ATHLETIC PACKET
2019-2020
Dear Brittany Woods Student and Parent(s),

Thank you for your interest in the Brittany Woods Middle School Athletics program. We are excited to provide you an opportunity to participate in our athletic program. If you are an experienced athlete or a beginner wanting to be part of a team, you will have a chance to try a sport you would like to play this school year. Please review the attached Athletic Participant Packet and make note of the checklist that must be completed prior to trying out or participating in athletics at BWMS. We look forward to another exciting year of athletics at BWMS! If you have any questions, please contact Coach Jeri Wenneker, BWMS Athletic Coordinator at jwenneker@ucityschools.org.

*Our Mission: To provide a comprehensive athletic program which is an extension of the classroom that teaches character, sportsmanship, citizenship and community involvement.*

We offer the following sports: You may choose one sport per season. (Unless the days do not overlap)

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<th>FALL</th>
<th>WINTER</th>
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<tr>
<td>Girls Softball</td>
<td>Boys Basketball</td>
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<td>Boys Cross Country</td>
<td>Girls Basketball</td>
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<td>Girls Cross Country</td>
<td>Boys/Girls Archery (Oct.)</td>
<td>Girls Track</td>
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<td>Boys Swimming</td>
<td>Girls Swimming</td>
<td>Girls Field Hockey</td>
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<td>Girls Soccer</td>
<td>Cheerleading (Basketball)</td>
<td>Wrestling Meets</td>
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<td>Boys Soccer</td>
<td>Boys/Girls Wrestling</td>
<td>Boys Tennis</td>
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<td>Girls Tennis</td>
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<td>Girls Volleyball</td>
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<td>Cheerleading (Parade)</td>
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<td>Flag Football 7 on 7- (Boys &amp; Girls)</td>
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<tr>
<td>Boys/Girls Golf Season (Season Changed to Fall)</td>
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Athletic physicals are required for all athletes, every year. We recommend you make an appointment with your child’s primary care physician. Athletic physicals are only valid for one (1) year from the date of the exam. (Unless the physical date was Feb. of 2019 or after, in which case, it will be good for the entire next school year.)

Sincerely,

Brittany Woods Middle School Administration
Athletic Participation Checklist and Emergency/Insurance Form

Parents/Guardians,

Please ensure each of the items listed below have been read, filled out, and signed by both you and your child prior to the first day of tryouts and/or participation in our athletic program. Thank you for your cooperation. **Students will not be allowed to tryout or practice until all forms have been received.**

Student Name_________________________________________ Grade _____ Gender _____

**Please Print**

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<th>Page</th>
<th>YES</th>
<th>Check List: *YOU MUST HAVE ALL 5 PAGES COMPLETED TO PLAY</th>
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<tr>
<td>1.</td>
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<td>Emergency Info &amp; Proof of Medical Insurance Info (Both) Page 1</td>
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<td>Athletic Required Participation Form Signed by Student &amp; Parent Page 2</td>
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<td>Authorization for Treatment Form Signed by the Parent Page 3</td>
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<td>4.</td>
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<td>Health History Form filled out Page 4</td>
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<td>5.</td>
<td></td>
<td>Physical Exam Form (Date of physical __________) Signed by Doc Page 5</td>
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<td>Concussion Information Sheet (Please Read &amp; Keep for Reference)</td>
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Mother's/Guardian's Name_______________________________ Cell Number _______________________

Father's/Guardian's Name ________________________________ Cell Number _______________________

Emergency Contact Name_______________________________ Cell Number _______________________

(*In case we cannot get ahold of a parent)

**Insurance Company**__________________________________________

**Policy Number**_________________________ (or) **Group Number**__________________________

*TO BE ABLE TO PLAY, YOU MUST HAVE A POLICY OR GROUP NUMBER ALONG WITH THE INSURANCE COMPANY NAME. ‘Kid Guard’ Accident Insurance is available for $15.00 for the school year, and your child will be covered in all school events. Kid Guard Information is on line, or ask your coach about it. Kid Guard is through Lawrence E. Smith & Associates if you have any questions. (636-532-1660)

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Athletic Requirement Form

I (Parent/guardian) _____________________________ give my child, ____________________________ permission to tryout and partake in the following fall sport: Place a 1 in the blank by your first choice, place a 2 in the blank by your second choice and place a 3 for your third choice. Please choose one fall sport unless the days do NOT overlap. 

- Boys Flag Football
- Boys Soccer
- Boys Cross Country
- Boys Golf
- Boys Swimming
- Archery (Boys & Girls - Archery is on Saturday - Starts in Oct.)
- Girls Flag Football
- Girls Volleyball
- Girls Soccer
- Girls Golf
- Girls Tennis
- Girls Cross Country
- Girls Softball
- Cheerleading (Parade for fall - Cheer for Basketball in Winter)

* Basketball will hold tryouts in November - Be sure to go ahead and get your packet & physical turned in.

I (Student) ______________________________ will meet and maintain the following in order to tryout and participate in BWMS athletics:

1. I will, at all times hold passing grades (no F’s) in each of my classes in order to be eligible to participate in athletics. (Tutoring may be an option)
2. I must maintain satisfactory citizenship and attendance. (1’s, 2’s and 3’s and 90% attendance). If either falls below these levels, I may be required to sit out a game or be removed from the team. See Tardy Rule
3. I understand that if I do not participate in PE, I must sit out that day of tryouts, practice or game.
4. I understand that if I receive an in-school (ISS) or out-of-school suspension (OSS), it will be up to the administration’s discretion if I may continue to participate on my team. (See the rules for Suspensions)

Tryouts:

1. I understand that the Physical Form and the Athletic Packet Forms must be completed and on file with the Athletic Coordinator before I can participate.
2. I will listen carefully to the coach as he/she explains the process and procedures for tryouts. I will attend all of the tryout days, work hard and have a good attitude. Tryouts are a competitive event and I will show good sportsmanship whether I make the team or not.
3. After the season is complete, I will wash and return the uniform within one week.

Student Signature _____________________________________________ Date___________________

Parent/Guardian Signature _____________________________________ Date___________________

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Parent Permission and Authorization for Treatment:

We hereby give our consent for the above student to represent his/her school in interscholastic athletics. We also give our consent for him/her to accompany the team on trips and will not hold the school responsible in case of accident or injury, whether it is, in route to or from another school or during practice or an interscholastic contest. We hereby agree to hold the school district of which this school is a part, it’s employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with participation by my child/ward in any activities related to the interscholastic program of his/her school. If we cannot be reached and in the event of an emergency, we also give our consent for the school to obtain through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student, if he/she is injured in the course of school athletic activities.

We further state that we have completed that part of this certificate which requires us to list all previous injuries or additional conditions that are known to us which may affect this athlete’s performance or treatment and we certify that it is correct and complete. We confirm that this application for the above student to represent his/her school in interscholastic athletics is made with the understanding that we have studied and understand the eligibility standards that our son/daughter must meet to represent his/her school and that he/she has not violated any of them.

We also understand that if our son/daughter does not meet the citizenship standards set by the school or if he/she is ejected from an interscholastic contest because of an unsportsmanlike act, it could result in his/her not being allowed to participate in the next contest or suspension from the team either temporarily or permanently.

The MSHSAA By-Laws provide that a student shall not be permitted to practice or compete for a school until it has verification that he/she has basic health/accident insurance coverage, which includes athletics.

*By signing my name below, I have read and agree to everything stated above, along with the BW Rules, the Code of Ethics and have read the Concussion Information.*

Student Name__________________________________________________ Date___________

Print Parent/Guardian Name________________________________________

Sign Parent/Guardian Name_________________________________________ Date___________

(Page 3/5)
Health History Form

To be filled out by parent/guardian

Student _______________________________    Birth Date______________    Grade____    Gender____

Address_________________________________    Hm Phone ______________   Wk Phone_______________

Physician’s Name (Please Print)_______________________________________   Phone__________________

Date of last Tetanus Immunization______________     Date of last Measles Immunization?______________

Explain “Yes” answers below:

1. Overnight hospitalizations, operations, or surgery? Date? ___ ___
2. Are you presently taking any medication or pills? ___ ___
3. Do you have any allergies/conditions that are life threatening? Or affect school sports? ___ ___

*WAC 180-38-045 Attendance of every student at every public school who has a LIFE THREATENING health condition is conditioned upon Parent presentation of a medication/treatment order, formulation of a nursing plan to implement the order.

4. Have you ever passed out during or after exercise? ___ ___
   Have you ever been dizzy during or after exercise? ___ ___
   Do you tire more quickly than your friends during exercise? ___ ___
   Have you ever had high blood pressure? ___ ___
   Have you ever been told that you have a heart murmur? ___ ___
   Have you ever had racing of your heart or skipped heartbeats? ___ ___
   Anyone under 50 years old in the family die of heart problems? ___ ___

5. Do you have any skin problems? ___ ___

6. Have you ever had a head injury? ___ ___
   Have you ever been knocked out or unconscious? ___ ___
   Have you ever had a seizure? ___ ___
   Have you ever had a stinger, burn or pinched nerve? ___ ___

7. Have you ever had heat or muscle cramps? ___ ___
   Have you ever been dizzy or passed out in the heat? ___ ___

8. Do you have trouble breathing or do you cough during or after activity? ___ ___

9. Do you use any special equipment? (pads, braces, mouth guard, etc..) ___ ___

10. Have you had any problems with your eyes or vision? ___ ___
    Do you wear glasses or contacts or protective eye gear? ___ ___

11. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? If yes, explain________________________________________________

12. Females only: Have your mensus begun? ____    More often than once a month? ____    Less than every two months?___
    If you answered “Yes” above, please explain: _____________________________________________________________

The signature below indicates that a parent/guardian, and the participating student, acknowledges they have carefully read this form and the above information is true.  Signature: ______________________________   Date:______________

(Page 4/5)
**Physical Exam Form**

A new physical must be turned in to Coach Wenneker prior to tryouts/practice, each year

Student Name_____________________________ Date_____________ Gender___________

Height ______ Weight ______ BP_____/_______ Pulse_______ Grade _____

Vision R 20/_____  L 20/_____  Corrected:  Y  N  Pupils_______

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<th>Abnormal Findings</th>
<th>Initials</th>
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Clearance:

A. Cleared_______
B. Cleared after completing evaluation/rehabilitation for: __________________________
C. Not cleared for:   Collision___ and /or   Contact ___
   Activity Level___ (Strenuous__, Moderately strenuous__, Non strenuous)
   Due to:______________________________

Recommendation:______________________________________________________________

Name of Physician: (PLEASE PRINT) ___________________________ Date of Exam:______________

Physician’s Signature:______________________________ Date of signature:______________

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Concussion Information

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 properly. You can’t see a concussion and most sports concussions occur without the 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:

- Headache
- Pressure in head
- Nausea or vomiting
- Neck Pain
- Balance problems/dizziness
- Blurred, double or fuzzy vision
- Drowsiness
- Sensitivity to light or noise
- Change in sleep pattern
- Amnesia
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Sadness
- Fatigue or low energy
- “Don’t feel right”
- Neck Pain
- Balance problems/dizziness
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Irritability
- Repeat same questions/comments
- Nervousness or anxiety
- Confusion
- Concentration or memory problems
- More emotional
- Amnesia
- Feeling sluggish or slowed down
- Feeling foggy or groggy

Signs observed by teammates, parents and coaches include:

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

What can happen if my child keeps on playing with a concussion or returns too 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 an 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 suspected of suffering a concussion should be removed from the game/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. You should also inform your child’s coach if you think that your child may have a concussion. Remember it’s better to miss one game than to miss the whole season. When in doubt, the athlete sits out.

(Please read and keep for a reference)
It is a privilege to be selected to represent Brittany Woods Middle School through participation in interscholastic athletics. As an athlete, I represent the school district, the community, the student-body, the athletic department, the sport, the team, the coaching staff, my family, and myself.

Accepting a position on a team requires each participant to accept the responsibilities of becoming a true student-athlete, a productive team-member, a responsible citizen, an ambassador of sportsmanship, and a positive representative of the school district.

All participants must follow the district policies and the procedures of Brittany Woods and the Athletic Department. There are NO refunds or guarantees awarded to members of any team when disassociation occurs.

I understand that I must meet all standards placed on me by the Athletic Department to obtain the continued privilege of participation. If I do not meet these requirements, violate any policies or procedures, or display questionable citizenship or sportsmanship I will face consequences up to suspension or dismissal.

General Code of Conduct

- Students must meet all standards set including, but not limited to: eligibility, academic standing, tardiness, residence, school transfers, age, school attendance, citizenship, sportsmanship, non-school competition, and amateurism.
- Students must strive to be a positive citizen and role model on and off the playing field. Any student-athlete receiving ISS, or OSS consequences will also be subject to additional discipline from the Athletic Department, including suspension or dismissal.
- Students must strive to reach a high Athletic Department Academic Standard in order to participate. Students must be making continuous academic progress and must be passing all classes to participate. Students not meeting these requirements will be placed on an Academic Improvement Program which may include tutoring, to earn the reward of participation. **If a student is failing a class he/she will not participate in games/meets until he/she has a passing grade. Eligibility will be checked on a regular basis.**
- Students must respect the equipment and facilities at all times. This includes the buildings, courts, fields, locker rooms, weight rooms, busses, equipment, and uniforms. All items must be returned in acceptable condition immediately upon the conclusion of the season to avoid a fine.
Information on Legal Infractions

The use of illegal or banned substances, the misuse or abuse of prescription drugs, alcohol, tobacco, or performance enhancing drugs is considered a violation of the Athletic Department’s Code of Conduct. Any violation of this policy will result in the following:

Parent will be notified, counseling will be mandatory, and the athlete will be suspended indefinitely (minimum of 10% of the season’s contests.) If it happens again progressive penalties will follow. The student is required to notify the Building Principal and Athletic Director if they are arrested for any violation.

MSHSA Policy on Legal Infractions: A student who is under arrest for a municipal ordinance violation, misdemeanor, or felony will be suspended from competition in and will remain ineligible until their judgment is satisfied according to the court system, public law, and school policy. This includes violations that take place during the season and off-season including evenings, and weekends.

The Eagles Golden Rule

Student-Athletes should never do anything that will have an adverse effect on their ability to perform academically or athletically. Participants must never do anything to embarrass or create an unfavorable impression of themselves, their team, their community, their family, or their school.

Remember that the conduct of a student-athlete is closely observed in many areas of life; on the field, in the classroom and in the community. Take pride in yourself, your team, and your school. You should always project a positive image and always represent your school proudly. Winning or losing is not as important as your reaction to outcomes. Your reaction is what people will associate with your character. You should always be gracious in defeat and modest in victory (this includes parents).

Athletic Department Participation Contract

There are certain risks and responsibilities associated with participation in athletics. But, the honor of participating on a team, the interpersonal benefits, and privilege of representing Brittany Woods Middle School and the community normally outweighs these risks.

- There is an inherent risk of injury in athletics, which may range from common injuries, temporary to permanent disability, paralysis, and even death. As a parent and athlete I understand these risks, and will strive to use equipment and techniques in a safe manner.
- I agree, as an athlete, to dress out and participate in Physical Education Class.
- There are certain responsibilities associated with participation, including but not limited to: sportsmanship, citizenship, dedication, academics, attendance, and transportation to and from events/practices. As a participant and a parent, I agree to follow these standards.
- All participants, parents, and guardians must follow the communication guidelines outlined in the Student-Athlete Handbook (available on the Athletic Website).
- I agree to read the Code of Ethics Paper and the BW Sports Participation Rules.
Brittany Woods Middle School
“Eagles”

RULES

1. You must have all of your information turned in before you will be allowed to tryout, watch or participate in practices/games. (Athletic Packet filled out with signatures, Doctor’s Physical, & Proof of Medical Insurance)

2. You must attend the mandatory practice before the game/meet to be able to go and/or participate in the game/meet. (exceptions made at the discretion of the coach) (The mandatory practice may not be the day before the game, as it will depend on the practice days.)

3. You must be passing ALL of your classes to participate in a game/meet. (Grades reviewed regularly)

4. Good Sportsmanship is a must! Brittany Woods Sports is a privilege, not a right. (Coaches make the decisions, not students or parents. Be respectful of our Brittany Woods Family, as well as the other teams, and the officials. Parents, be POSITIVE with your child as well as the other children.)

5. Any student-athlete, who receives an (OSS) “Out of School Suspension,” as of the first official practice day, will be suspended from 1 game/meet. During the period of the games/meets, if you receive an OSS, you will be suspended for 2 games. During the time period that you are out of school you will NOT be allowed to practice or attend any games or meets. When you get back to school you may practice with your team but you will not attend any games until your suspension is complete.

6. Any student-athlete who receives an (ISS) “In School Suspension” during the season (the period of games/meets) will not be allowed to go or participate, in one game/meet. You will still be required to come to practice unless otherwise arranged with parents, administration and coaches.

7. The BW Extracurricular tardy policy is, students can receive 12 tardies per quarter. On the 13th tardy the student is expected to go 2 weeks tardy free. In that 2 week period they are not allowed to come to practice or games. If they receive another tardy during the 2 week period, the 2 week period will start over. Each quarter the tardies will start over. Tardies add up quickly when students receive 2-4 tardies in a day. Please be responsible and get to class on time.

8. Bring practice clothes daily. If you forget your uniform or shoes for a game, you do not play. You may NOT check out an additional uniform if you forget yours. (jeans, boots, or flips are not acceptable practice clothing) Please put on and take off rubber cleats outside.
9. Please bring a combination or key lock for the locker room, for your sports & PE belongings. You will keep it on there all year and can use it for PE & Sports. Do not share a locker or tell anyone your combination. The PE Dept. will hand out locks to borrow. There is no charge for the locks unless they are lost or damaged. The fee will be $5.00 to replace the lock.

10. No jewelry or anything on your head during practices or games/meets except for sweat bands or rubber bands. Please do not get any piercings during the season as you will be asked to remove them to play.

11. At games, when you are not participating you should be sitting in the bleachers. During the games, you should be paying attention to the game and cheering on your teammates. (Not running around or eating on the bench)

12. Unexcused absences, skipping class, not putting forth an effort and negative behavior may result in loss of playing time, extra conditioning, or suspensions. (in classes, around school, at practices, and at games/meets, to mention a few)

13. Playing time will be shared if everyone attends the same number of practices, tries as hard as they can and has a good attitude. (safety is also a priority) We do encourage practice outside of school also.

14. KEEP A POSITIVE ATTITUDE AT ALL TIMES! Be coachable & open to trying new ways of doing things.

15. Please try to be at every practice and game as it affects others when you do not show up, especially for team sports. (Each coach should give athletes a practice and game/meet calendar to bring home)

16. All members of a team will go outside and back in together with a coach. Students are welcome to bring a water bottle. (there is a water fountain outside)

17. On most Tuesdays, Wednesday s & Thursday s there will be a 5:10 sports activity bus to transport students home. It will have limited stops. When after school activities begin there will be 2, 4:15 buses for transportation. Get a bus pass from your coach. Students that participate in field hockey, swimming or wrestling will get a bus pass from Ms. Wenneker during school hours, to ride bus #2 to the HS for practices/games.

**Bus Rules**

18. Remain seated while the bus is moving. Coaches may choose to assign seats.

19. Use quiet voices both on and off of the bus and in the schools we visit. Be respectful & polite.

20. Everyone must ride the bus to the game unless you arranged other transportation with the coaches.
21. Everyone will load and unload the bus at the same time because a coach must be with you.

22. To ride home with a parent we must see them with you at the game. (‘Sign-out policy’ - see coaches) Home meets/games at Heman Park will need to be picked up from there. Practices/games at U-City HS (swimming, wrestling, & field hockey) will need to be picked up from there or walk.

23. To ride home with anyone besides your parent, you must have written approval prior to the game from your parent or guardian.

24. The bus will bring you back to BW after the away games. Your ride should arrive within 15 minutes upon the return of the bus.

25. Go to your lockers before we leave for the game. No one should go to their hall lockers once we get back. You may go to the P.E. locker rooms if you need to.

26. Keep an eye on your belongings and keep the bus clean.

Questions contact:
Brittany Woods Athletic Coordinator: Jeri Wenneker (314-290-4280)
jwenneker@ucityschools.org

University City School District Athletic Director: Dr. Matt Brook (314-290-4116)

*Have your son/daughter bring the filled out portion of the packet to Ms. Wenneker at school. (Pages 1-5)
Initial Requirements to Participate

(Page 1) **Emergency Information, Proof of Medical Insurance & Check List Form**
- The emergency contact information & proof of medical insurance information must be fully completed. (accidental/medical insurance name & group (or policy) number must be added) If you do not have medical insurance on your child, we have information on “Kid Guard” Insurance. It is $15.00 policy for the school year and it covers your child during school sponsored sports or activities. (It is accident coverage only while school is in session during regular school term and during school sponsored activities) Please see Ms. Wenneker if you would like more information on Kid Guard Insurance. (There are Kid Guard info packets in the BW gym, in the wall hanger)

(Page 2) **Athletic Requirement Form**
- The student agreement and parent permission agreement must be signed and dated by the parent/guardian & student.

(Page 3) **Authorization for Treatment Form**
- The authorization for treatment page must be signed and dated by the parent/guardian.

(Page 4) **Health History Form**
- The health history form must be filled out and dated by the parent/guardian.

(Page 5) **Physical Exam Form**
- The physical exam form must be filed out, signed and dated by the Doctor. In order to tryout, practice, or compete, each student-athlete must have a yearly Pre-Participation Physical Exam on File in the Athletic Nurse's Office.

(Page 6) **Concussion Information Sheet Form**
- The concussion information sheet should be read by the parent and the student.