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2008-09 Middle School Sport Teams

Fall

6th-8th Soccer (Coed)

6th-8th Golf (Coed)

Winter

6th-8th Basketball (Girls)

6th-8th Basketball (Boys)

Spring

5th-8th Girl's Softball

Other Participant Opportunities:

Every team will offer opportunities for student managers.

MBS Athletic Philosophy

MBS athletics requires good sportsmanship, commitment, and hard work. We stress teamwork rather than individuality because this offers a unique opportunity to teach young men and women how to work together within a group towards common goals, which can be accomplished with positive and successful results. Our sports program will provide an exceptional opportunity for personal growth. Athletes will learn responsibility for success or failures and recognize both limitations and strengths.

Discipline and fine tuning skills will be the focus of our Middle School Sports Program. The athletes will be asked to be mentally and physically prepared for practice and game situations. **Attendance and participation at practice are mandatory.** Practice will be for conditioning and strategy development so we will be successful during games/matches. All coaches will strive to be fair and nonbiased. They will make decisions with their professional not personal judgment.

Academics are a strong part of our foundation here at MBS; therefore if an academic subject grade drops below a 70%, a conference will be mandatory. The conference will consist of the classroom teacher(s), principal, PE Teacher, and the student. At this conference, a plan will be devised to help the student improve his/her grade in the subject area in question. It may be decided that the student should miss some practices in order to bring his/her performance into line, but he/she will not be removed from the team. At this initial conference, a timetable will be set to review the performance of the student athlete. When a time has been agreed upon and the grade has been checked for improvement, if the improvement has not occurred, it may be at this time that the decision be made to remove the student athlete from the team.

If your child receives detention, they may report to practice after their time has been served but if they have detention on the day of the game/match, they may sit with the team but will have to miss the game/match that day.

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.**

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 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.

Golf: Children will need to provide themselves clubs, bag, umbrella, balls, tees, latest rules of golf from the usga.org and shoes (either golf shoes or any rubber soled shoe/sneaker). School uniform will be acceptable attire for the team to wear at matches.

Soccer: Children will need to provide themselves with sneakers, shin guards, and mouth piece. Uniforms will be purchased.

Basketball: Children will need to provide themselves with sneakers. Uniforms will be purchased.

Girl's Softball: Children will need to provide themselves with a helmet, mitt, and bat. Uniforms will be purchased.

CANCELLATIONS

Cancellations will not be determined until 12pm. If school is cancelled all athletic events will also be cancelled.

Kelly McLaughlin, PE Teacher
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Email: kellykerz@mchsi.com
kmclaughlin@mbscs.org

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 please contact the coach.
7. All athletes represent MBS. Any negative or inappropriate behavior that is apparent during a practice/game will be reported to Ms. Mike and Mrs. McLaughlin.
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 can not be reached)

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.