

TURN IN PACKET BY FRIDAY, MARCH 6, 2015.
There is a box in the RJHS, WJHS, & FHS Purple Office.

CHECKLIST:

***Coach Clark will check and initial each item.**
**Please double check to ensure that you have all
the proper documentation.**

- _____ Fill out main application completely.
Every blank must be filled.
- _____ Parent and Student sign every release
in athletic packet.
- _____ 9th grade only: Determine which 9th
grade zone you live in currently. Purple or
White?
- _____ Attach Current Physical – the
Physician may use the blank physical attached
or provide a different version.
- _____ Attach Current Transcript—this is
VERY important because you must have a
grade point of 2.0 and be passing all classes in
order to participate. The transcript needs to
include the 2013-14/2014-15 semesters.



Fayetteville High School CHEER TRYOUT APPLICATION 2015~2016

- ✓ Please use black or blue ink.
- ✓ Print only.
- ✓ Please check to make sure that none of the above information was left blank.
- ✓ All information is required in order to participate in try-outs.

Name: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

Student Cell Phone: _____ Student E-mail: _____

Current GPA: _____ *T-shirt size (adult sizes only) Please circle one: Small Med Large XL

Student ID#: _____ Date of Birth: _____

Current School: _____ Current Grade: _____

CHOOSE ONE. Participant is trying out for (X): 1) 9th grade PURPLE Squad _____

BASED ON YOUR CURRENT ADDRESS
9TH Purple zones: Asbell, Leverett,
Washington, Happy Hollow, & Vandergriff
9TH White zones: Holcomb, Owl Creek,
Root. & Butterfield.

2) 9th grade WHITE Squad _____

3) Junior Varsity Cheer _____ (10th grade only)

4) Varsity Cheer _____ (11th and 12th grade only)

*9th grade team assignments are based on your CURRENT address. This assignment will only determine which games you will cheer. All 9th grade cheerleaders will have the same class period for cheer.

Parent/Legal Guardian: _____

Work Phone: _____ Cell Phone: _____

Parent/Legal Guardian E-mail: _____

Emergency Contact & Phone: _____

1. Are you allergic to any medications? _____ If so, please list: _____

2. Are you currently taking any medications? _____ If so, please list: _____

3. Are you currently being treated for any injuries? _____ If so, please list: _____

4. Do you use an inhaler? _____ If you use an inhaler, please bring one to clinic and present to coach daily.

5. Please list any current injuries. _____

Please list other activities and interests you will be involved in the next school year:

Student Name

FAYETTEVILLE SCHOOLS

ATHLETIC PARTICIPATION PACKET

For Further Information Contact:

**Steve Janski
Athletic Director
479-973-8608
479-973-8618 fax**

FAYETTEVILLE SCHOOLS
ATHLETIC TEAM REGULATIONS

It is our desire that every student who participates in Fayetteville Athletics has a positive and meaningful experience. The pursuit of excellence is fundamental to athletics and our coaching staffs are encouraged to maintain a high level of expectations for our athletes in their conduct on the field, off the field and in the classroom. Under our athletic philosophy, each head coach has the authority to create team rules that are specific to each sport, however, there are several rules and policies which are universal:

ALCOHOL AND TOBACCO USE

- First offense: Suspension from participation in games for 10% of the season
- Second offense: Dismissal for squad

DRUG USE

- First offense: Thirty day suspension from athletics. The completion of a school sponsored substance abuse program and a negative drug test will be required before reinstatement.
- Second offense: 365 day suspension from athletics. The completion of a school sponsored substance abuse program and a negative drug test will be required before reinstatement.

SUSPENSION FROM SCHOOL

- **In-school suspension**: Student athletes may not participate in games during the time of suspension, however, they may practice with the team after school hours.
- **Out of school suspension**: Student athletes may neither practice nor play games during the time of suspension.

ATHLETIC PHYSICALS AND DRUG TEST

- Student athletes will not be allowed to participate in practice or games without a documented physical examination by a licensed physician **and** a documented, current negative drug test.

TRAVEL

- The athletic department desires that players travel to and from competitions as a team. The coach, in some circumstances, may release players to travel with their parents, however, only the athletic director may make arrangements for players to travel with anyone other than the athlete's parents or school personnel.

INSURANCE: The Fayetteville Public Schools maintains a secondary insurance policy that provides a minimal secondary insurance coverage in the case of an athletic related injury. The policy will only be applied in the following situations:

- After the student's primary insurance carrier has paid.
- If the student has no health insurance

Please understand clearly that in many cases the insurance will not cover the full costs of an activity injury.

Additionally: The Arkansas Activities Association maintains a catastrophic insurance plan for most severe activity injury situations.

I understand that some activity injuries may result in out of pocket expenses to the family of the injured student even after all insurance coverage have been applied.

_____,
Parent Signature

_____,
Date

_____,
Student Signature

_____,
Date

FAYETTEVILLE SCHOOLS FIELD TRIP PERMIT

Part I

Inasmuch as the administration and teaching staff of the Fayetteville Schools will be assuming the supervisory responsibility of your son/daughter on a trip away from school, we feel it is important that the student and the parents fully understand the rules which govern such trips. It is our feeling that a trip is a continuation of the school day and, as such, students participating on these trips are subject to the rules and regulations which govern our school while they are on campus. Because the students will be representing Fayetteville Schools, and because their conduct, behavior, and safety is our responsibility, we have established the following guidelines, which must be adhered to while they are away from home.

1. The luggage and personal effects of the students may be inspected prior to departing and at anytime during the trip.
2. Any student found to be in possession of, or under the influence of alcohol or controlled substances will be left home if this determination is made prior to departure. Students found in possession of controlled substances or alcohol or under their influence after departure are subject to immediate arrest and being sent home at their parent's expense.
3. Students must observe all civil laws and regulations. Apprehension by law enforcement agencies leading to a substantiated charge will not be the responsibility of Fayetteville Schools.
4. If the trip requires overnight lodging, students will not disturb other guests at the lodging and will abide by all rules and directives issued by the group advisor and chaperones.
5. In the event you are injured or become ill while on the trip, the chaperone will immediately seek medical attention and contact your parents as soon as possible.
6. Students will be expected to know and observe the time and location of all departures. The group will not be delayed by the tardiness of individuals.
7. The establishment and enforcement of any guidelines not covered in items one to six, guidelines that are necessary to insure the success of the trip, will be left to the discretion of the administrator or his representative in charge.

Any student caught in an infraction of the above listed rules may be sent home at the parent's expense and will be subject to further disciplinary action by the school.

Participation in a field trip is an extracurricular activity. It is a privilege that will be denied hereafter for a period of time to be specified by the group advisor and administration if, in their opinion, the group has misrepresented Fayetteville Schools through inappropriate behavior.

Part II

CONSENT TO OPERATION, ANESTHETICS AND OTHER MEDICAL SERVICES

This is to certify that I, the parent of _____ age, _____, birth date ____/____/____, consent to the performance of any emergency surgical operations and other medical procedures which may be considered necessary by the medical doctors as a result of injury or other emergency during the school year of _____ to _____. In the event of an emergency involving my child during this period, I may be reached at: _____ or _____

Name in full: _____

Address: _____

Phone Number () _____ Emergency Phone Number () _____

_____, ____/____/____ _____, ____/____/____
Student's signature Date Parent's signature Date

ACKNOWLEDGEMENT OF WARNING STATEMENTS

BY PARENTS:

We/I, the parent(s) of _____ do hereby acknowledge that we/I have been fully advised, cautioned and warned by the proper administrative and coaching personnel of the Fayetteville School District that our/my child named above may suffer serious injury, including but not limited to sprains, fractures, brain damage, paralysis or even death, by participating in the sport of _____.

Notwithstanding such warnings, and with full knowledge and understanding of the risk of serious injury to our/my child named above which may result, we/I give our consent to _____ participating in the sport of _____. Name of Child

I agree that the terms hereof shall serve as an **ASSUMPTION OF RISKS** and **RELEASE** for all members of my family, for my heirs, estate, executor, administrator, assignees, indemnitors, subrogees, or other releasees; and I further agree that if any part of this **ASSUMPTION OF RISKS AND RELEASE** is held void, the remainder shall continue in full force and effect.

_____,
Parent Signature Date

_____,
Parent Signature Date

BY STUDENT:

I, _____, hereby acknowledge that I have been properly advised, cautioned and warned by the proper administrative and coaching personnel of the Fayetteville School District that by participating in the sport of _____ I am exposing myself to the risk of sprains, fractures, and ligament and/or cartilage damage which could result in a temporary or permanent, partial or complete, impairment of the use of my limbs; brain damage; paralysis; or even death. Having been so cautioned and warned, it is still my desire to participate in the above sport, and should I choose to participate in the above sport, I hereby further acknowledge that I do so with full knowledge and understanding of the risk of serious injury to which I am exposing myself by participating in the above sport.

I agree that the terms hereof shall serve as an **ASSUMPTION OF RISKS** and a **RELEASE** for all members of my family, for my heirs, estate, executor, administrator, assignees, indemnities, subrogates, or other releasers; and I further agree that if any part of the **ASSUMPTION OF RISKS AND RELEASE** is held void, the remainder shall continue in full force and effect.

_____,
Student Signature Date

INSURANCE INFORMATION – Must provide insurance information.

PARENT OR GUARDIAN _____

PRIMARY HEALTH INSURANCE CARRIER

GROUP NUMBER _____ I.D. NUMBER _____

STUDENT ATHLETE DRUG TESTING POLICY GENERAL AUTHORIZATION FORM

I understand that my performance as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules and regulations set forth by the Fayetteville School District and the sponsors for the activity in which I participate.

I also authorize the Fayetteville School District to conduct tests on urine specimens which I provide to test for drug use. I also authorize the release of information concerning the results of information concerning the results of such tests to the Superintendent or his/her designees and to the parent and/or guardian of the student.

This shall be deemed a consent pursuant to the Family Education Right to Privacy Act for the release of above information to the parties named above.

_____ Student Signature	_____ Date
----------------------------	---------------

_____ Parent or Guardian Signature	_____ Date
---------------------------------------	---------------

PARENT OR GUARDIAN PERMIT

Student's Name _____

I hereby give my consent for the above named student to compete in athletics and go with the coach or other representatives of the school on athletic trips.

It is understood that the school assumes no responsibility in case of accident. The undersigned agrees to be responsible for the safe return of all athletic equipment issued by the school to the above named student.

I also give my consent, in case of injury, for the coach to secure treatment at the best facility available to him.

_____, Parent or Guardian	_____ Date
------------------------------	---------------

Trinity Rehabilitation and Sports Medicine
479-521-2232

I understand that Trinity Rehabilitation and Sports Medicine Athletic Trainers may provide healthcare to student athletes. This includes evaluating, treating, and giving over the counter medication to the athlete. It may be necessary to share healthcare related information with the coaching staff and the school administration.

By signing, I authorize the Trinity Rehabilitation Athletic Trainers to share, when necessary, healthcare-related information for _____(student name) with the coaching staff and school administration.

Student Name – Printed

Signature of Parent or Legal Guardian

Date

PHYSICAL EXAMINATION RECORD

NAME _____ DATE _____ BIRTHDATE _____

Height _____ Vision: R _____ / _____, corrected _____, uncorrected _____

Weight _____ L _____ / _____, corrected _____, uncorrected _____

Pulse _____ Blood pressure _____ Percent Body Fat (optional) _____

	NORMAL	ABNORMAL FINDINGS					INITIALS
1. Eyes							
2. Ears, Nose, Throat							
3. Mouth and teeth							
4. Neck							
5. Cardiovascular							
6. Chest and lungs							
7. Abdomen							
8. Skin							
9. Genitalia-hernia (male)							
10. Musculoskeletal: ROM strength, etc							
a. neck							
b. spine							
c. shoulders							
d. arms/hands							
e. hips							
f. thighs							
g. knees							
h. ankles							
i. feet							
11. Neuromuscular							
12. Physical maturity	1.	2.	3.	4.	5.		

Comments re: abnormal findings: _____

PARTICIPATION RECOMMENDATIONS:

1. No participation in: _____

2. Limited participation in: _____

3. Requires: _____

4. Full participation in: _____

Physician Signature _____

Telephone Number _____ Address _____

This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance examinations.

NAME _____ AGE _____ (YRS) GRADE _____ DATE _____

ADDRESS _____ PHONE _____

SPORTS _____

Health History (Part A) and Physical Examination (Part C) sections must both be completed, at least every 24 months before sports participation. The Interim Health History section (Part B) needs to be completed at least annually.

PART A- HEALTH HISTORY

To be completed by athlete and parent.

Have you ever had an illness that:

- | | YES | NO |
|--|-------|-------|
| a. required you to stay in a hospital? | _____ | _____ |
| b. lasted longer than 1 wk? | _____ | _____ |
| c. caused you to miss 3 days of practice or a competition? | _____ | _____ |
| d. is related to allergies? | _____ | _____ |
| (hay fever, hives, asthma, insect sting) | _____ | _____ |
| e. required an operation? | _____ | _____ |
| f. is chronic? (asthma, diabetes etc.) | _____ | _____ |

Have you ever had an injury that:

- | | | |
|--|-------|-------|
| a. required you to go to an emergency room or see a physician? | _____ | _____ |
| b. required you to stay in a hospital? | _____ | _____ |
| c. required x-rays? | _____ | _____ |
| d. caused you to miss 3 days of practice or a competition? | _____ | _____ |
| e. required an operation? | _____ | _____ |
| 3. Do you take any medication or pills? | _____ | _____ |
| 4. Have any members of your family under Age 50 had a heart attack, heart problems or died unexpectedly? | _____ | _____ |

Have you ever:

- | | | |
|--|-------|-------|
| a. been dizzy or passed out during or after exercise? | _____ | _____ |
| b. been unconscious or had a concussion? | _____ | _____ |
| c. Are you UNABLE to run 1/2 mile (2 times around the track) without stopping? | _____ | _____ |

Do you:

- | | | |
|--|-------|-------|
| a. wear glasses or contacts? | _____ | _____ |
| b. wear dental bridges, plates or braces? | _____ | _____ |
| Have you ever had a heart murmur, high blood pressure, or a heart abnormality? | _____ | _____ |
| Are you allergic to any medication? | _____ | _____ |
| Are you missing a kidney? | _____ | _____ |
| When was your last tetanus booster? | _____ | _____ |

For women

a. At what age did you experience your first menstrual period?

b. In the last year, what is the longest time you have gone between periods? _____

EXPLAIN "YES" ANSWERS _____

I hereby state that, to the best of my knowledge, my answers to the above questions are true.

Date _____

Signature of athlete _____

Signature of parent _____

PART B-INTERIM HEALTH HISTORY

This form should be used during the interval between preparticipation evaluations. Positive responses should prompt a medical evaluation.

1. Over the next 12 months, I wish to participate in the following sports:

- a. _____
- b. _____
- c. _____
- d. _____

2. Have you missed more than 3 consecutive days of participation in usual activities because of an injury this past year? Yes _____ No _____

If yes, please indicate:

- a. Site of injury _____
- b. Type of injury _____

3. Have you missed more than 5 consecutive days of participation in usual activities because of an illness or have you had a medical illness diagnosed that has not been resolved in this past year? Yes _____ No _____

If yes, please indicate:

- a. Type of illness _____

4. Have you had a seizure, concussion or been unconscious for any reason in the last year? Yes _____ No _____

5. Have you had surgery or been hospitalized in this last year? Yes _____ No _____

If yes, please indicate:

- a. Reason for hospitalization _____
- b. Type of surgery _____

6. List all medication you are presently taking and what condition the medication is for.

- a. _____
- b. _____
- c. _____

7. Are you worried about any problem or condition at this time? Yes _____ No _____

If yes, explain: _____

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

Date _____

Signature of athlete _____

Signature of parent _____