



## **STUDENT-ATHLETE CHECKLIST OF REQUIREMENTS FOR ATHLETIC ELIGIBILITY**

- ( ) **Athletic Department Permission Form** – Form must be completed, signed, and returned to the Main Office.
  
- ( ) **Spectator Code of Conduct Form** – Form must be signed by parents/guardians of Student-athlete and returned to the Main Office.
  
- ( ) **Health History Form** – Form must be completed, signed, and returned to the school's Nurse for medical clearance. This form must be turned in **for each individual sport season**.
  
- ( ) **Health Physical** – An up-to-date annual physical exam must be on file in the Nurse's Office. The physical must be from within one year of the start of the current sport season.

***STUDENTS WILL NOT BE ELIGIBLE FOR PARTICIPATION IN ATHLETICS AT BISHOP GRIMES WITHOUT FULFILLING ALL OF THE ABOVE REQUIREMENTS.***



# BISHOP GRIMES ATHLETICS

## 2017-2018 ATHLETIC PERMISSION FORM

(New form must be filled out for each sports season)

Dear Parents/Guardians,

If you wish your son/daughter to participate in an athletic activity sponsored by the school, it is necessary that you sign this permission form and return it to the Main Office. Student-athletes will not be allowed to participate in Bishop Grimes athletics unless a signed permission form has been returned and they have been cleared through the School Health Office. Please use a separate form for each child in your family. Once this form has been signed and returned, it will be assumed that permission has been granted for your child to participate **in that specific sport and related activities**. Also, the name of your insurance coverage should be included on this form.

Date \_\_\_\_\_ Grade \_\_\_\_\_ Sport \_\_\_\_\_

I grant permission for my son/daughter (name) \_\_\_\_\_ to participate in the above high school activity sponsored by the school unless otherwise noted by me in writing. I also understand that my own insurance must cover any injuries that occur during participation in the Bishop Grimes athletic program.

The name of my insurance company is:

\_\_\_\_\_

I have read and understand the Athletic Department's rules and regulations and agree to abide by and be held accountable to those rules and regulations as long as I am a participant in the Bishop Grimes athletic program.

### Signature & Name of Student-Athlete

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Student-Athlete Name (Please print.)

### Signature & Name of Parent(s) or Guardian(s)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name (Please print.)

\_\_\_\_\_  
Parent/Guardian Name (Please print.)

Home Phone Number \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

# Bishop Grimes Athletic Department

## 2017-2018 Rules and Policies for all Student-Athletes

***An athlete at Bishop Grimes is, first and foremost, a Christian and should be constantly guided by Christian values and principles. These values shall not be compromised for the sake of winning.***

1. Alcoholic beverages, tobacco products, performance enhancing drugs, and ANY other illegal drugs are prohibited. The use of these substances during a sport season may be grounds for dismissal from a team and Bishop Grimes upon review by the school's administration.
2. A student-athlete under any type of school-imposed suspension (including In School Suspension) cannot attend practice or participate in contests until the day following the expiration of such suspension. The student-athlete is subject to suspension or dismissal from a team for knowingly violating school rules upon review by the school's administration.
3. In order to participate in either practices or contests on that day, a student-athlete must be in school **no later than 8:30 a.m.** and must remain in school until their final scheduled class unless legally excused. Seniors may **not** use their early dismissal privilege unless their practice or contest begins on or after 4:30 that day, or if they have received permission from a school administrator.
4. Any student-athlete who is dismissed from a team will have his/her parent(s)/guardian(s) notified of the reason for dismissal and may request a meeting with the appropriate coaches and school administrators. A meeting will be **required** before the student-athlete is allowed to participate in another sport. The same policy is required of any student-athlete who chooses to quit participating on a team after the official roster has been selected. A school administrator will conduct such a meeting.
5. A student-athlete is responsible for all equipment issued and must pay for any lost or damaged equipment. It is the responsibility of the student-athlete to return any school-owned game uniforms or equipment immediately after the final contest of the season. Failure to do so will prevent the student-athlete from participation in another sport.
6. All athletes must travel to and from athletic contests under the supervision of the coach. Direct parental permission given to the coach **in writing** may enable student-athletes to leave game sites with parents based on individual team policies.
7. All student-athletes must complete and return the following items in order to be eligible for participation in a sport:
  - A.) An Up-To-Date Physical Examination**, which should be turned into and approved by the school's Nurse. The physical must be from within one year of the start of the current sport season.
  - B.) An updated Health History Form**, which needs to be turned in at the beginning of each sport season. This is mandated by our home school district (East Syracuse-Minoa) and by New York State.
  - C.) A signed Athletic Permission Form**, which implies parental consent for participation and student-athlete understanding of rules and regulations.
  - D.) A signed Spectator Code of Conduct** from parents/guardians.
8. The violation of any of the above rules, or any individual team-specific rules stated in advance by the head coach, may result in suspension or dismissal from a team or program at the discretion of school's administration in addition to other discipline if deemed necessary by the administration.



## 2017-2018 BISHOP GRIMES ATHLETIC DEPARTMENT SPECTATOR CODE OF CONDUCT

Name of Student-Athlete \_\_\_\_\_

Season/Sport \_\_\_\_\_ Date \_\_\_\_\_

Please understand that parents should not expect to discuss playing time with the coaching staff. Those conversations should be between the student-athlete and the coach only.

If there is a problem other than playing time, the following is the appropriate conflict resolution path:

- (a) Student-Athlete talks with coach. If problem is not resolved...
- (b) Student-Athlete brings the Athletic Director into the matter. If problem is still not resolved...
- (c) A meeting can be arranged that will include the Student-Athlete, Coach, School Administration, and Parent(s).

Bishop Grimes expects all of our spectators and fans will agree to abide by the following policies and practices:

1. I will remember that an essential component of high school athletics is for student-athletes to have fun, develop friendships, learn strategies, and work with peers toward team goals.
2. I will allow the coaches to do all instructing in all practice and game settings. I will not try to coach my student, or any others, from the sidelines or stands. It is important that the coaches be the instructional leaders in all cases.
3. I will represent Bishop Grimes with the best possible sportsmanship at all events. I will not single out any players, coaches, officials or game staff. I will accept the judgments of all coaches and officials at games and practices.
4. At home events, I will display courtesy and hospitality to any visiting players or spectators. At away events I will act appropriately in representation of Bishop Grimes.
5. I will not use social media as a forum to talk comment on players, coaches, opposing schools or their spectators.
6. I will not confront officials or coaches immediately before, during or immediately after games.
7. I will not use any language or make comments that can be construed as derogatory or offensive by anyone who is participating, working or watching a practice or game.
8. I will encourage and cheer for all members of my student-athlete's team.
9. I will not use drugs, tobacco or alcohol on or near any school grounds and will not attend an event under the influence of drugs or alcohol.
10. I agree to share this policy with my family and friends and will promote positive behaviors from them as well.
11. I understand that Bishop Grimes has adopted a ZERO TOLERANCE POLICY and agree that failure to abide by any of the aforementioned guidelines can result in the following:

For minor incidents: Warning by staff and/or school administration that conduct is approaching an inappropriate level.

A First Offense will result in a minimum of removal from that event plus suspension of privileges from the next scheduled contest for that team or program.

A Second Offense will result in a minimum suspension of attendance privileges for any event on school grounds for a 12-month period.

After a 12-month ban, a hearing may be held to review the possibility of attendance privileges being reinstated. The hearing will include at least the school Principal, the Athletic Director.

### Signature & Name of Parent(s) or Guardian(s)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name (Please print.)

\_\_\_\_\_  
Parent/Guardian Name (Please print.)

## Health History / Physical Evaluation

*The Health History is to be completed for all students by the parent.*

|                     |             |                          |
|---------------------|-------------|--------------------------|
| Name _____          | Sex _____   | Age _____                |
| Date of Birth _____ | Phone _____ | Grade _____ School _____ |

**Explain "Yes" answers at the bottom of this form.**

|   | YES | NO |
|---|-----|----|
| 1. Has your child had a medical illness or injury since their last check up or physical?  |     |    |
| Does your child have an ongoing or chronic illness? (for example, Diabetes, Kidney Disease)   |     |    |
| Does your child have a bleeding tendency? (For example, severe or frequent nosebleeds, dysmenorrhea?)   |     |    |
| Has your child ever had or have jaundice?   |     |    |
| Has your child ever had tuberculosis or a positive skin test for any reason?  |     |    |
| 2. Is your child missing one of a paired organ or the function of one of a paired organ? (ie: Eye, Kidney, Lung, Testicle)  |     |    |
| 3. Has your child ever been hospitalized overnight?   |     |    |
| Has your child ever had surgery?  |     |    |
| 4. Is your child currently taking any prescription or non-prescription (over-the-counter) medications or using an inhaler?  |     |    |
| Has your child ever taken any supplements or vitamins to help them gain or lose weight or improve their performance?  |     |    |
| 5. Does your child have any allergies (for example, to pollen, medicine, food, latex or stinging insects)?  |     |    |
| <i>Please explain all allergies, including medication information, in detail, below.</i>  |     |    |
| 6. Has your child ever passed out or been dizzy during or after exercise?   |     |    |
| Has your child ever had chest pains during or after exercise?   |     |    |
| Does your child get tired more quickly than their friends do during exercise?   |     |    |
| Has your child ever had their heart race or skip heartbeats?  |     |    |
| Has your child had high blood pressure or high cholesterol?   |     |    |
| Has your child ever been told they have a heart murmur?   |     |    |
| Has your child had a family member or relative died of heart problems or of sudden death before age 50?   |     |    |
| Has your child had a severe viral infection (for ex: myocarditis or mononucleosis) within the last month?   |     |    |
| Has your child's physician ever denied or restricted their participation in any activity or sports for any heart problems?  |     |    |
| 7. Does your child have any current skin problems - for example, itching, rashes, acne, warts, fungus or blisters?  |     |    |
| 8. Has your child ever had a head injury or concussion?   |     |    |
| Has your child ever been knocked out, become unconscious, or lost their memory?   |     |    |
| Has your child ever had a seizure?  |     |    |
| Does your child have frequent or severe headaches?  |     |    |
| Has your child ever had numbness or tingling in their arms, hands, legs, or feet?   |     |    |
| Has your child ever had a stinger, burner, or pinched nerve?  |     |    |
| 9. Has your child ever become ill from exercising in the heat?  |     |    |
| 10. Does your child cough, wheeze, or have trouble breathing during or after activity?  |     |    |
| Does your child have asthma?  |     |    |
| Does your child have seasonal allergies that require medical treatment?   |     |    |
| 11. Does your child have to use any special protective or corrective equipment or devices that are not usually used for regular physical activity, sports or position (for example, knee brace, special neck roll, foot orthotics, retainer on their teeth, hearing aid)? |     |    |
| 12. Has your child had any problems with their eyes or vision?  |     |    |
| Does your child wear glasses, contact lenses or protective eyewear?   |     |    |
| 13. Does your child have any difficulty hearing?  |     |    |
| 14. Has your child ever had a sprain, strain or swelling after injury?  |     |    |
| Has your child ever broken or fractured any bones or dislocated any joints?   |     |    |
| Has your child had any other problems with pain or swelling in muscles, bones, or joints?   |     |    |

If **yes**, check appropriate box and explain below:

|  |       |  |        |  |      |  |             |  |          |
|--|-------|--|--------|--|------|--|-------------|--|----------|
|  | Ankle |  | Chest  |  | Foot |  | Knee        |  | Shoulder |
|  | Arm   |  | Elbow  |  | Hand |  | Neck        |  | Thigh    |
|  | Back  |  | Finger |  | Head |  | Shin / Calf |  | Wrist    |

**Please explain those injuries:**

|  |  |  |
|--|--|--|
| 15. Does your child want to weigh more or less than they do now?                   |  |  |
| Does your child lose weight regularly to meet weight requirements for their sport? |  |  |
| 16. Does your child feel stressed out?   |  |  |

**Explain 'YES' answers to all questions here:**

**QUESTION # 17 IS FOR FEMALE JUNIOR AND SENIOR HIGH SCHOOL STUDENT ONLY**

|   |  |  |
|---|--|--|
| When was your most recent period? (date)  |  |  |
| How many days do you usually have from the start of one period to the start of another? |  |  |
| How many periods have you had in the last year?   |  |  |
| What was the longest time between your periods in the last year?                        |  |  |

***A current tetanus shot (one received within the last ten years) is required for participation in all Interscholastic Sports.***

**I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.**

Signature of student \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**EAST SYRACUSE MINOA SCHOOLS  
HEALTH APPRAISAL FORM \***

Name \_\_\_\_\_ Gr \_\_\_\_\_ Date of Exam \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender:  Male  Female

| IMMUNIZATION / HEALTH HISTORY   |   |
|---|---|
| <input type="checkbox"/> Immunization record attached<br><input type="checkbox"/> No immunizations given today<br><input type="checkbox"/> Immunizations given since last Health Appraisal: | PPD: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not done Date: _____<br>Blood Lead Test _____ mcg/dL <input type="checkbox"/> Not done Date: _____<br>Dental Referral: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not done Date: _____ |

**Specify current and chronic disease:**  Asthma Diabetes:  Type 1  Type 2  Hyperlipidemia  Hypertension  
 Single organ \_\_\_\_\_  Other \_\_\_\_\_

**Allergies:**  **LIFE THREATENING**  Food: \_\_\_\_\_  Insect: \_\_\_\_\_  Other \_\_\_\_\_  
 Seasonal  Medication: \_\_\_\_\_

| PHYSICAL EXAMINATION   |                               |   |              |   |          |          |          |         |         |         |  |
|--|-------------------------------|---|--------------|---|----------|----------|----------|---------|---------|---------|--|
| Height: _____ Weight: _____  | Blood pressure: _____ / _____ | BP Re check: _____ / _____  | Pulse: _____ |   |          |          |          |         |         |         |  |
| <b>Body Mass Index:</b> _____ - _____ %<br><b>Weight Status Category (BMI Percentile):</b><br><input type="checkbox"/> less than 5 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> through 49 <sup>th</sup><br><input type="checkbox"/> 50 <sup>th</sup> through 84 <sup>th</sup> <input type="checkbox"/> 85 <sup>th</sup> through 94 <sup>th</sup><br><input type="checkbox"/> 95 <sup>th</sup> through 98 <sup>th</sup> <input type="checkbox"/> 99 <sup>th</sup> and higher |                               | <b>Vision and Hearing Screening</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Vision-<br/>without / with<br/>glasses/contact lenses</th> <th style="width: 12.5%;">R<br/>20/</th> <th style="width: 12.5%;">L<br/>20/</th> <th style="width: 50%;">Referral</th> </tr> <tr> <td>Hearing</td> <td>R<br/>dB</td> <td>L<br/>dB</td> <td></td> </tr> </table> |              | Vision-<br>without / with<br>glasses/contact lenses | R<br>20/ | L<br>20/ | Referral | Hearing | R<br>dB | L<br>dB |  |
| Vision-<br>without / with<br>glasses/contact lenses  | R<br>20/                      | L<br>20/  | Referral     |   |          |          |          |         |         |         |  |
| Hearing  | R<br>dB                       | L<br>dB   |              |   |          |          |          |         |         |         |  |

|                |   |                  |   |                                       |  |
|----------------|---|------------------|---|---------------------------------------|--|
| <b>Eyes</b>    | <input type="checkbox"/> PERRLA<br><input type="checkbox"/> EOMI<br><input type="checkbox"/>                    | <b>Neck</b>      | <input type="checkbox"/> No Thyromegaly<br><input type="checkbox"/>   | <b>Scoliosis</b>                      | <input type="checkbox"/> Positive<br><input type="checkbox"/> Negative   |
| <b>Ears</b>    | <input type="checkbox"/> TM's NI landmarks<br><input type="checkbox"/> Not examined<br><input type="checkbox"/> | <b>Heart</b>     | <input type="checkbox"/> w/o Murmur<br><input type="checkbox"/> Regular<br><input type="checkbox"/>         | <b>Extremities</b>                    | <input type="checkbox"/> NI gait<br><input type="checkbox"/> Full ROM<br><input type="checkbox"/> No C/C/E<br><input type="checkbox"/> |
| <b>Nose</b>    | <input type="checkbox"/> NI mucosa<br><input type="checkbox"/> w/o bleeding<br><input type="checkbox"/>         | <b>Lungs</b>     | <input type="checkbox"/> CTA<br><input type="checkbox"/>  | <b>Skin</b>                           | <input type="checkbox"/> w/o suspicious lesions<br><input type="checkbox"/> Acne<br><input type="checkbox"/>                           |
| <b>Teeth</b>   | <input type="checkbox"/> w/o caries<br><input type="checkbox"/> Good Repair<br><input type="checkbox"/>         | <b>Abdomen</b>   | <input type="checkbox"/> w/o Guard<br><input type="checkbox"/> w/o Mass, Benign<br><input type="checkbox"/> | <b>Maturation<br/>(if applicable)</b> | <input type="checkbox"/> Age of Menarche _____<br><input type="checkbox"/> Tanner Stage-I II III IV V                                  |
| <b>Tonsils</b> | <input type="checkbox"/> w/o exudates<br><input type="checkbox"/> w/o redness<br><input type="checkbox"/>       | <b>Hernia</b>    | <input type="checkbox"/> None<br><input type="checkbox"/> Not examined<br><input type="checkbox"/>          | <b>Other</b>                          |  |
| <b>Lymph</b>   | <input type="checkbox"/> w/o LA<br><input type="checkbox"/> Not Examined<br><input type="checkbox"/>            | <b>Genitalia</b> | <input type="checkbox"/> Normal<br><input type="checkbox"/> N/A<br><input type="checkbox"/> N/A - USPSTF*   |                                       |  |

**MEDICATION INFORMATION**

List all NEW medications and the dosages for this student (This is NOT an order for medication use in school.):  
 \_\_\_\_\_  
 \_\_\_\_\_

**PHYSICAL EDUCATION / SPORTS / PLAYGROUND / WORK QUALIFICATION / CSE CONSIDERATION**

**PHYSICAL EDUCATION:**  Full Physical Activity  Modified Physical Activity \_\_\_\_\_

**Physically qualified for all interscholastic sports, intramural and extramural activities and full playground activities OR only as checked below:**

- Contact / Collisions:** Basketball, Diving, Football, Hockey, Lacrosse, Martial Arts, Soccer, Wrestling
- Limited Contact:** Baseball, Bicycling, Cheerleading, Field (High Jump and Pole Vault), Floor Hockey, Gymnastics, Handball, Horseback Riding, Racquetball, Skating, Skiing, Softball, Squash, Ultimate Frisbee, Volleyball.
- Non-contact:** Archery, Badminton, Body Building, Canoeing, Cross Country, Dancing, Field (Discus, Javelin, Shot Put), Golf, Rope Jumping, Running, Scuba Diving, Strength Training, Swimming, Table Tennis, Track, Walking, Weight Lifting.

**WORKING**  Physically qualified for lawful employment.

**PAPERS:**  Physically qualified for limited employment due to a disability. Specify accommodation \_\_\_\_\_

**Specify medical accommodations needed for school:** \_\_\_\_\_  None

**Known or suspected disability:** \_\_\_\_\_  Please monitor

**Restrictions:** \_\_\_\_\_  Please monitor

**Protective equipment required:**  Athletic Cup  Sport goggles/impact resistant eyewear  Other \_\_\_\_\_

(Stamp Below)

Provider's Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Provider's Name / Address: \_\_\_\_\_ Fax: \_\_\_\_\_

\*The USPSTF publishes guidelines for complete physical exams. These are the best evidence available and can be obtained from [www.ahrq.gov/clinic/upstfix.html](http://www.ahrq.gov/clinic/upstfix.html)