



Tuscarora High School Girl's Soccer

Participation Forms



Athletic Participation Forms

- All forms must be completed correctly, in their entirety, and turned in to Coach Wolcott prior to the beginning of the 1st tryout session on August 15th for a student-athlete to be permitted to participate in tryouts.
- **Please make sure to complete and review each form to make sure they have been completed correctly. Any player who does not complete this process correctly will not be permitted to tryout for the program.**

The 6 Forms included in this Packet are:

1. **Guide for Student Athletes and Parents:** This brochure is designed to provide useful information to athletes and parents. Some issues addressed are: age requirements, athletic fee, outside team membership, academic eligibility, drug, alcohol, tobacco and drug paraphernalia policy (Does not need to be turned in).
2. **Physical Evaluation Form:** This is a two page form. On the first page the information is supplied by the athlete and his/her parents or guardians. The second page is to be completed by a doctor. The student must be examined (physical exam by a doctor) after May 31st, 2007 in order to be valid for the 2007-2008 school year.
3. **Authorization to Participate in Interscholastic Athletics:** This one page form requires a signature by the Parents / Guardians to authorize an athlete's participation in a sport and verify the athlete meets the residency requirements.
4. **Student Athlete Info Form:** Parents / Guardians are asked to provide proof of medical insurance and to identify previous athletic participation on high school athletic teams. **Please make sure you place your INITIALS in the appropriate places.**
5. **Student Information Card:** Parents / Guardians are asked to provide emergency contact information as well as other pertinent medical information.
6. **THS Soccer Interest Form:** Players are asked to complete all information on this form which includes contact and soccer background information.



Frederick County Public Schools

GUIDE FOR STUDENT ATHLETES AND PARENTS

GENERAL STANDARDS AND FORMS FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS

PURPOSE: This Athletic Brochure is designed to be useful as a guide to student-athletes and parents. The intent is to condense into one brochure that information which is necessary to effectively understand and participate in the athletic program in Frederick County.

The brochure includes a collection of information pertaining to state and county procedures and regulations.

There may be questions which arise that may not be covered in this brochure. Remember, this brochure is only a guide. Only open communications between coaching staff, athletic director, parents, students, and school administrators will ensure an effective athletic program.

ENROLLMENT: Students shall be officially registered, as required by Maryland school laws and attending a member MPSSAA school. They may represent only the school in which they are registered and at which it is anticipated they will complete their graduation requirements.

AGE: Students who are 19 years or older as of August 31 are ineligible to participate in interscholastic athletics for the school year ahead.

PHYSICAL EXAMINATION: A student shall be examined and certified as being physically fit to participate in any tryout or practice. This examination shall be performed by a qualified physician between June 1 and the first day of practice. All physicals expire on May 31.

ATHLETIC INSURANCE AND PARENTAL PERMISSION: Every candidate for and participant on an interscholastic team must provide proof of parental permission and have insurance covering possible accident or injury in school-sponsored games, practice sessions and travel to and from athletic contests. Such coverage may be provided through the purchase of scholastic accident insurance, or by providing proof of similar or superior coverage.

FOOTBALL INSURANCE: The Board of Education offers an insurance policy option which students participating in football may purchase. Students must show proof of similar or superior coverage and/or purchase the football insurance through the Board of Education. There is no guarantee that all medical bills and expenses will be borne by the football insurance. There are exclusions and limitations that are delineated in the football insurance brochure that every football candidate should receive from his respective coach. If an injury occurs, parents and/or guardians of athletes should anticipate the distinct possibility of incurring medical expenses that will not be covered by insurance.

The football insurance option available through the school system, if selected, will cover students participating in football only. Insurance for school time and other sports must be purchased separately.

INTERSCHOLASTIC ATHLETIC FEE: The school system will require that each student pay a nonrefundable fee of \$55 for each team in which he or she is a member.

Fees collected will contribute to the county athletic program to underwrite transportation, coaches salaries, officials' fees, equipment and uniforms.

SEASON OF COMPETITION: Students may participate in interscholastic athletic contests a maximum of four seasons in any one sport in grades 9, 10, 11, and 12.

OUTSIDE TEAM MEMBERSHIP: The outside participation shall not conflict with the practice or contest schedule of the school including district, regional and state championship play. A principal and coach must authorize in advance an absence from a school scheduled practice or competition. Failure to comply with this rule will result in dismissal from the team.

TRANSFER: All requests for pupil transfers to schools outside their home school attendance area are to be directed to the Department of Pupil Personnel. Requests are considered on the educational merit of the request not the athletic accommodation. Transferring for the purpose of participating in interscholastic athletics is not a legitimate reason to request a transfer.

ACADEMIC ELIGIBILITY: A student to be eligible to participate in extracurricular activities must have a minimum of a 2.00 grade point average and no "F" grades. Grades used to determine eligibility will be recorded on report cards and interim reports. Grades used to determine ineligibility will be nine week term grades only. Eligibility/ineligibility for fall extracurricular activities is determined by the **fourth term grades** from the previous year.

The student may practice during the ineligible period, but may not accompany the team, participate in any interschool competition (including scrimmages) or be excused from class for the activity concerned.

ATTENDANCE: Each athlete is required to attend school and classes regularly. On the day of an event (game or practice) an athlete must attend for the entire day; in the case of extenuating circumstances, the school administration may waive this rule.

DRUG, ALCOHOL, TOBACCO AND DRUG PARAPHERNALIA POLICY: Alcohol, drug and tobacco use is an extremely serious issue. Not only is the quality of life for the student athlete in jeopardy, but the quality of life of innocent by-standers may be in jeopardy as well. Team members depend on each other to be mentally and physically prepared to give their best effort each day. This cannot happen if the student athlete is using alcohol, tobacco or drugs not prescribed by a physician.

A participating student athlete found in possession or use of drugs, drug paraphernalia, alcohol, or tobacco, on or off school property, under or not under school supervision, shall be removed from the athletic extracurricular activity for the remainder of the season or 20 days, whichever is greater. If less than 20 days remain in the current season for the athletic event, the remainder of the 20 days will be served beginning the first day of the next athletic event in which the student participates.

Possession includes, but is not limited to, having control over the rights to use, even if those rights or privileges are shared with others. Possession does not require ownership. Arrest, conviction, or legal judgment is not required.

SERIOUS ACTS BY STUDENT LEADERS: Students holding leadership positions or representing the school through academics, athletics and/or activities such as a club or organization, who commit an offense classified as a serious, unlawful act in the community or a serious suspendible offense may be removed from the position. Arrest, conviction, or legal judgment is not required.

STUDENT CONDUCT: As a result of misconduct (as described by the principal and/or coach) the principal and/or coach shall be responsible for deciding appropriate punishment. Any player ejected from a contest will be suspended for the next contest.

HAZING: Hazing will not be tolerated to any degree and will be punishable as outlined in Board regulation 400-8. Any action taken or situation created that causes or is reasonably likely to cause harassment, physical harm, serious mental or emotional harm, extreme embarrassment, ridicule, or loss of dignity to another student for purposes of initiation into a student organization or activity will not be tolerated.

TITLE IX: FCPS BOE supports the provisions of Title IX and believes the implementation of the athletic program should reflect equity in funding, scheduling, and access to programs and facilities. The supervisor of athletics in cooperation with the athletic director and building principal will annually evaluate the following areas to insure equity in athletic programs at all FCPS high schools.

Questions or concerns about the application of Title IX should be directed to the executive director of legal services who serves as the Title IX coordinator for Frederick County Public Schools.

STARTING DATES FOR PRACTICE: Fall sports, August 15; winter sports, November 15; spring sports, March 1. If the first day of practice falls on Sunday, practice can begin on Saturday.

OUT-OF-SEASON PRACTICE: Member schools and coaches shall confine all organized or formal practices for all students or teams to the seasonal limitations. Any individual, group or gathering that has assembled for the purpose of instruction and is under the direction of any member of the school coaching staff would constitute a violation.

A coach may not coach a team representing his/her school beyond the sports season. The team may not use a name connected with the school. The team may not use school uniforms or equipment.

RECRUITING STATEMENT: No coach or school personnel are to discuss or otherwise promote transfers or changes in residence or residence arrangements with any student, parent or other person of influence or knowingly permit such activity to take place for the purpose of facilitating athletic participation.

EQUIPMENT RESPONSIBILITY: It is the responsibility of the student-athlete to maintain and return all equipment and uniforms issued to them. Parents will be financially responsible for any equipment or uniforms which are lost, stolen, or misplaced during the time the student/athlete is responsible for them. The price of replacing these items will be the actual cost to the school for purchasing new replacement items. Until any charges for lost equipment have been paid, the student-athlete will not receive a report card or be eligible to participate on any other high school athletic team.

Preparation Physical Evaluation



HISTORY

This page to be completed by student and parent/guardians

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. Have you had a medical illness or injury since your last check up or sports physical? | <input type="checkbox"/> | <input type="checkbox"/> | 8. Have you ever become ill from exercising in the heat? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have an ongoing or chronic illness? | <input type="checkbox"/> | <input type="checkbox"/> | 9. Do you cough, wheeze, or have trouble breathing during or after activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been hospitalized overnight? | <input type="checkbox"/> | <input type="checkbox"/> | Do you have asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> | Do you have seasonal allergies that require medical treatment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler? | <input type="checkbox"/> | <input type="checkbox"/> | 10. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? | <input type="checkbox"/> | <input type="checkbox"/> | 11. Have you had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? | <input type="checkbox"/> | <input type="checkbox"/> | Do you wear glasses, contacts, or protective eyewear? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had a rash or hives develop during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 12. Have you ever had a sprain, strain, or swelling after injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | Have you broken or fractured any bone, or dislocated any joints? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? <i>If yes, check appropriate box and explain below.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had chest pain during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip | | |
| Do you get tired more quickly than your friends do during exercise? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Back <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh | | |
| Have you ever had racing of your heart or skipped heartbeats? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Chest <input type="checkbox"/> Wrist <input type="checkbox"/> Knee | | |
| Have you had high blood pressure or high cholesterol? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Shoulder <input type="checkbox"/> Hand <input type="checkbox"/> Shin/calf | | |
| Have you ever been told you have a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Upper arm <input type="checkbox"/> Finger <input type="checkbox"/> Ankle | | |
| Has any family member or relative died of heart problems or of sudden death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Foot | | |
| Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? | <input type="checkbox"/> | <input type="checkbox"/> | 13. Do you want to weigh more or less than you do now? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has a physician ever denied or restricted your participation in sports for any heart problems? | <input type="checkbox"/> | <input type="checkbox"/> | Do you lose weight regularly to meet weight requirements for your sport? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have any current skin problems for (example, itching, rashes, acne, warts, fungus, or blisters)? | <input type="checkbox"/> | <input type="checkbox"/> | 14. Do you feel stressed out? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had a head injury or concussion? | <input type="checkbox"/> | <input type="checkbox"/> | 15. Record the dates of your most recent immunizations (shots) for: | | |
| Have you ever been knocked out, become unconscious, or lost your memory? | <input type="checkbox"/> | <input type="checkbox"/> | Tetanus _____ Measles _____ | | |
| Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> | Hepatitis B _____ Chickenpox _____ | | |
| Do you have frequent or severe headaches? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Have you ever had numbness or tingling in your arms, hands, legs, or feet? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Have you ever had a stinger, burner, or pinched nerve? | <input type="checkbox"/> | <input type="checkbox"/> | | | |

We hereby state that, to the best of our knowledge, our answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

Preparation Physical Evaluation

PHYSICAL EXAMINATION

DATE OF EXAM _____

This page to be completed by physician/nurse practitioner/physician assistant

Name _____ Date of Birth _____

Height _____ Weight _____ % Body Fat (optional) _____ Pulse _____ BP _____

Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/Ankle			
Foot			

*Station-based examination only

CLEARANCE

Cleared

Cleared after completing evaluation/rehabilitation for:

Not cleared for [Sport(s)]: _____ Reason: _____

Recommendation: _____

Name of physician/**nurse practitioner/physician assistant (print/type) _____ Date: _____

Address: _____ Telephone: _____

Signature of physician/nurse practitioner/physician assistant _____

MD/nurse practitioner/physician assistant

Physician's Stamp:

Endorsed by the MPSSAA

©1997 American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy of Sports Medicine

STUDENT ATHLETE INFORMATION FORM

Name (First, Middle, Last)		Grade	Age	Birthdate
My son/daughter/ward is covered by medical insurance <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Company Name, Policy Number		If no, student must have school insurance <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Physician			Telephone Number	
Dentist			Telephone Number	
Date	Home Telephone Number		Emergency Telephone Number	
Legal Home Address	Street	City	State	Zip Code

Parent/Legal Guardian Name _____

Year	High School(s) Attended	Grade	Sports Played

Parents, please initial each item below.

By evidence of the signatures below, you are testifying that you:

- _____ Have read the athletic brochure
- _____ Have read the provisions of the Authorization for Participation in Interscholastic Athletics form
- _____ Understand the eligibility and residency requirements
- _____ Understand the school system's drug and alcohol policy
- _____ Give permission for participation and assume risk for injury that may occur
- _____ Acknowledge valid insurability by school or private insurance carrier
- _____ Give permission for student's name and picture to be used for internet and school publications

Failure to accurately complete, sign and return to your child's coach will result in his/her exclusion from participation in the interscholastic athletic program of the Frederick County Public Schools.

_____ (Sport)

_____ (Student's Signature)

_____ (Date)

_____ (Parent/Legal Guardian Signature)

_____ (Date)

AUTHORIZATION FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS

Frederick County Public Schools

As parents or legal guardians of



First Middle Last
(Please Print)

We hereby authorize and consent to our child's participation in interscholastic athletics and sports. We understand that the sport in which our child will be participating is potentially dangerous, and that physical injuries may occur to our child requiring emergency medical care and treatment. **We assume the risk of injury to our child that may occur in an athletic activity.**

In consideration of the acceptance of our child by the Frederick County Public Schools in its athletic program, and the benefits derived by our child from participation, we agree to release and hold harmless the Board of Education of Frederick County, its members, the Superintendent of Schools, the principal, all coaches, and any and all other agents, servants, and/or employees and agree to indemnify each of them from any claims, costs, suits, actions, judgments, and expenses arising from our child's participation in interscholastic athletics and sports.

We hereby give our consent and authorize the Board of Education of Frederick County and its agents, servants, and/or employees to consent on our behalf and on behalf of our child, to emergency medical care and treatment in the event we are unable to be notified by reasonable attempts of the need for such emergency medical care and treatment.

We understand and agree that we will be responsible for all medical bills and costs that may be incurred as a result of medical care and treatment of our child, and agree to provide proof of insurance coverage of our child against accidents and injuries in school sponsored games, practice sessions and during travel to and from athletic contests.

Students who have made a decision to take part in the athletic program will be required to practice and participate in scheduled contests after school and possibly on non-school days. Supervision at practice, games and travel will be provided by the school.

In addition, it is recognized that all students must comply with eligibility regulations that govern athletics in Frederick County Public Schools as issued by the Frederick County Board of Education and the Maryland State Department of Education.

Every candidate for and participant on an interscholastic team must obtain and maintain insurance against possible accident or injury in school-sponsored games, practice sessions, and during travel to and from athletic contests. Such coverage may be provided by the purchase of scholastic accident insurance (through the school); otherwise, proof of similar or superior coverage must be presented. **Football insurance must be purchased separately from other insurance options.**

RESIDENCY REQUIREMENTS

I also declare and affirm that my child resides within the attendance area of:

(Name of School)

or is attending

(Name of School)

with the special permission of the Office of Pupil Services of Frederick County Public Schools. A student attending a high school without the benefit of residing* within the school's attendance area and/or special permission of the Superintendent of Schools or his designee, is subject to disciplinary action which could result in the loss of athletic eligibility for a period of time, ineligibility in a specified sport for the forthcoming year, or penalties as may seem justified in the particular case. It is also possible for the athlete's team and school to be penalized.

*Residing means with parents or legal custodians.

Parent or Legal Guardian Signature

Date

Student's Name _____ Grade _____ School _____

HEALTH AND EMERGENCY INFORMATION

HEALTH CARE CONTACTS

Health Care Provider/Physician _____ Phone _____

Dentist _____ Phone _____

Health Insurance Company: _____

In case of accident or serious illness, I request that school staff contact me. If I cannot be reached, I hereby authorize school staff to call the physician indicated above or make reasonable arrangements deemed to be in the best interest of the child.

Signature of Parent or Guardian _____ Date _____

STUDENT'S MEDICAL HISTORY (CHECK THOSE THAT APPLY):

- | | | |
|-------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Dental Problem | <input type="checkbox"/> Kidney/Bladder Problems |
| <input type="checkbox"/> ADD | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Menstrual Problems |
| <input type="checkbox"/> Allergy: Bee Sting | <input type="checkbox"/> Disability - Physical | <input type="checkbox"/> Orthopedic Condition |
| <input type="checkbox"/> Allergy: Food | <input type="checkbox"/> Earaches/Infections - Frequent | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Allergy: Latex | <input type="checkbox"/> Eczema | <input type="checkbox"/> Sore Throats - Frequent |
| <input type="checkbox"/> Allergy: Medication | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Speech Problem |
| <input type="checkbox"/> Allergy: Pesticide/Chemical* | <input type="checkbox"/> Gastrointestinal Disorder | <input type="checkbox"/> Stomachaches - Frequent |
| <input type="checkbox"/> Allergy: Seasonal | <input type="checkbox"/> Headaches - Frequent | <input type="checkbox"/> Vision Problem/Wears Glasses/Contacts |
| <input type="checkbox"/> Anorexia/Bulimia | <input type="checkbox"/> Hearing Problem/Wears Aids | |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Condition | |

If you have checked any of the above, please explain. Also include anything about your child's health that will help the school staff to better understand and work with him/her.

DOES YOUR CHILD NEED MEDICATION FOR ANY CONDITION?

At Home: Yes No At School: Yes No

Name of Medication: _____ Dosage: _____

Reason Needed: _____

Name of Medication: _____ Dosage: _____

Reason Needed: _____

Name of Medication: _____ Dosage: _____

Reason Needed: _____

Reminder: You must supply a medication form completed by a health care provider for each medicine the student takes at school.

* FCPS uses the Integrated Pest Management program to identify and control pest problems in schools. **Elementary** schools must notify staff and parents/guardians of all students 24 hours before pesticides are to be applied inside the school building or on the grounds. **Middle and high schools** must notify only those parents, guardians or staff who have filed a written request for notification; forms are available at each school and must be updated every school year. (See the FCPS Calendar Handbook for details, or contact your school.)

(Please complete other side)



TUSCARORA HIGH SCHOOL GIRLS SOCCER
5312 Ballenger Creek Pike, Frederick, MD 21703
<http://www.titanssoccer.org>



Coach: Mark Wolcott
mark.wolcott@fcps.org Phone: 240-236-6547 Fax: 240-236-6596

Personal Information

Player Name _____ Grade (Fall '07) _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-Mail #1 _____

E-Mail #2 _____

Soccer Information

Club Team _____ Age Group (Fall '07) _____

ODP (Yrs) _____ Preferred Position _____

Please complete and turn into Coach Wolcott

For students not at the interest meeting, the form can be mailed to:

Mark Wolcott
Girls Soccer Coach
Tuscarora High School
5312 Ballenger Creek Pike
Frederick, MD 21703

*2005 & 2006 NSCAA / Adidas National Team Academic Award
2005 NSCAA / Adidas #23 National Ranking
2004 & 2005 Maryland State Champions
2004 & 2005 Region Champions
2004 & 2005 MVAL Conference Champions*