

2017-2018 BLOOMFIELD ATHLETIC DEPARTMENT STUDENT ATHLETIC CONTRACT

PARTICIPATION IN ATHLETICS IS A PRIVILEGE, NOT A RIGHT. Athletes can be denied participation based on their past behaviors in athletics. Participants are representatives of their school and community, their conduct is expected to exemplify high standards at all times. Bloomfield Schools wants athletic participation to be a valuable educational experience at all levels. **Athletes can be denied participation for their behavior both on and off the field of competition. This can include ejections from games, foul language directed towards coaches, or any other behavior deemed inappropriate for participation in sports in the Bloomfield School District. We want our athletes to show respect for our school both on and off the playing field.**

You are requested to read the following carefully and thoroughly, discuss its contents with your athlete and provide all information requested. This form is to be fully completed and filed at the school BEFORE your child will be allowed to practice and/or compete. We require a physical examination to insure that your child is physically able to participate in athletics. You are also required to read the student athletic contract information on use of alcohol, drugs, and tobacco and administrative interpretation of this policy, and expectations of athletes and parents.

PLEASE PRINT Students will not be allowed to participate without this information. SCHOOL _____

Student: _____ Grade Level: _____ Date of Birth: _____ STUDENT ID#: _____

Parent/Guardian Name: _____ Emergency Phone #: _____ Previous School: _____

Address: _____ City _____ Zip _____

Insurance: We have accident insurance with _____ Company. Policy Number _____ (REQUIRED)

BLOOMFIELD SCHOOLS NO LONGER ACCEPTS PAYMENT FOR STUDENT INSURANCE. WE PROVIDE THE INSURANCE APPLICATIONS ONLY! IT IS UP TO THE INDIVIDUAL ATHLETE AND PARENT/GUARDIAN TO GET THE PAPERWORK FOR INSURANCE. THE ATHLETE WILL NOT BE ALLOWED TO PARTICIPATE UNTIL PARENT PROVIDES THE ATHLETIC DEPARTMENT WITH INSURANCE POLICY NUMBER. FALSIFICATION OF THIS INFORMATION MAY RESULT IN THE STUDENT BEING INELIGIBLE IN ALL SPORTS FOR ONE CALENDAR YEAR FROM DATE OF DISCOVERY OF FALSE INFORMATION.

If student is covered by the United States Indian Health Service we must have: Hospital # _____ Census # _____

AUTHORIZATION FOR MEDICAL SERVICES: I/We request that I/we be contacted within a reasonable time in the event of illness or injury requiring medical service. In the event we cannot be reached, I/we, parent/guardian(s) hereby designate the AD, Coach, or his/her designee to act in my/our behalf to authorize in an emergency because of illness or injuries sustained by my/our child/ward while participating in school athletics. In the event we cannot be reached and the situation calls for medical attention, we recognize and relinquish our responsibility to a practicing physician/doctor and/or medical personnel acting in the best interest of my/our child/ward. I/We hereby assume financial responsibility for hospitalization, medical attention and surgery provided. The school assumes no financial responsibility for injuries occurring to participants or for ambulance usage due to injury or illness.

STUDENT STATEMENTS, PARENT CONSENT, & ACKNOWLEDGEMENT OF INJURY RISKS: I will abide by the training rules contained in the school's student handbook and athletic handbook. I will inform the coach/trainer/medical personnel (school nurse) if I am taking medication before practicing or competing in any sport. I hereby give consent for my child to participate in interscholastic athletics at Bloomfield Schools and authorize the school to provide the information on the form to the NMAA. The financial responsibility for securing care of the athlete's injuries is a matter between the parent/guardian and physician of parent's/guardian's selection. Bloomfield Schools may not pay doctors, dentists or hospitals for treatment of any child. We parent(s)/guardian(s) and student athletes are aware that preparation for the participation in interscholastic athletics involves many risks of serious and permanent injury to the student-athlete. We understand and acknowledge the danger of these severe injuries as inherent in physical activity which may involve vigorous physical contact. We understand a concussion is a disturbance in function of the brain, caused by a blow to the body or head, occurring in any sport or activity. Results include a variety of symptoms (headache, nausea, dizziness, memory of a balance problem) with or without a loss of consciousness. Bloomfield Schools will follow the law establishing safety protocols and education regarding brain injuries resulting from school athletic activities. I/we understand that there is a concussion protocol established for the sport that includes care and return to play criteria.

BEHAVIORAL EXPECTATIONS OF ATHLETES

The student athlete contract becomes valid once it has been received in the athletic department and the rules and regulations within it apply from that point until the last day of the school year. This contract is applicable in season OR out of season. **Before being allowed to participate in any athletic activity, including pre-season/7.5 hour contact rule, all athletes must first have a current physical dated after April 1 of the current year along with this student athlete contract ON FILE IN THE ATHLETIC DEPARTMENT.**

TYPE 1 OFFENSE: TOBACCO USAGE

1st Offense- parent notification 5 calendar day suspension, miss one athletic contest 2nd Offense- parent notification, 15 day suspension, miss two athletic contests
3rd Offense- finished for in-sport season. 4th Offense- **FINISHED FOR HIGH SCHOOL CAREER IN SPORTS**

TYPE 2 OFFENSES: ALCOHOL OR SCHEDULE I, II, III, IV DRUG USAGE OR POSSESSION

1st Offense- Parent notification, licensed professional counseling is required. The athlete is done for the remainder of the season they are in or 30 calendar day suspension; whichever is longer. E.g. if the athlete is suspended with 5 calendar days left in his/her season, his/her punishment will carry over to his/her next in-season sport.
2nd Offense- Parent notification, licensed professional counseling is required. The athlete is done for the remainder of the season they are in or 90 calendar day suspension; whichever is longer. E.g. if the athlete is suspended with 5 calendar days left in his season, his punishment will carry over to his next in-season sport.
3rd Offense- **FINISHED FOR HIGH SCHOOL CAREER IN SPORTS**

These penalties are in addition to school conduct policy consequences if occurring on campus or on a school sponsored trip.

III. EXPECTATIONS OF ATHLETES AND PARENTS/GUARDIANS:

- Athletes can be withheld from competition for missing school or practice. Adherence to training rules while a member of any squad is mandatory.
- Adherence to Bloomfield Schools Conduct Policy Manual guidelines, BHS Handbook, Bloomfield Schools Athletic Handbook and the NMAA eligibility rules and regulations.
- Return of all equipment and uniforms or compensation for their loss. Students will not be allowed to go to the next sport or activity until all equipment and/or fees are taken care of.
- We will adhere to NMAA ejection, suspension, and disqualification guidelines for athletes who are ejected from athletic contests.
- Parent/guardians of athletes who are removed from an athletic event, regardless of reason, may be subject to sanction/discipline at the discretion of the High School Athletic Director.**
- If a student quits before the season is over he/she must turn in uniforms and equipment immediately or face late fees, maximum up to the cost of replacement of the item.
- Athletes who quit or are removed from a team will not be allowed to participate in the next sport (including pre-season) until the completion of the sport that they quit or were removed from.
- Students who are academically in-eligible at the end of each grading period **WILL NOT** be allowed to practice (including pre-season) before the end of the next grading period with prior approval from the athletic director **AND** the coach.
- Note* Playing time and coaching strategies are not subject for discussion and are non-negotiable.

A late fee of \$3.00 per day will be assessed starting 24 hours after the coach has set the deadline for turning in all uniforms and equipment. Athletes or their parents/guardians are responsible for all fines or fees incurred while your child is an athlete in the Bloomfield Schools including but not limited to damages to equipment, lost equipment, lost uniforms, or damage to school property. Charges still apply if my athlete leaves the school district. **I assume full responsibility for the athletic equipment and uniforms issued to me.**

I hereby state that I have reviewed the medical history of my child, and find the answers to all questions & statements correct to the best of my knowledge. If a problem develops with any of the above, the coach, athletic director and/or principal will administer corrective action, suspension from athletics can be implemented by the AD, principal, or designee and doesn't require a due process hearing. This SIGNED CONTRACT is in addition to the Bloomfield Schools **CONDUCT POLICY MANUAL** and the **ATHLETIC HANDBOOK**. Athletes must adhere to all of these policies.

We, parent(s)/guardian(s) and the student-athlete have read, fully understand and voluntarily accept and agree to all of the above terms and conditions.

STUDENT SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

2017-2018 BLOOMFIELD ATHLETIC DEPARTMENT PHYSICAL EXAMINATION FORM

MEDICAL HISTORY

Has anyone in your family ever had:	Yes?	Have you had or do you have now?	Yes?	Have you had or do you have now:	Yes?
Diabetes	___	Brain concussion	___	Back Injury	___
Allergies, hay fever, or asthma	___	Tendency to lose consciousness	___	Knee injury	___
Migraine headaches	___	Skull Fracture	___	Ankle injury	___
Heart condition	___	Convulsions or epilepsy	___	Other joint problems	___
High blood pressure	___	Neck injury	___	Diabetes	___
		Anemia	___	Tendency to bruise or bleed easily	___
Has anyone in your family under 50 died suddenly?	___	Weight problems	___	Asthma	___
		Hay fever	___	Hives or rash	___
Have you had or do you have now:	Yes?	Hernia	___	Bee sting reaction/allergy	___
Poor vision in one eye	___	Kidney problems	___	Heart murmur	___
Temporary loss of vision	___	Bone fractures	___	Other heart conditions	___
Wear glasses or contact lenses	___	Joint dislocation	___	High blood pressure	___
Hearing loss	___	Foot problems	___	Persistent cough	___
Perforated ear drum	___	Pins, staples or wires in any part of your body	___	Chest pain with exercise	___
Recurrent infections	___	Dizziness/faintness w/exercise	___	Recurrent rash	___
Sinus infections	___	Fungus infection	___	Athlete's foot	___
Broken nose	___	Recurrent boils/skin infection	___	Used tobacco products	___
Dental plate	___	Emotional problems	___	Orthodontia	___

Are you taking any medications? ___ if yes please identify: _____

Are you allergic to any medications ___ if yes please identify: _____

MEDICAL EXAMINATION FORM

Name _____ DOB _____ Height _____ Weight _____

Pulse _____ BMI %ile _____ Vision: R20 / _____ Corrected Y / N _____ Blood Pressure _____ / _____ BP % ile _____

	Normal	Abnormal	Remarks
EENT			
Cardiovascular			
Hernia			
Genitalia			
Musculoskeletal			
Neurological			
Deformities			
Surgical Scars			
Skin			
Urinalysis			

I certify that I have on this data reviewed the above history and examined this individual and find him/her physically able to compete in interscholastic athletics

PRINT _____
Examining Medical Physician / Doctor / Physicians' Assistant / Nurse Practitioner

SIGNATURE _____
Examining Medical Physician / Doctor / Physicians' Assistant / Nurse Practitioner

ADDRESS _____ PHONE _____

DATE OF EXAMINATION _____