



TECHNOLOGY MIDDLE SCHOOL



ATHLETE ELIGIBILITY PACKET

TMS SPORTS STARTING DATES							
	Packet Due	1st Day/ Tryouts	Season Ends		Packet Due	1st Day/ Tryouts	Season Ends
Fall Sports	8/14	8/21	10/20	Winter Sports	10/16	10/23	1/19
Cross Country				Boys Basketball			
Girls Basketball				Girls Volleyball			
Soccer 7th/8th only				Spring Sports			
Boys Flag Football				Track and Field	2/16	2/19	5/9
				Girls Flag Football	3/8	3/11	5/17
				Boys Volleyball			
				(if we have enough players)			

Sports Awards Night for all sports will be Thursday, May 23rd, 2024.

Name of Student _____ Grade: 6th() 7th() 8th()

Guardian Phone Number for communication from the coach: _____ (**required**)

Guardian Email for communication from the coach: _____ (**required**)

Parent / Guardian Consent: Medical Treatment/Permission to Participate

My child, _____, has my permission to participate in interscholastic athletics. I request that my child receive first aid services whenever such services are deemed necessary. I authorize that my child be attended by a licensed physical and/or be taken to the nearest hospital in the event that such treatment is deemed necessary. I will accept the judgment of the person in charge of the activity. I further acknowledge that I understand the warning to students and parents concerning the risks involved with participation in interscholastic athletics. I give my permission for my student to receive first aid services whenever necessary. This consent is valid through June 2024.

Parent / Guardian Signature & Date

Student-Athlete Signature & Date

FOLLOW US FOR UPDATES ABOUT MEETINGS, GAMES, AND EVENTS

Instagram: @techmiddle_athletics

Facebook: @TMS Athletics



Students may not practice or try out until the Physical Exam and Sports Packet are complete and turned in to the main office.

Attach a copy as evidence of a physical exam (completed after June 1st) or this page signed and stamped by doctor's office.
Parent/Guardian Information (please print clearly):

Name: _____ Name: _____
 Cell Phone: _____ Cell Phone: _____
 Work/Home Phone: _____ Work/Home Phone: _____
 Email: _____ Email: _____

Home Address of Student: _____

Health information or personal information that you would like the coach to know (ie: student uses inhaler, student cannot make practice on Tuesdays, etc.) _____

 Signature of Parent / Guardian Date

EVIDENCE OF PHYSICAL EXAMINATION (Separate form signed by doctor may be attached)

STUDENT Name: _____ **Physician's Name:** _____

I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in interscholastic sports. 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.

 Physician's Signature Date

Doctor's Office: Please stamp here.

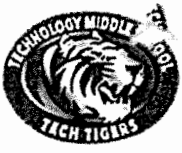
Are there any health concerns that should be monitored?

If physical is not attached, this form must be signed & dated by the Doctor AND stamped by the Doctor's Office

Medical Insurance Verification (\$1,500 minimum required - supplemental insurance may be purchased. See TMS Office Staff for information on Student Health Insurance Plans)

Insurance Company: _____ Policy #: _____

*** I will purchase supplementary medical insurance if I am not covered _____ (Initial)



Sportsmanship Pledge

Regarding Interscholastic Athletic Competition:

The role of a parent in the education of a student is vital. The support shown in the home is often manifested in the ability of the student to accept the opportunities presented at school and in life. You have a major influence on your student's attitude about academics and athletics. The leadership role you take will help influence your child, and our community, for years to come. In the end sport is only a game, where we allow others the opportunity to challenge us to improve our skills and motivate us to excel.

Parents and Guardians Commit To:

1. Realize that athletics are part of the educational experience, and the benefits of involvement go beyond the final score of an athletic contest.
2. Encourage students to perform their best, just as you would urge them to excel with their class work.
3. Be supportive of the coach. The team is the coach's responsibility, not the parents'.
4. Be positive role models at athletic contests. Demonstrate and model appropriate conduct and respect of opponents, their fans and the referees.
5. Respect the judgment of the officials and refrain from openly criticizing any call the officials make.
6. Learn, understand, and respect the rules of the game AND the officials who administer them and their decisions.
7. Respect the task our coaches face as teachers and support them as they strive to educate our youth.
8. Be aware that if a parent conference is desired with the coach, it is highly *inappropriate* to speak with the coach regarding this *at the conclusion of an athletic event*. Please wait 24 hours to contact.

Athletes Commit To:

1. **Being a role model on campus within all classes in regards to behavior and school wide expectations.**
2. Treat teammates, opponents, officials, and coaches with respect.
3. Win with pride and lose without excuses; maintain good sportsmanship... no matter what.
4. Maintain the minimum **GPA of 2.0 and NO F's..** Students with F's compete at AD/Admin discretion.
5. No cell phones and media devices during practice or contests.
6. If you serve a detention, you cannot participate in practice that day. It may also impact if you compete that week. If you are suspended from school, you will not compete that week. If suspended more than once during the season, you will be removed from the team.
7. Poor sportsmanship, citizenship or disrespect towards teammates, opponents or coaches is not expected and athletes may have consequences, including being dismissed from the team.
8. Adhere to all TMS school expectations and team rules.
9. Not using tobacco, alcohol, or illegal substances on or off campus.
10. Communicating about injuries **OR if they will be absent from practice.**

Signatures of Parent and Athlete Concerning Sportsmanship

I have read the above TMS sportsmanship pledge and will uphold the practices of good sportsmanship as outlined by the California Interscholastic Federation, the North Coast Section and Technology Middle School.

Signature of Student Athlete

Date

Signature of Parent / Guardian

Date



Concussions

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 from a doctor. 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.

1. "A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at the time and for the remainder of the day."
2. 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 inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. **When in doubt, the athlete SITS OUT!**

**For current and up-to-date information on concussions you can go to:
<http://www.ced.gov/ConcussionInYouthSports>**

_____	_____	_____
Student Athlete Name (Printed)	Student Athlete Signature	Date
_____	_____	_____
Parent or Legal Guardian Name (Printed)	Parent or Legal Guardian Signature	Date

Adapted from the CDC and the 3rd International Conference on Concussion in Sport Document created 5/20/2010

Qualifying Grades for Sports

Initial Below: I understand that my student **must have a 2.0 GPA & No Fs** on the most recent trimester report card and maintain a 2.0 to participate in team activities. **Students are not eligible for tryouts or games** if an F is the current grade in any class. Grades are checked prior to the season to determine eligibility and then each week starting with the first game.

Parent's Initial: _____ Student's Initial: _____

Sign in all places and Turn in this packet to the TMS office.