



2011-2012 Athletic Handbook

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Section I.
2011-2012 Middle School Sport Teams

Fall
6th-8th Co-Ed Soccer
6th-8th Co-Ed Golf

Winter
6th-8th Boy's Basketball
6th-8th Girl's Basketball
6th-8th Spirit Squad

Spring
6th-8th Girls' Softball

Other Participant Opportunities:
Every team will offer opportunities for student managers.

Section II.
MBS Athletic Philosophy

The MBSCS Middle School Athletics primary goal is to introduce our students to Interscholastic Athletics, while promoting the development of our student athletes. Being a developmental program, our goals are to introduce our students to the sport and equip them with the tools and skills to be successful, while putting a large emphasis on the team concept. Our coaches and volunteers promote good sportsmanship, commitment, and hard work. Our sports program will provide an exceptional opportunity for personal growth, while our athletes learning how to celebrate success and take lessons away in failure.

Section III.
Athletic & Academic Policies

Practices:

Practices will be scheduled by each coach. **Attendance and participation at practice are mandatory**, unless told otherwise by the coach. Practice is meant to improve conditioning and develop skills and strategy to give our athletes the best chance for success. All coaches will strive to be fair and nonbiased, making decisions with their professional not personal judgment. If you are unable to attend practice, it is your responsibility to let the coach know prior to the start of practice

Game Day Attendance:

On Game Day, attendance at school is mandatory to participate in the game. If a student is not present for a half day or longer, they will not be eligible to participate. NO EXCEPTIONS!

Academic Commitments:

It is important to remember that our athletes are "Student Athletes." Academics and Spirituality are the foundation of MBSCS. Therefore, if an academic subject grade drops below a 70%, a student must complete their work to improve this grade up before they can participate. If no improvement has not occurred, it may be determined that the student should be removed from the team.

In-School Discipline:

Respect, reverence, and responsibility are key at MBS. Repetitious, unproductive patterns of behavior may result in a student being denied admission to a team or cause his/her removal from a team. **Remember, character is what you do when no one is watching.**

Section IV. Uniform Policy

The athletes will be solely responsible for their uniforms throughout the entire season. Responsibility includes bringing the uniform on game day, washing the uniform correctly and regularly, and returning the uniform at the end of the season. If the uniform is not returned, a bill will be sent to the athlete. A bill will also be sent if the uniform is damaged because of incorrect cleaning, neglect or misuse.

Golf:

- Students will need to provide the following
 - o Clubs and bag
 - o Balls and tees
 - o Shoes (either golf shoes or any rubber soled shoe/sneaker)
- Each student will receive an MBS Golf Polo that is to be worn on match day with their school uniform pants or kilts.

Soccer:

- Students will need to provide the following
 - o Cleats
 - o Shin Guards
- Each student will receive an MBS Soccer Uniform, athletic bag and socks for the soccer season.

Basketball:

- Students will need to provide the following
 - o Basketball Sneakers
- Each student will receive an MBS Basketball Uniform, Warm-Up and athletic bag for the basketball season.

Girls' Softball:

- Students will need to provide the following
 - o Cleats
 - o Face Guard
 - o Softball Pants
 - o Glove
 - o Batting Helmet
- Each student will receive an MBS Softball Jersey and athletic socks for the softball season.

**Section V.
CANCELLATIONS**

- Cancellations will be determined by 12pm or as soon as possible given weather conditions.
- Students will be responsible for contacting their parents to arrange pick-up.
- If school is cancelled all athletic events will also be cancelled.
- If you have any questions, please don't hesitate to contact the school.
 - o Chris Adkins, Athletic Director
 - o Phone: 410-208-1600
 - o Fax: 410-208-4957
 - o Email: cadkins@mbscs.org

**Section VI.
Transportation Policy**

For our away games, the student and their parents are responsible for scheduling transportation to and from the game. Each student must complete and turn in a Transportation Waiver if they wish to travel with another family from MBS. If a waiver is not completed, the athlete may only travel with their parent or guardian. NO EXCEPTIONS

STUDENT/ATHLETE RESPONSIBILITIES

1. Each player will make a commitment to his/her MBS athletic team. All practices and team meetings require mandatory attendance.
2. Each player must come to practice wearing appropriate clothing.
3. Athletes will be excused from practice only with a coach's consent. Athletes must notify coaches 24 hours in advance if they will not be attending practice/game.
4. Athletes must notify coaches immediately of any injuries.
5. Athletic contests do not give an athlete an excuse for missing an assignment or not being prepared for a test.
6. Once you commit yourself to a team, you may not change in season. If you choose to stop playing for that particular sport, contact the coach.
7. All athletes represent MBS. Any negative or inappropriate behavior that is apparent during a practice/game will be reported to the Principal and Athletic Director.
8. Every athlete must realize the concept of **TEAM**.
9. Any athlete who is absent from school on the day of the athletic competition may not participate in the event.

These are the rules and responsibilities of the MBS Athletic Program. The coaches of each sport may also develop more team rules that each athlete has to abide by.

CONTRACT

We have read and discussed all the responsibilities that come with participating on a MBS Athletic Team. We will abide by all the rules and embrace all the philosophies that encompass MBS.

Parent Signatures: _____

Student Signature: _____ Date: _____

Please return bottom portion of page!!

MBS Athletic Emergency Information

Student Name _____ Grade _____ Date of Birth _____

Mailing Address _____ City _____ State _____ Zip _____

Phone Number (____) _____

Father/Guardian _____ Phone (H) _____ (W) _____

Address if different _____

Mother/Guardian _____ Phone (H) _____ (W) _____

Address if different _____

Emergency Contact (if parent cannot be reached)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Insurance Company _____ Policy Number _____

Family Physician _____ Phone _____

Dentist _____ Phone _____

List any known problems

List any known Allergies _____

School Emergency Procedure

1. In case of a serious injury, which may require immediate attention, the school will call 911.
2. The school will continue to call parents or guardians until one is reached.

Parent/Guardian Signature _____ Date _____

MBS ATHLETICS MEDICAL HISTORY

Name _____ Sex _____ Date of Birth _____

Grade _____ Address _____ Phone _____

Family Physician _____ Address _____ Phone _____

Circle if experienced:

1. Surgery or hospitalization yes / no
2. Fracture, sprain, joint swelling or pain yes / no
3. Head injury or seizures yes / no
4. Dizziness, fainting, or unconsciousness yes / no
5. Fainting from heat, had heat or muscle cramps yes / no
6. Asthma, cough or difficulty breathing after exercise yes / no
7. Heart murmur, skipped beats, or racing heart rate yes / no
8. High blood pressure yes / no
9. Any family member with sudden death under the age of 50 yes / no
10. Stomach or intestinal problems yes / no
11. Skin problem such as rash, itch, acne, etc... yes / no
12. Vision problems, glasses, contacts, or eye guard's yes / no
13. Diabetes, recurrent infections yes / no
14. Allergies to bee stings, insect bites, or medication yes / no
15. Taking any medications yes / no
16. Dental braces, false teeth yes / no
17. Wear contacts/glasses yes / no
18. Any prosthesis or aid including pads, braces, guards, hearing aids yes / no
19. Any restriction in any sport for any reason yes / no
20. Medical problem since last year yes / no

Explain yes answers:

Date of last tetanus shot: _____

Females: Menstrual History:

Age of onset _____ longest time between periods _____

Parent Signature: _____

Physician Signature _____

Comments or restrictions given by Examiner:

MBS ATHLETIC PHYSICAL EXAMINATION FORM

Date _____

Name of athlete _____ Sex ____ Date of Birth _____

Allergies _____

Examiner _____ Phone _____

Age _____ Grade _____ Height _____ Weight _____

Blood Pressure _____ Pulse/Min _____ Eyes RT 20/____ Lt 20/_____

Code X = normal R = see remarks below

1. Skin/Scalp _____

8. Neck _____

2. Ear/Nose/Throat _____

9. Back/Scoliosis _____

3. Lungs _____

10. Shoulders/Elbows _____

4. Heart _____

11. Wrists/Hands _____

5. Abdomen/Hernia _____

12. Knees _____

6. Genitalia _____

13. Ankles/Feet _____

7. Tanner Stage _____

Remarks

Examiner Signature _____

***examiner should also sign medical history form.