athletic Department’s procedure for addressing any concern regarding a child’s athletic experience? Please use the following steps until a resolution is in place:**

**1) Have your child speak to the coach.**

**2) Arrange an appointment to speak with the child’s coach.**

3) Arrange an appointment with the Athletic Director.

### SPORTSMANSHIP

Athletic competition at Maureen Joy Charter School is guided by the following ideals:

Expectations for the Players:

• Play within the rules of the game.

• Win with humility and lose without excuses.

• Respect officials and accept their decisions.

• Never play with intent to injure an opponent.

• Never forget that they represent their schools, their coaches, and their families as

 Well as themselves.

• Respect the property and facilities of their opponents.

Expectations for the Coaches:

• Inspire in their players a love for the game and the desire to win.

• Teach that it is better to lose fairly than to win unfairly.

• Show restraint and respect when dealing with officials.

• Serve as positive role models for their players.

• Hold their players accountable for unsportsmanlike behavior.

Expectations for the Spectators:

• Applaud players for their efforts

• Accept the decisions of officials

• Appreciate participants for their commitment

• Support school personnel in conducting an orderly and spirited contest

• Maintain composure when things seem to go against your team

• Respect the rights of other spectators

• Focus attention on positive aspects of competition

• Encourage players by showing enthusiasm and positive recognition

• Demonstrate concern for the safety and welfare of athletes

Since athletics should be educational in nature, it is important that all parents demonstrate good sportsmanship and serve as role models for our athletes and students. Sportsmanship is an overt display of respect for the rules of sport and for all others. It also involves a commitment to fair play, ethical behavior, and integrity. This means:

• there can be no vulgar or inappropriate language from our fans or spectators.

• Taunting or trash talking of our opponents and their cheerleaders cannot be tolerated.

• Spectators cannot leave the bleachers or enter onto the court or field during a contest.

• Fans should be supportive and positive. Cheering should be done for our team and not

 Against our opponent.

• We should not impede or interfere with our opponent’s cheerleaders from leading there

 Cheers.

• in some specific sports such as basketball and volleyball, we should not yell at an

 opponent during a foul shot or as a player attempts to serve.

• School officials have the authority to remove a spectator (s) from a contest for unruly

 Or improper conduct. The individual (s) may be removed for the duration of a particular

 Contest or for any extended period of time depending on the severity or frequency of the

 Improper conduct.

**ACADEMIC ELIGIBILITY REQUIREMENTS**

A. In order to try-out or play sports at MJCS, each student-athlete must maintain a C

 Average (2.0 GPA) and no more than one “F” in their four core subjects.

B. Progress reports will be issued every three weeks. The Athletic Director will review

 the progress reports of all student-athletes. Any student-athlete not meeting MJCS’s

 Academic eligibility requirements will be suspended from the team roster until the

 Next grade reporting period. If the student-athlete meets eligibility requirements on

 The next progress report, he/she will be reinstated. If the student-athlete does not

 meet eligibility requirements on the next progress report, he/she will be permanently

 Released from the team roster.

## RESPONSIBILITIES OF AN ATHLETE

Most coaches would expect an athlete to adhere to the following guidelines:

• the team’s goals, welfare and success must come before any individual.

• an athlete needs to consistently attend practice sessions. This also includes weekend

 And holiday periods unless prior notice has been given and accepted.

• Players must be receptive to coaching.

• Team members are responsible for all issued uniforms and equipment.

• As a member of a team, an athlete must agree to and follow the team rules. Athletes

 need to remember that they are ambassadors and represent not only themselves, but

 Also the coaching staff and the school.

**WAYS TO SUPPORT YOUR STUDENT-ATHLETE**

1. **Be present** – Show up to games, cheer, and support our teams!

2. **Be positive** – Children learn from modeling. When talking about the game, season, performances and decision-making, please share the gift of a positive outlook on life! Make sure that your child knows that win or lose, he/she is loved and supported.

3. **Encourage independence** – Encourage student-athletes to be responsible for the care of their athletic gear and to be prepared for practices and games. In addition, student-athletes should speak directly with their coach about any questions and/or concerns.

## ……………….

## ATHLETIC CONTRACT

Please initial each statement below to acknowledge your agreement to this contract. Then, sign the form at the bottom and return to the Athletic Director to be eligible for participation.

As a Maureen Joy Charter School Student-Athlete…

\_\_\_\_ I will strive to give my best to the team in every practice and every game.

\_\_\_\_ I will be on time for all practices and games.

\_\_\_\_ I will not miss a practice or game because of another outside sport or extra-curricular activity unless approved by the coach or athletic director.

\_\_\_\_ This experience is an opportunity to learn not only \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (sport), but also teamwork with all its inherent responsibilities. There will be times when I will follow someone’s lead and there will be times when I must assume that lead – I always have a contribution to make to my team.

\_\_\_\_ I will take my coaches’ directions and comments as constructive suggestions, which make me a better athlete and my team a successful unit.

\_\_\_\_ Practice is where I learn the concepts of the game. How I apply those concepts in mind and body in practice will carry over into the game situation.

\_\_\_\_ I will always play hard, but always will be a fair sport whether we are winning or losing the game, realizing that everyone on my team and my opponent’s team is playing for fun and the competitive experience.

\_\_\_\_ I have read the athletic handbook and agree to follow the policies and procedures as stated.

Player Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

# PLEASE RETURN THIS FORM TO THE ATHLETIC DIRECTOR

**Maureen Joy Charter School**

**Athletic Permission Form**

Name of Athlete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_

**Important:**

The following information must be completed and signed by the appropriate parent or guardian and turned in to the **Athletic Director** before participation in student athletic activities will be allowed. If the following information is not complete, this form will be returned to you.

**Insurance:**

Parent/Guardian :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/Emergency Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All students participating in student athletic activities at Maureen Joy Charter School must have their own medical coverage. Students will not be allowed to participate in student athletic activities unless the following information is submitted and the form is signed by the parent or the guardian of the student.

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy and Group Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address or phone number of insurance company:

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

Signature of Parent or Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Wavier of Liability**

We, the undersigned, hereby certify that I (we) am (are) the parent or legal guardian of the student. I hereby give permission to the staff/volunteer coaches of Maureen Joy Charter School to seek during the period of school athletic activities, appropriate medical attention and for the student to receive medical attention and treatment to be covered under the student’s insurance policy detailed on this form. I/We the undersigned, for ourselves, our heirs, our executor and administrator, waiver, release, and forever discharge Maureen Joy Charter School and its staff, officers, agents, employees, representatives, successors and assigns from any and all liability claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, personal injury or property damage that may be sustained or occur during participation in student athletic activities or while in transit to and from games/practices.

Signature of Parent or Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Maureen Joy Charter School**

**Sports Preparticipation Examination Form**

**Patient’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***This is a screening examination for participation in sports. This does not substitute for a comprehensive examination with your child’s regular physician where important preventive health information can be covered.***

**Athlete’s Directions:** Please review all questions with your parent or legal custodian and answer them to the best of your knowledge.

**Parent’s Directions:** Please assure that all questions are answered to the best of your knowledge. If you do not understand or don’t know the answer to a question please ask your doctor. Not disclosing accurate information may put your child at risk during sports activity.

**Physician’s Directions:** We recommend carefully reviewing these questions and clarifying any positive or Don’t Know answers.

|  |  |  |  |
| --- | --- | --- | --- |
| Explain “Yes” answers below | Yes | No | Don’t Know |
| 1. Does the athlete have any chronic medical illnesses [diabetes, asthma (exercise asthma), kidney problems, etc.]?List: |  |  |  |
| 2. Is the athlete presently taking any medications or pills? |  |  |  |
| 3. Does the athlete have any allergies (medicine, bees or other stinging insects, latex)? |  |  |  |
| 4. Does the athlete have the sickle cell trait? |  |  |  |
| 5. Has the athlete ever had a head injury, been knocked out, or had a concussion? |  |  |  |
| 6. Has the athlete ever had a heat injury (heat stroke) or severe muscle cramps with activities? |  |  |  |
| 7. Has the athlete ever passed out or nearly passed out DURING exercise, emotion or startle? |  |  |  |
| 8. Has the athlete ever fainted or passed out AFTER exercise? |  |  |  |
| 9. Has the athlete had extreme fatigue (been really tired) with exercise (different from other children)? |  |  |  |
| 10. Has the athlete ever had trouble breathing during exercise, or a cough with exercise? |  |  |  |
| 11. Has the athlete ever been diagnosed with exercise-induced asthma ? |  |  |  |
| 12. Has a doctor ever told the athlete that they have high blood pressure? |  |  |  |
| 13. Has a doctor ever told the athlete that they have a heart infection? |  |  |  |
| 14. Has a doctor ever ordered an EKG or other test for the athlete’s heart, or has the athlete ever been told they have a murmur? |  |  |  |
| 15. Has the athlete ever had discomfort, pain, or pressure in his chest during or after exercise or complained of their heart “racing” or “skipping beats”? |  |  |  |
| 16. Has the athlete ever had a seizure or been diagnosed with an unexplained seizure problem? |  |  |  |
| 17. Has the athlete ever had a stinger, burner or pinched nerve? |  |  |  |
| 18. Has the athlete ever had any problems with their eyes or vision? |  |  |  |
| 19. Has the athlete ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injury of any bones or joints? |  |  |  |
| Head Shoulder Thigh Neck Elbow Knee Chest HipForearm Shin/calf Back Wrist Ankle Hand Foot |  |  |  |
| 20. Has the athlete ever had an eating disorder, or do you have any concerns about your eating habits or weight? |  |  |  |
| 21. Has the athlete ever been hospitalized or had surgery? |  |  |  |
| 22. Has the athlete had a medical problem or injury since their last evaluation? |  |  |  |
| **FAMILY HISTORY** |  |  |  |
| 23. Has any family member had a sudden, unexpected death before age 50 (including from sudden infant death syndrome [SIDS], car accident, drowning)? |  |  |  |
| 24. Has any family member had unexplained heart attacks, fainting or seizures? |  |  |  |
| 25. Does the athlete have a father, mother or brother with sickle cell disease? |  |  |  |

Elaborate on any positive (yes) answers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***By signing below I agree that I have reviewed and answered each question above. Every question is answered completely and is correct to the best of my knowledge. Furthermore, I give permission for my child to participate in sports.***

Signature of parent/legal custodian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Athlete: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physical Examination (Must be Completed by a Licensed Physician, Nurse Practitioner or Physician’s Assistant)**

Athlete’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height \_\_\_\_\_\_\_\_\_\_ Weight \_\_\_\_\_\_\_\_\_\_ BP\_\_\_\_\_\_\_\_ (\_\_\_\_\_% ile) / \_\_\_\_\_\_\_\_(\_\_\_\_\_% ile) Pulse \_\_\_\_\_\_\_

Vision R 20/\_\_\_\_\_\_\_\_\_\_\_\_ L 20/ \_\_\_\_\_\_\_\_\_\_\_\_ Corrected: Y N

|  |
| --- |
| These are required elements for all examinations |
|  | **NORMAL** | **ABNORMAL** | **ABNORMAL FINDINGS** |
| PULSES |  |  |  |
| **HEART** |  |  |  |
| **LUNGS** |  |  |  |
| **SKIN** |  |  |  |
| **NECK/BACK** |  |  |  |
| **SHOULDER** |  |  |  |
| **KNEE** |  |  |  |
| **ANKLE/FOOT** |  |  |  |
| **Other Orthopedic Problems** |  |  |  |
| Optional Examination Elements – Should be done if history indicates |
| HEENT |  |  |  |
| **ABDOMINAL** |  |  |  |
| **GENITALIA (MALES)** |  |  |  |
| **HERNIA (MALES)** |  |  |  |

Clearance\*\*:

 A. Cleared

 B. Cleared after completing evaluation/rehabilitation for :

 C. Not cleared for:  Collision  Contact

 Non-contact \_\_\_\_\_\_Strenuous \_\_\_\_\_\_Moderately strenuous \_\_\_\_\_\_Non-strenuous

 Due to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Additional Recommendations/Rehab Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Name of Physician/Extender:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Physician/Extender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MD DO PA NP

(Signature and circle of designated degree required)

Date of exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(\*\* The following are considered disqualifying until appropriate medical and parental releases are obtained: post-operative clearance, acute infections, obvious growth retardation, diabetes, jaundice, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or hypertension, enlarged liver or spleen, a chronic musculoskeletal condition that limits ability for safe exercise/sport (i.e. Klippel-Feil anomaly, Sprengel’s deformity), history of convulsions or concussions, absence of/ or one kidney, eye, testicle or ovary, etc.)

**Maureen Joy Charter School**

# Authorization to Treat a Minor Form

I (We), the undersigned parent, parents or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Minor’s Name*

authorize any hospital or clinic or licensed physician to treat my/our child, charge with

any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the

general or special supervision of any member of the medical staff of the hospital/clinic or

office of a physician who are licensed to practice in the State of North Carolina. It is

understood that this authorization is given in advance of any specific diagnosis, treatment

or hospital care being required but is given to provide authority and power to render care

When effort shall be made to contact the undersigned prior to rendering treatment to the

patient, but that treatment will not be withheld if the undersigned cannot be reached.

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

*Signature of Coach/Witness Signature of Parent/Legal Guardian*

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

*Date Phone Date Phone*

List any restrictions to your authorization to treat: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date minor received last tetanus/diphtheria booster: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

List any allergies to drug(s) or food(s) minor may have: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Any special medication(s) or other pertinent information on minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

This consent shall remain effective until the end of the minor’s participation in:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or until:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Expiration date*

I give my consent for my child’s coach to administer the following over-the-counter

medications:

 Ibuprophen  Acetaminophen  Neosporin  Benadryl (for allergic reaction only),

 Topical Hydrocortisone (for allergic reaction only)

 Other, *please list below*:

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