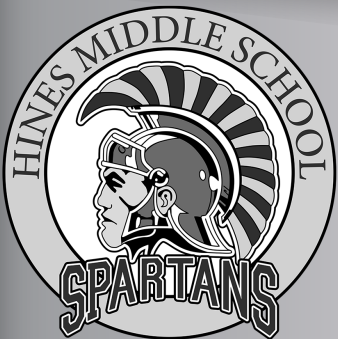


2024 - 2025

# MIDDLE SCHOOL LEAGUE Handbook



ACHIEVABLE DREAM • CRITTENDEN • ELLA FITZGERALD • GILDERSLEEVE  
HINES • HUNTINGTON • PASSAGE • B.T. WASHINGTON



*College, Career and Citizen-Ready!*

# NEWPORT NEWS MIDDLE SCHOOLS

**NORTH SCHOOLS:** Ella Fitzgerald, Gildersleeve, Hines and Passage

**SOUTH SCHOOLS:** An Achievable Dream, BT Washington, Crittenden and Huntington

**FALL – Track, Soccer    WINTER – Volleyball    SPRING – Basketball, Football**

**\*Cheer will participate in Winter and Spring Seasons**

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Ella Fitzgerald	Davon Stephens	888-3300
Gildersleeve	James Graves	591-4862
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## Athletic Statement

Participation in athletics is a privilege, which carries with it varying degrees of honor, responsibility and sacrifice. Since participation is a privilege and not a right, those who choose to participate shall be expected to follow the rules established by the Athletic Department and other specific coaches' rules for their sport. Each student-athlete represents their school and student body. It is the student-athlete's duty to conduct themselves in a respectful manner that represents favorably the student-athlete, their family, Newport News Public Schools and the community.

### Sportsmanship

The following policy statement from the National Federation of State High School Associations expresses the concept of sportsmanship as follows:

*The ideals of good sportsmanship, ethical behavior, and integrity permeate our culture. The values of good citizenship and high behavioral standards apply equally to all activity disciplines. In perception and practice, good sportsmanship shall be defined as those qualities of behavior, which are characterized by generosity and genuine concern for others. Further, awareness is expected of the impact of an individual's influence on the behavior of others. Good sportsmanship is viewed as a concrete measure of the understanding and commitment to fair play, ethical behavior and integrity.*

One of the main goals of the athletic program is to teach the concept of sportsmanship. Good sportsmanship requires that everyone be treated with respect. This includes members of the opposing team, officials, coaches and spectators.

Good sportsmanship includes showing courtesy and kindness towards your opponent as well as fellow team members. The contest is judged by the effort of the participants and not by putting down your opponent.

Winning is exciting, but winning at any cost is not the goal. Negative treatment of any participant is outside the spirit and interest of the contest.

## The Fundamentals of Sportsmanship

**Gain an understanding and appreciation for the rules of the contest.** The necessity to be well informed is essential. Know the rules. If you are uninformed, refrain from expressing opinions on officials, coaches, or administrative decisions. The spirit of GOOD SPORTSMANSHIP depends on conformance to a rule's intent as well as to the letter of a given rule.

**Exercise representative behavior at all times.** A prerequisite to GOOD SPORTSMANSHIP requires one to understand his/her prejudices that may become a factor in his/her behavior. The true value of interscholastic competition relies upon everyone exhibiting behavior which is representative of a sound value base. A proper perspective must be maintained if the educational values are to be realized. Your behavior influences others whether you are aware of it or not.

**Recognize and appreciate skilled performances regardless of affiliation.** Applause for an opponent's good performance displays generosity and is a courtesy that should be regularly practiced. This not only represents GOOD SPORTSMANSHIP but reflects a true awareness of the game by recognizing and acknowledging quality.

**Exhibit respect for the officials.** The officials of any contest are impartial arbitrators who are trained and who perform to the best of their ability. Mistakes by all involved in the contest are a part of the game. We should not rationalize our own poor or unsuccessful performance or behavior by placing responsibility on an official. The rule of GOOD SPORTSMANSHIP is to accept and abide by the decision made. This value is critical for students to learn for later application in life.

**Display openly a respect for the opponent at all times.** Opponents are guests and should be treated cordially, provided with the best accommodations, and accorded tolerance at all times. Be a positive representative for your school, team or family.

**Display pride in your actions at every opportunity.** Never allow your ego to interfere with good judgment and your responsibility as a school representative. Regardless of whether you are an adult, student, athlete, coach, or official, this value is paramount since it suggests that you care about yourself and how others perceive you.

**SPORTSMANSHIP:  
THE ONLY MISSING PIECE IS YOU!**

# Value of Athletics

**What benefit will a player derive from participation in athletics?**

## **Physical Well-Being**

The nation is becoming more conscious of the inadequacy of our youth in physical fitness. Through athletics, a foundation is built that can correct this situation.

## **The Release of Physical Energy**

Someway, somehow students will find a way to release their physical energy. Athletics offer a wholesome medium for this purpose.

## **Recognition**

Through guidance, players can learn to accept recognition in a proper manner. They learn that the praises they receive are not due to their effort alone.

## **Understanding**

Players working together for a common cause learn to accept victory or defeat in a mature manner. Team members soon learn how to understand each other and to make adjustments for the good of the team.

## **Emotional Control**

“When the going gets tough, the tough gets going.” The athlete learns to get going, by tackling the task at hand. Emotional blow-ups only hamper him.

## **Discipline**

We hear the cry that young people need to learn discipline. Athletics teach self-discipline, vital to a successful adult life.

## **Perseverance**

Athletes learn to stay with the job and not give up until the contest is over.

## **Thinking under Pressure**

The accomplished businessman can attribute much of his success to this factor. Athletes learn it early in their career and use this ability the rest of their lives.

## **Loyalty**

Being faithful to a team, a group, a cause, is an important lesson of athletics. A person will not fail himself when he has learned the lesson of being true to others.

**Taking part in athletics is one of the most important parts of our educational system. There is no other course in our schools today, which can offer all the above benefits.**

# National Federation Coaches Association

## Code of Ethics

The function of the coach is to educate students through participation in interscholastic competition. An interscholastic program should be designed to enhance academic achievement and should never interfere with opportunities for academic success. Each student-athlete should be treated as though he or she was the coach's own, and his or her welfare should be uppermost at all times. Accordingly, the NFCA Board of Directors has adopted the following guidelines for coaches:

The coach shall:

- Be aware that he or she has a tremendous influence, for either good or ill, in the education of the student-athlete and, thus, shall never place the value of winning above the value of installing the highest ideals of character.
- Uphold the honor and dignity of the profession. In all personal contact with student-athletes, officials, athletic directors, school administrators, the state high school athletic association, the media, and the public, the coach shall strive to set an example of the highest ethical and moral conduct.
- Take an active role in the prevention of drug, alcohol, and tobacco abuse.
- Avoid the use of alcohol and tobacco products when in contact with players.
- Promote the entire interscholastic program of the school and direct his or her program in harmony with the total school program.
- Master the contest rules and teach them to his or her team members. The coach shall not seek an advantage by circumvention of the spirit or letter of the rules.
- Exert his or her influence to enhance sportsmanship by spectators, both directly and by working closely with the cheerleaders, pep club sponsors, booster club and administrators.
- Meet and exchange cordial greetings with the opposing coach to set the correct standards for the event before and after the contest.
- Never exert pressure on faculty members to give student-athletes special consideration.
- Never scout opponents by any means other than those adopted by the league and/or state high school athletic association.



# Interscholastic Athletics

## Code of Ethics

The coach should:

- Exemplify behavior representative of the educational staff of the school and the teaching profession.
- Demonstrate high ideals, good habits, and desirable attitudes in personal behavior and demand the same of players. Socc
- Emphasize to players and bench personnel the importance of proper sideline behavior.
- Recognize that the purpose of competition is to promote physical, mental, social, and emotional well-being of individual players and that the most important values of competition are derived from playing fairly.
- Be a modest winner and a gracious loser.
- Maintain self-control at all times, accepting adverse decisions without public display of emotion or dissatisfaction with the officials.
- Cooperate with the school principal and athletic director in the planning, scheduling, and conducting of sports activities.
- Employ accepted educational methods in coaching, giving all players an opportunity to use and develop initiative, leadership, and judgment.
- Pay close attention to the physical condition and well-being of players; refusing to jeopardize the health of an individual for the sake of improving a team's chances to win.
- Teach athletes that it is better to lose fairly than win unfairly.
- Discourage gambling, profanity, abusive language, and similar violation of the true sportsman's code.

## Job Description – Head Coach

**The head coach for each sport will have the following duties and responsibilities:**

- Conduct pre-season meeting with prospective athletes.
- Organize and plan practice schedules.
- Inventory, issue, and maintain equipment during season. Collect and inventory at completion of season.
- Assure safety and proper conduct for all squad members during practice sessions and games.
- Secure all rooms, buildings, and practice and/or game facilities after use.
- Direct all questions or concerns to the school athletic director.
- Establish an emergency action plan for injuries or sudden illness.
- Hold team meetings stressing good sportsmanship and penalties for bad sportsmanship.

**The Newport News Athletic Department discourages the practice of any volunteer coach from coaching while their child is a member of that athletic team or activity.**

Revised July 2023

## Supervision of Squads

### Gymnasium

At no time may students use the gymnasium unsupervised.

### Bus

The coach is responsible for safe and proper behavior of his squad on all trips. Rowdiness must not be tolerated. The coach is responsible for the cleanliness of the bus after use. The coach will also ride the athletic bus with his or her team.

### Visiting Other Schools

Squads should behave at other schools in a manner that will reflect positively on the school each athlete is representing. The coach shall supervise squad members at all times, including the locker room area after the contest.

### Performance Enhancers

Performance enhancers, such as steroids, are illegal in all organized sports from high school to college to the pros. These substances cause an unfair competitive advantage, as well as the danger of life-threatening health problems. If you use steroids, you cheat yourself mentally and physically. They don't improve your actual skills, and they jeopardize your health and well-being. Performance enhancers can affect you physically and psychologically.

### Hazing

You may have heard hazing called by other names – a harmless practical joke, a tradition for new team members or a simple test of loyalty. No matter what it is labeled, hazing is a dangerous practice that goes against all principles of sportsmanship. It destroys team spirit and creates resentment. It discourages trust and fosters intimidation. It weakens leadership and strengthens fear. Hazing is against the law in 42 states. Simply put, hazing has no place in the athletic experience.

**What is it?** Hazing is any activity expected of someone joining a group that humiliates, degrades, abuses, or endangers that person, regardless of his or her willingness to participate. While many student-athletes report that hazing takes place in their high school program, it should not be tolerated. This potentially deadly practice has sent athletes to the hospital and has resulted in the release or suspension of dozens more, as well as their coaches. Hazing is an act of power and control over others – it is a form of victimization.

## School Closing

### **Early Dismissal of Students**

All after-school activities will be cancelled when the students are sent home during the day due to inclement weather.

### **Schools Closed**

When schools have closed due to inclement weather, all games, practices and activities will be cancelled and rescheduled for a later date. No students should be allowed in the building during the time schools are closed.

Team practices may be held if approved by the building principal with appropriate authorization from central administration. These practices would be voluntary as no required practices can be called.

There will be no city school buses available when schools are closed or when schools close early due to inclement weather. This includes city activity buses.

Revised July 2014

## Athletic Uniforms

Newport News Public Schools will issue all required uniforms for athletic teams. Uniforms issued to students will remain the property of Newport News Public Schools, and students will be required to return them at the end of each athletic season.

No student-athlete will be responsible for purchasing his/her own uniform.

Uniforms may be purchased/donated to any program provided the NNPS Donation Form is completed and approved by the NNPS Director of Student Athletics.

Revised October 2023

# NNPS ATHLETICS

## Middle School Athlete Uniform Agreement

Dear Parent/Guardian:

At the beginning of each athletic season, all student-athletes will be issued a school-purchased uniform for his/her team. No fees shall be required for participation and no mandatory fundraising is allowed. Each student-athlete is responsible for returning the team-issued uniform within (1) week of the conclusion of the season, clean and in good repair.

In the event the uniform is lost or damaged, you will be responsible for the cost to replace the uniform. Replacement uniform cost is as follows for each sport:

- Track Singlet \$35
- Soccer Jersey \$30
- Soccer Shorts \$20
- Volleyball Jersey G\$44 B\$32
- Cheerleading Uniform \$165
- Basketball Jersey \$52.50
- Basketball Shorts \$52.50
- Football Jersey \$56.50
- Football Pants \$52.50
- Wrestling Singlet \$58

Game Uniforms should be washed after each use. To properly care for the uniform, be sure to follow the instructions below:

- Wash on gentle cycle with no bleach or fabric softeners
- Do not wash with blue jeans or other dark-colored clothing
- Hang to dry

Your child will NOT be assigned a uniform until this letter is signed and returned to your school's Athletic Director.

Thank you so much!

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

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

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

---

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For School Use Only

Sport: \_\_\_\_\_ Uniform #: \_\_\_\_\_

Size: Jersey Top \_\_\_\_\_ Jersey Shorts/Pants \_\_\_\_\_

Date Issued: \_\_\_\_\_ Date Returned: \_\_\_\_\_

# Parent/Coach Communication

## **Parent/Coach Relationship**

Both parenting and coaching are extremely difficult vocations. By establishing an understanding of each position, we are better able to accept the actions of the other and provide greater benefit to children. As parents, when your child becomes involved in our program, you have a right to understand what expectations are placed on your child. This begins with clear communication from the coach of your child's program.

## **Communication you should expect from your child's coach**

- Philosophy of the coach.
- Expectations the coach has for your child as well as all the players on the squad.
- Locations and times of all practices and contests.
- Team requirements, i.e. fees, special equipment, off-season conditioning.
- Procedure should your child be injured during participation.
- Discipline that may result in the denial of your child's participation.

## **Communication coaches expect from parents**

- Concerns expressed directly to the coach.
- Notification of any schedule conflicts well in advance.
- Specific concern in regard to a coach's philosophy and/or expectations.

As your children become involved in the program, they will experience some of the most rewarding moments of their lives. It is important to understand that there also may be times when things do not go the way you or your child wishes. At these times discussion with the coach is encouraged.

## **Appropriate concerns to discuss with coaches**

- The treatment of your child, mentally and physically.
- Ways to help your child improve.
- Concerns about your child's behavior.

It is difficult to accept that your child is not playing as much as you would hope. Coaches are professionals. They make judgment decisions based on what they believe to be best for all students involved. As you have seen from the list above, certain areas can be and should be discussed with your child's coach. Other areas, such as those listed later, must be left to the discretion of the coach.

### **Issues not appropriate to discuss with coaches**

- Team strategy.
- Play calling.
- Playing time.
- Other student-athletes.

There are situations that may require a conference between the coach and the parent. These are to be encouraged. It is important that both parties involved have a clear understanding of the other's position. When these conferences are necessary, the following procedure should be followed to help promote a resolution to the issue of concern.

### **If you have a concern to discuss with a coach, the procedure you should follow is:**

- Call to set up an appointment.
- If the coach cannot be reached, call the Athletic Director. He or she will set up the meeting for you.
- Please do not attempt to confront a coach before or after a contest or practice. These can be emotional times for both the parent and the coach. Meetings of this nature do not promote resolution.

### **What can a parent do if the meeting with the coach did not provide a satisfactory resolution?**

- Call and set up an appointment with the school Athletic Director to discuss the situation.
- At this meeting, the appropriate next step can be determined.

Revised July 2013

## What to do in the Absence of an Athletic Trainer

Many injuries occur during practice and competition. Some of these injuries may occur when a certified athletic trainer is not present. It is important that the coach is properly prepared and knows what to do, even if he or she is not precisely sure what is wrong. The following procedures are designed to protect the coach in the event of an injury.

- All athletes **MUST** have a complete, signed physical form **ON FILE** in the athletic director's office, signed Concussion Information Form, and an emergency care card filled out **BEFORE** an athlete is allowed to PRACTICE.
- Check the completeness of the Physical and Concussion Information form to make sure it is completely filled out and signed by the parents and the physician.
- Check the emergency care card to make sure the parents sign it.

Keep one copy on file with each of the following:

- Athletic director
- Athletic trainer
- Coach, to be carried to **ALL** practices and games
- Lists of the phone numbers of parents
- Determine whether the injury is a medical emergency.
  - Some emergency situations require you to call the rescue squad (911) immediately:
    - Respiratory or cardiac arrest
    - Labored breathing
    - Anaphylactic shock (e.g. bee sting allergy)
    - Severe or uncontrolled bleeding
    - Head or neck injuries
    - Suspected dislocations or fractures
    - Heat stroke
    - Medical conditions such as insulin shock or epilepsy
    - An athlete who is unwilling or unable to move
  - Steps to take when dealing with a medical emergency:
    - **DO NOT MOVE THE ATHLETE**
    - Send someone responsible to call 911 (Emergency Medical Services)
    - Maintain airway, breathing, and monitor pulse
    - Stay with the athlete
    - Control any bleeding with a clean compress and direct pressure
    - With heat illness, remove from the heat, give WATER (only if conscious) and try to lower the athlete's body temperature
    - Send an assistant to get the emergency care card
    - Have someone meet the ambulance and lead them to where the injured athlete is
    - Call the parents and inform them of the athlete's injury
    - Follow the athlete on the stretcher to the ambulance. **A SCHOOL OFFICIAL MUST ACCOMPANY THE ATHLETE TO THE HOSPITAL WITH THE EMERGENCY CARE CARD.**
    - Check with the parents on the condition of the athlete that night - IMMEDIATELY
    - Notify the principal, athletic director, and athletic trainer immediately, or if late in the evening, first thing the next morning
    - Fill out the accident report form
- Injuries, which are not medical emergencies:
  - Place ice on the injured body part for a specified period of time (e.g. 20 minutes on, 40 minutes off).
  - Perform general first aid and notify the immediately, or if late in the evening, first thing the next morning.



## Track – General Information

<b>Days of Meets</b>	Monday and Wednesday
<b>Time of Practice</b>	After School
<b>Meet Times</b>	4:30 PM
<b>Admission</b>	\$5.00
<b>Supplies/Uniforms</b>	Supplied by the Athletic Department
<b>Buses</b>	Request buses through transportation
<b>Timers/Starter</b>	MS Meet Director
<b>Score Recorder</b>	Final Lap Timing System
<b>Spikes</b>	<b>NO</b> spikes will be worn for track practices or meets

### The Meet

- Open to all students in GOOD standing (grades, attendance, attitude, conduct, sportsmanship, etc.)
- Permission or Emergency card must be completed for every athlete
- **Sectional Competition Events will be in the same order as the All-City Meet events listed below**
- During Sectional competition, schools may enter 4 individuals and 1 relay per event. There will be 2 heats run as finals for 100m, 200m and 400m events. Winners of each event will be determined by times. Each school will have a maximum of 2 participants per heat. There is a final (only) for the relay events. The 800m and 1600m will start with ‘waterfall’ starts and will also be final events.
- There are a total of **28 possible running ‘slots’** (scoring) per sectional meet (boys and girls each). There are an additional 16 slots for 6<sup>th</sup> grade exhibitions. The identification of students slotted in scoring events by grade level is no longer in effect. Teams are still urged to carry all grade levels on their rosters.
- Sectional meets are comprised of either North or South Schools.
- **All 6<sup>th</sup> grade rules (below) will be in effect in the sectional meets as well as the city meet.**
- **ALL-CITY MEET (In Event Order): 100m (6<sup>th</sup> grade), 100m (7<sup>th</sup>/8<sup>th</sup>), 1600m (7<sup>th</sup>/8<sup>th</sup>), 4x100m Relay (6<sup>th</sup> grade), 4x100m Relay (7<sup>th</sup>/8<sup>th</sup>), 400m (7<sup>th</sup>/8<sup>th</sup>), 800m (6<sup>th</sup>), 800m (7<sup>th</sup>/8<sup>th</sup>), 200m (6<sup>th</sup>), 200m (7<sup>th</sup>/8<sup>th</sup>), 4x400m Relay (7<sup>th</sup>/8<sup>th</sup>)**
- All-City Meet is comprised of all 8 middle schools
- During the All-City Meet, schools may enter 3 individuals and 1 relay per event. There are a total of 23 possible running slots (boys and girls each) for the “regular” events and another 13 slots for the 6<sup>th</sup> graders. The following standards must be maintained for the All-City Meet:
- **Students may participate in up to three events with at least one being a relay (Sectional and City)**
  - A student may participate in 1 relay and 2 individual or 2 relays and 1 individual. Students may not participate in 3 individual events. This rule is in effect for all student grade levels and includes the 6<sup>th</sup> grade in non-scoring events. Example: A 6<sup>th</sup> grader could run an exhibition 100, exhibition 200 and run in the open (for score) 4x100 (constituting 2 non-scoring events and 1 scoring event).
  - All 6<sup>th</sup> grade events are considered “non-scoring” events and are treated as exhibition events
  - A 6<sup>th</sup> grader may be entered in both scoring and non-scoring events, but must adhere to the 3 event rule (as stated above). A 6<sup>th</sup> grader may NOT be entered in the same event for both scoring and non-scoring (i.e., entered in both the open 200 as well as the 6<sup>th</sup>-grade exhibition 200).
- There will be 3 heats with times identifying places (no finals heat) for 100m, 200m and 400m events. There is a final (only) for the relay events. The 800 and 1600 will start with ‘waterfall’ starts and are also run as finals.
- In the All-City Meet, all submitted times will be seeded according to times with the fastest grouped in the same heat. Any student entering, whose times were not submitted by their coaches in a timely manner, will be drawn by lot for the remaining openings in heats. It is the coach’s responsibility to submit times prior to established deadlines.
- The All-City Meet will be scored through 8 places with points awarded as follows (10 – 8 – 6 – 5 – 4 – 3 – 2 – 1) for placing 1<sup>st</sup> through 8<sup>th</sup>.

Revised July 2024

## Soccer- General Information

<b>Days of Matches</b>	Monday through Thursday
<b>Time of Practice</b>	After School
<b>Match Times</b>	4:00 PM and 5:00 PM at various site
<b>Admission</b>	Free, \$5.00 for post-season matches at Todd Stadium
<b>Supplies/Uniforms</b>	Supplied by the Athletic Department
<b>Buses</b>	AD request buses through transportation
<b>Clock/Scoreboard</b>	\$13 per hour

### The Matches

- Open to all students in GOOD standing (grades, physical form, attendance, attitude, conduct, sportsmanship), all of which is based on admin and coach's decision.
- All student-athletes must have a permission/emergency card completed and accessible at all matches
- Contest will be played in two (2) twenty-five (25) minute halves with a five (5) minute half-time.
- There will be NO overtime periods during the regular season, only during the play-offs!
- The 8- goal rule will be in effect for all NNPS middle school soccer matches. If one team leads by 8 or more goals after the mid-point of the 2<sup>nd</sup> half, the match shall be terminated.
- In the event of a suspension of play due to weather, the match shall be declared official if one complete half or more have been played. If less than one half of the match has been played, it must be rescheduled from the start.
- If possible, teams should have a minimum of **5** 6<sup>th</sup>-grade participants, **7** 7<sup>th</sup>-grade participants and **8** 8<sup>th</sup>-grade participants on a 20-member team.
- Seedings will be based on the following point system: Each win = 3 points, Each tie = 1 point, Each loss = 0 points.
- Each school will qualify for the post-season tournament. The North Division #1 seed will play the South Division #4 seed, and vice versa. The North Division #2 seed will play the South Division #3 seed, and vice versa. The higher seed will be the host site. Any regular season ties will be broken by head-to-head results, then overall Division record, then Division head to head results, and finally by pre-season draw.

Revised July 2024

# Football- General Information

<b>Days of Games</b>	Saturdays
<b>Time of Practice</b>	After School on campus
<b>Game Times</b>	11:00 am and 1:00 pm at various sites
<b>Admission</b>	Free, \$5.00 for post-season games at Todd Stadium
<b>Supplies/Uniforms</b>	Supplied by the Athletic Department
<b>Buses</b>	AD request buses through transportation
<b>Clock/Scoreboard</b>	\$13 per hour

## Restrictions

- Each team will practice a minimum of 15 days (scrimmage included) prior to their first scheduled game. Total practice time each day during the week is limited to a total of 2 hours.
- Equipment – Teams must follow the progression of equipment distribution listed below. The progression begins on the actual 1<sup>st</sup> day a student reports to practice.
  1. Days 1-3 – Equipment is limited to helmets/cleats only. No shoulder pads or pants/pads.
  2. Days 4, 5 – Equipment is limited to helmets/shoulder pads/cleats/pants with pads.
  3. Day 6 & Beyond – Players may practice in full gear.
  4. Regardless of when a student athlete starts, he/she must go through the full progression before practicing in full gear.
- Each School will be given a 2 hour equipment distribution during the first 2 weeks of practice that will NOT count against their practice time.

## Games

- 6 Scheduled contests vs NNPS middle schools only.
- Game Time – Four (4) eight (8) minute quarters with a 10 minute half-time.
- Game Ball – Each offensive team shall use their own approved, leather game ball.
- Home Team Jerseys – It is the HOME team's responsibility to wear DARK jerseys. In the event that is not possible, the home team should notify the opposing team in reasonable advance.

## Special Rules

- Tie Breaker Procedure – NNPS will use the 10 yard line Overtime Procedure outlined in the NFHS rules book. If at the end of the 4<sup>th</sup> quarter with a tie score, the tie will be resolved by the same method approved by the state high school association. No clock.
- Mercy Rule – If a team is ahead by 28 points at any point after the first half is completed, a running clock will be used for the remainder of the contest.
- Should 8<sup>th</sup> graders who played JV in the Fall be allowed to play - **NO**

Revised July 2024

## Volleyball – General Information

<b>Days of Matches</b>	Monday and Wednesday
<b>Time of Practice</b>	After School
<b>Match Times</b>	Girls 4:30 Boys immediately after
<b>Admission</b>	\$5.00
<b>Supplies/Uniforms</b>	Supplied by the Athletic Department
<b>Buses</b>	Request buses through transportation
<b>Clock/Scoreboard</b>	\$13 per hour

### The Matches

- Open to all students in GOOD standing (grades, physical form, attendance, attitude, conduct, sportsmanship, etc.)
- Permission or Emergency card must be completed for every athlete
- All matches will be best 2 of 3 to 25 points win by two, rally scoring system.
- **Must use** minimum of **2** - 6<sup>th</sup> grade participants, **4** -7<sup>th</sup> grade participants and **6** - 8<sup>th</sup> grade participants on a 12-15 person squad.
- Regular season matches are comprised of either North or South Schools.
- Each division will play 7 matches during the regular season.
- Ties will be broken comparing head-head, then # games won-lost % in head to head games, then won-lost % in all games in the division and finally by the beginning of the season draw.
- During the All-City Play-off, the North #1 seed will play the South #4 seed for each of the girls and boys teams and the South #1 seed will play the North #4 seed for each of the boys and girls teams. Likewise, the #2 seed from North and South will play the opposite #3 seed. The winners of each will advance to a semi-final contest followed by a final.
- If a student is wearing glasses, they are required to have a sports band. They will be asked to leave the court and not return until properly equipped.

Revised July 2024

## Basketball – General Information

<b>Days of Games</b>	Monday and Wednesday
<b>Time of Practice</b>	After School
<b>Game Times</b>	Girls 4:30 Boys immediately after
<b>Admission</b>	\$5.00
<b>Supplies/Uniforms</b>	Supplied by the Athletic Department
<b>Buses</b>	AD request buses through transportation
<b>Clock/Scoreboard</b>	\$13 per hour

### The Game

- Open to all students in GOOD standing (grades, attendance, attitude, conduct, sportsmanship, etc.) – (based on administrators/coach’s decision).
- Permission /Emergency Card – when playing away games, coaches should take these cards with them (in handbook).
- Eight (8) minute quarters.
- Running clock except for: foul shooting, time outs and the last minute of each quarter – the clock will stop on all whistles. The change will be effective for regular season as well as playoff games.
- Full court press - NO full court pressing anytime during the game when a team is up by 20 points.
- Four (4) time-outs per game: two (2) - 1 minute and two (2) - 30 second timeouts.
- Ten (10) minute half-time.
- Three (3) minute overtime. The last 30 seconds of overtime, the clock will stop on all whistles.
- Should teams be playing all players? Administrators/coaches determine playing time.
- Should high school JV players be allowed to play? Yes.
- If a student is wearing glasses, they are required to have a sports band. They will be asked to leave the court and not return until properly equipped.
- Suggestion for minimum team membership – 6-8<sup>th</sup> graders; 4-7<sup>th</sup> graders; 2-6<sup>th</sup> graders - Teams may have more than 12 members.

Revised July 2024

## Cheerleading – General Information

<b>Sports Eligible to Cheer For</b>	Volleyball, Basketball, Football
<b>Time of Practice</b>	After School
<b>Supplies/Uniforms</b>	Supplied by the Athletic Department
<b>Buses</b>	Request through transportation by school AD

- Maximum number of 20 cheerleaders per school.
- Can have separate try-outs for each season if approved by school admin/athletic director.
- Teams must only wear NNPS issued uniforms for athletic events.
- Other items (bows, sweat suits, bags, etc) can be purchased either by individual cheerleaders (Maximum Fee Charge per student is \$150), donated by outside organizations (school must use the approved donation form), or purchased in-house through the athletic fundraising account.
- Good sportsmanship is expected. Examples are: cheering positively and in good taste, assisting visiting teams, thanking officials and helping visitors that are attending the events. No confrontational or “battle cheering” is allowed.
- No tumbling during volleyball or basketball games when the ball is in play (including prior to the serve in volleyball or shooting free throws in basketball).
- Tumbling is allowed, however, during time-outs OR half-time only.
- No tumbling on concrete (football games). Tumbling on grass is permitted.
- Building or stunting is not allowed during middle school athletic events.

Revised July 2024

## Concussion Education Course

Virginia Senate Bill 652 and the new School Board Policy (JLCG-P) on Concussion Management are now in effect. To ensure NNPS meets these state and local requirements, the NNPS Athletic Department is requiring that every coach (middle and high school) take a concussion education course.

Please refer to:

### **NFHS Concussion Course**

*This course is free, is available on line at [www.nfhslearn.com](http://www.nfhslearn.com), and takes less than 30 minutes to complete.*

## Magnet School/8<sup>th</sup> Grader- General Information

All 8th grade students who wish to participate in VHSL activities must play for their zoned high school.

### **Magnet Program Deselection Procedures – Voluntary and Involuntary**

A student who has been selected for a magnet program or deselected from a magnet program for any reason and who has officially practiced or participated in a VHSL activity, during the scheduled season, is ineligible to participate in that activity in another school for the remainder of that academic year.

Appeals to this process can be made in writing to the Director of Student Athletics

Revised March 2023

## Participation Physical Examination

Approved April 4, 2016

**Be it enacted by the General Assembly of Virginia:**

**1. That the Code of Virginia is amended by adding a section numbered 22.1-271.7 as follows:  
§ 22.1-271.7. *Public middle school student-athletes; pre-participation physical examination.***

No public middle school student shall be a participant on or try out for any school athletic team or squad with a predetermined roster, regular practices, and scheduled competitions with other middle schools unless such student has submitted to the school principal a signed report from a licensed physician, a licensed nurse practitioner practicing in accordance with his practice agreement, or a licensed physician assistant acting under the supervision of a licensed physician attesting that such student has been examined, within the preceding 12 months, and found to be physically fit for athletic competition.

**Athletics & Driver Education**

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For all students to participate in any extracurricular physical activity, each student-athlete, and the student-athlete's parent or guardian shall review, on an annual basis, information on concussions provided by the local school division. After having reviewed materials describing the short- and long-term health effects of concussions, each student-athlete and the student-athlete's parent or guardian shall sign a statement acknowledging receipt of such information. For more information on concussions, visit: [www.cdc.gov/Concussions](http://www.cdc.gov/Concussions)

**I. Definition of Concussion**

A brain injury that is characterized by an onset of impairment of cognitive and /or physical functioning, and is caused by a blow to the head, face or neck, or a blow to the body that causes a sudden jarring of the head. A concussion can occur with or without a loss of consciousness, and proper management is essential to the immediate safety and long-term future of the injured individual.

**II. Signs and Symptoms**

Signs observed by parents or guardians

- |   |  |
|---|--|
| * appears dazed or stunned                        | * is confused about assignment or position     |
| * forgets an instruction                          | * is unsure of game, score, or opponent        |
| * moves clumsily                                  | * answers questions slowly                     |
| * loses consciousness (even briefly)              | * shows behavior or personality changes        |
| * can't recall events <i>prior</i> to hit or fall | * can't recall events <i>after</i> hit or fall |

Symptoms reported by athlete

- |                                  |  |
|----------------------------------|--|
| * headache or “pressure” in head | * nausea or vomiting                       |
| *balance problems or dizziness   | * double or blurry vision                  |
| * sensitivity to light           | * sensitivity to noise                     |
| * confusion                      | * feeling sluggish, hazy, foggy, or groggy |
| * does not “feel right”          | * concentration or memory problems         |

**III. Return to Learn**

Many of the signs and symptoms associated with a concussion can affect a student’s ability to participate in normal academic activities. With different rates of recovery, students may need modifications to their academic setting. Adjustments could include cognitive and physical rest with no school, part-time school, or full day school with minimal instructional modifications and/or accommodations.

**IV. Return to Play Progression**

If an athlete is suspected of having incurred a concussion during practice or play, this procedure will be followed:

1. Removal from activity
2. Notification of parent/guardian regarding the incident
3. The student-athlete must bring written clearance from his/or licensed health care provider
4. Once the student athlete is asymptomatic they will complete a 5 step return to play progression under the supervision of the school’s licensed athletic trainer or nurse



# Concussion Management

## **JLCG-P - PROCEDURES: Concussion Management**

These procedures address the identification and handling of suspected concussions in student athletes, the school division's activities to prevent concussions, the requirements for assessment of student athletes suspected of having concussions and follow-up assessments, and the school division's concussion management training activities. These procedures also include a return to learn protocol applicable to all students.

### **Definitions:**

1. A concussion is a "traumatically induced transient disturbance of brain function caused by a complex physiological process". In other words: A brain injury that is characterized by an onset of impairment of cognitive and/or physical functioning, and is caused by a blow to the head, face or neck, or a blow to the body that causes a sudden jarring of the head (i.e., a helmet to the head, being knocked to the ground). A concussion can occur with or without a loss of consciousness.
2. Appropriate licensed health care provider means a physician, physician assistant, osteopath or athletic trainer licensed by the Virginia Board of Medicine; a neuropsychologist licensed by the Board of Psychology; or a nurse practitioner licensed by the Virginia State Board of Nursing, who has special training in the management of concussions.
3. *Return to play* means participate in a non-medically supervised practice or athletic competition.
4. *Return to learn* refers to instructional modifications that support a controlled, progressive increase in cognitive activities while the student recovers from a brain injury allowing the student to participate in classroom activities and learn without worsening symptoms and potentially delaying healing.
5. "At risk" athletes include students who have suffered a previous concussion and all students participating in the following sports: football, soccer, wrestling, and cheerleading.

### **Identification and Handling of Students Suspected of Having a Concussion; Follow-up:**

#### **A. Identification and Handling:**

1. A student athlete suspected by that student athlete's coach, athletic trainer, or team physician of sustaining a concussion or brain injury in a practice or game shall be removed from the activity at that time.
2. Any student suspected by the student's teacher or other school building staff of sustaining a concussion, or any student for whom an appropriate license health care provider has provided information to the student's school that the student has sustained a concussion, will be assessed and treated according to guidelines issued by the school division's director of health services or like official. The return to learn protocol will apply to such students.
3. A student athlete who has been removed from play, evaluated, and suspected to have a concussion or brain injury shall not return to play that same day nor until (i) evaluated and cleared by an appropriately licensed health care provider as determined by the Board of Education and (ii) in receipt of written clearance to return to play from such licensed health care provider. The licensed health care provider evaluating student athletes suspected of having a concussion or brain injury may be a volunteer with appropriate licensure.

4. Appropriate licensed health care providers or properly trained individuals evaluating student athletes at the time of injury may utilize the Concussion Vital Signs Neurocognitive Assessment.
5. Protocol for *return to play*
  - a. No member of a school athletic team shall participate in any athletic event or practice the same day he or she is injured and:
    - exhibits signs, symptoms or behaviors attributable to a concussion; or
    - has been diagnosed with a concussion.
  - b. No member of a school athletic team shall return to participate in an athletic event or training after he/she experiences a concussion unless all of the following conditions have been met:
    - the student no longer exhibits signs, symptoms or behaviors consistent with a concussion, at rest or with exertion;
    - the student is asymptomatic during, or following periods of supervised exercise that is gradually intensifying over a number of days (Return to Play Protocol) and
    - the student receives a written medical release from an appropriate licensed health care provider.
  - c. If an athlete is evaluated by a community physician and the physician provides a return-to-play date, school division Certified Athletic Trainers will not allow an athlete to play or participate for the period specified; provided, however, that Certified Athletic Trainer has the discretion to hold an athlete longer than the physician–provided return-to-play date.
6. Protocol for return to learn

The school leadership shall be alert to cognitive and academic issues that may be experienced by a student athlete who has suffered a concussion or other head injury including: difficulty with concentration, organization, and long-term and short-term memory; sensitivity to bright lights and sounds; and, short-term problems with speech and language, reasoning, planning, and problem solving.

A student recovering from a brain injury may need total rest with a gradual return to school while others will be able to continue doing academic work with minimal instructional modifications. The school leadership, including the school nurse and the Certified Athletic Trainer, shall accommodate the gradual return to full participation in academic activities by a student athlete who has suffered a concussion or other head injury based on the recommendation of the student's licensed health care provider. The coordination of the student's return to the classroom will also address the student's participation in physical education activities, as appropriate.

**Prevention:**

A standardized concussion education program will be presented by the Certified Athletic Trainer as part of the Athletic Department's player/coach/parent meeting at all high schools each season for all sports.

1. A concussion fact sheet and a letter to all middle school and high school parents outlining the NNPS Concussion Policy will be distributed and require a signature prior to the athlete participating in practice or competition.
2. All "at-risk" athletes will be Concussion Vital Signs Neurocognitive Assessment baseline tested annually. All other athletes will be baseline tested upon request.
3. All coaches, including volunteers, are required to take the online NFHS concussion education program mandated by the VHSL prior to first day of practice.
4. Each school division athletic trainer will keep statistics regarding head injuries for the purpose of improving care and prevention. This will include the number of concussions per sport per season so that the percentage of athletes sustaining concussions may be calculated.
5. This policy and return to play guidelines will be available on the Newport News Public School web site in addition to each high school's website.
6. This information will also be shared with the coaches and Assistant Principals for all middle school sports prior to the beginning of practice for each season. It will be the responsibility of the Assistant Principals and coaches to communicate the information to the parents.
7. Helmet Replacement and Reconditioning policies and procedures.
  - a. Helmets must be National Operating Committee on Standards for Athletic Equipment (NOCSAE) certified by the manufacturer
  - b. Reconditioned helmets must be NOCSAE recertified.

**Assessment:**

1. If an athlete suffers a concussion during practice or competition they will **NOT** be allowed to return to activity the day the injury was sustained.
2. If an athlete suffers a concussion at practice or competition the athlete will undergo a clinical evaluation utilizing the Concussion Vital Signs Neurocognitive Assessment by a Certified Athletic Trainer and other medical professional as necessary prior to returning to any physical activity.
3. The athlete must be evaluated by an appropriate Licensed Health Care Provider to determine the status of return to play.
4. If an athlete is evaluated by a community physician and the physician provides a return-to play date, school division Certified Athletic Trainers will not allow an athlete to play or participate for the period specified; provided, however, that Certified Athletic Trainer has the discretion to hold an athlete longer than the physician-provided return-to-play date.
5. Once an athlete is asymptomatic and cleared by an appropriate Licensed Health Care Provider trained in current concussion management guidelines, they can begin the graduated return to play protocol.

***Training and Policy and Procedures Review:***

1. The Superintendent will appoint a concussion management policy team. This team will ensure that the concussion management policy and procedures remain appropriate and up-to-date. The concussion management policy team shall ensure training for coaches and health care professionals is current and consistent with best practice protocols.
2. The concussion management policy team will maintain a tracking system to ensure compliance with the annual training requirement.
3. Annual training on concussion management will be required for all coaches and volunteers through the National Federation of State High School Associations' (NFHS) online coach education program – *Concussion in Sports – What You Need to Know*.

**Community Involvement**

Non-interscholastic youth sports programs utilizing School Board property shall establish policies and procedures regarding the identification and handling of suspected concussions in student athletes, consistent with the school division's procedures. The school division will provide its guidelines to organizations sponsoring athletic activities for students on School Board property as a part of the facility use agreement. In accordance with the state code, the school division shall not be required to enforce the organizations' compliance with such guidelines.

Reviewed: June 21, 2011, March 19, 2013, Revised July 2018

# Concussion Fact Sheet

## Short Term Side Effects

- Headache
- Dazed and stunned
- Confused
- Balance problems (moves clumsily)
- Sensitivity to light
- Sensitivity to noise
- Double or blurry vision
- Concentration or memory problems
- Behavior and personality changes
- Nausea or vomiting
- Loss of consciousness

\*Not all symptoms must be present for the athlete to have sustained a concussion\*

\*\*If any of these symptoms worsen following the injury, it is advised you seek further medical evaluation

## Long Term Side Effects

- Chronic headaches
- Sleep difficulties
- Impaired sensation (touch, taste, smell, etc.)
- Language impairment (communication, expression, and understanding)
- Anxiety
- Depression
- Personality changes
- Aggression

Repeated concussions can lead to long-term memory loss, psychiatric disorders, and other neurologic problems. If you have had a number of concussions, your physician likely will advise you to avoid the activities that may put you at risk for future head injuries and to discontinue contact sports.

# A FACT SHEET FOR High School Parents



This sheet has information to help protect your teens from concussion or other serious brain injury.

## What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

## How Can I Help Keep My Teens Safe?

Sports are a great way for teens to stay healthy and can help them do well in school. To help lower your teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - Work with their coach to teach ways to lower the chances of getting a concussion.
  - Emphasize the importance of reporting concussions and taking time to recover from one.
  - Ensure that they follow their coach's rules for safety and the rules of the sport.
  - Tell your teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. There is no "concussion-proof" helmet. Even with a helmet, it is important for teens to avoid hits to the head.

**Talk with your teens about concussion.** Tell them to report their concussion symptoms to you and their coach right away. Some teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Remind them that *it's better to miss one game than the whole season.*

## How Can I Spot a Possible Concussion?

Teens who show or report one or more of the signs and symptoms listed below—or simply say they just “don't feel right” after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

### Signs Observed by Parents

- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events *prior to* or *after* a hit or fall

### Symptoms Reported by Teens

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not “feeling right,” or “feeling down”

**GOOD TEAMMATES KNOW:  
IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.**



[cdc.gov/HEADSUP](https://cdc.gov/HEADSUP)

# CONCUSSIONS AFFECT EACH TEEN DIFFERENTLY.

While most teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your teens' healthcare provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



**Plan ahead.** What do you want your teen to know about concussion?

## What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1, or take your teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

**Teens** who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a teen for a lifetime. It can even be fatal.



## What Should I Do If My Teen Has a Possible Concussion?

As a parent, if you think your teen may have a concussion, you should:

1. Remove your teen from play.
2. Keep your teen out of play the day of the injury. Your teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your teen's healthcare provider for written instructions on helping your teen return to school. You can give the instructions to your teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a teen for a possible concussion. You may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. A teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

Revised January 2019

To learn more,  
go to [cdc.gov/HEADSUP](https://www.cdc.gov/HEADSUP)



# NNPS ATHLETICS

## Sudden Cardiac Arrest (SCA) Information for Student-Athletes and Parents/Guardians

**What is sudden cardiac arrest?** Sudden cardiac arrest (SCA) is a condition in which the heart suddenly stops beating. When that happens, blood stops flowing to the brain and other vital organs. SCA happens to adults as well as students. However, the causes of SCA in students and adults can differ. A student's SCA will likely result from an inherited condition, but an adult's SCA may be caused by inherited or lifestyle issues.

**What are the causes of SCA?** SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. SCA is caused by several structural and electrical diseases of the heart. These conditions predispose an individual to have an abnormal rhythm that can be fatal if not treated within a few minutes. Other possible causes of SCA are a sudden blunt non-penetrating blow to the chest and the use/abuse of recreational or performance-enhancing drugs and/or energy drinks.

**How common is SCA in the United States?** SCA is the #1 cause of death for adults and student-athletes in this country. About 2,000 patients under the age of 25 die of SCA each year.

<u>Warning Signs of SCA</u>	<u>Emergency Response to SCA</u>
<ul style="list-style-type: none"> <li>● Fainting or seizures during exercise</li> <li>● Unexplained shortness of breath</li> <li>● Dizziness</li> <li>● Extreme fatigue</li> <li>● Chest pains</li> <li>● Racing heart</li> <li>● If an athlete collapses and is unresponsive, SCA should be suspected</li> </ul>	<ul style="list-style-type: none"> <li>● Act immediately; time is most critical to increasing survival rates</li> <li>● Recognize SCA</li> <li>● Call 911 immediately, and activate Emergency Medical Services (EMS)</li> <li>● Administer CPR</li> <li>● Use Automatic External Defibrillator (AED)</li> </ul>

**What are the warning signs of potential heart issues?** The following conditions need to be further evaluated by your primary care provider:

- Family history of heart disease/cardiac arrest
- Fainting, a seizure, or convulsions during physical activity



- Fainting or a seizure from emotional excitement or distress, or being startled
- Dizziness or lightheadedness, especially during exertion
- Exercise-induced chest pain
- Palpitations: awareness of the heart beating, especially if associated with other symptoms such as dizziness
- Extreme tiredness or shortness of breath related to exercise
- History of high blood pressure

**What would be the risk of neglecting symptoms?** Ignoring symptoms and continuing to play/practice could be catastrophic and result in sudden cardiac death. The warning symptoms should be taken seriously and seek timely, appropriate medical care that can prevent serious and possibly fatal consequences. The symptoms can be unclear in student-athletes since people often confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

**What are the risks of practicing/playing after experiencing these symptoms?** There are risks associated with continuing to practice/play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes.

**Removal from play/return to play?** Any student-athlete who shows signs or symptoms of SCA before, during, or after activity must be removed from practice/play. Play includes all athletic activities. Before returning to play, the athlete must be evaluated by a licensed physician, certified registered nurse practitioner, or cardiologist (heart doctor). The parent/guardian must provide written clearance from medical personnel for the student-athlete to return.

**How can we minimize the risk of SCA and improve outcomes?** Medical providers can minimize the risk of SCA by providing appropriate prevention, recognition, and treatment strategies. One important strategy is the requirement for a yearly pre-participation screening evaluation, often called a sports physical, and performed by the athlete's medical provider.

- It is imperative that you carefully and accurately complete the personal history and heart health questions about your family in the "VHSL Athletic Participation/Parental Consent/Physical Examination Form" available at [vhsl.org/forms/](http://vhsl.org/forms/).

You may visit the following sites for more information:

- American Heart Association [heart.org](http://heart.org)
- Parent Heart Watch [parentheartwatch.org](http://parentheartwatch.org)
- Sudden Cardiac Arrest Foundation [sca-aware.org](http://sca-aware.org)

## Parent/Student Athlete Acknowledgement

The Code of Virginia § 22.1-271.8 requires that in order to participate in any extracurricular physical activity, each student-athlete and the student-athlete's parent/guardian shall review, on an annual basis, the information provided by the local school division on symptoms that may lead to sudden cardiac arrest. After reviewing the materials, each student-athlete and the student-athletes parent/guardian shall sign a statement acknowledging receipt of such information in a manner approved by the Board of Education.

The Code of Virginia § 22.1-271.8 requires that a student-athlete experiencing symptoms that may lead to sudden cardiac arrest be immediately removed from play. A student-athlete who is removed from play shall not return to play until he is evaluated and receives written clearance to return to physical activity by an appropriately licensed health care provider as determined by the Board of Education. The licensed health care provider evaluating student-athletes may be a volunteer.

I have reviewed the Newport News Public Schools Sudden Cardiac Arrest Information Sheet.

\_\_\_\_\_  
Student-Athlete's Printed Name

\_\_\_\_\_  
Student-Athlete's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Printed Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School

\_\_\_\_\_  
Sport



**Athletics & Driver Education**

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I, the Parent/ Guardian of \_\_\_\_\_ have read and fully understand the Newport News Concussion Policy and Return to Play Protocol. I also have reviewed and understand the short and long term effects of sports related concussions and am committed to ensuring the safety of this child.

\_\_\_\_\_  
Printed Name of Parent/Guardian

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Revised May 2013

# Middle School Athletics Students in “Good Standing”

Once the final roster is determined, students will be monitored for academics, behavior, and attendance. Any negative drops in behavior, academics, or attendance during the season may result in the denial of practice time, suspension from meets or games, or removal from the team. We expect this contract to help student/athletes move forward positively academically, behaviorally, and athletically.

## The Four Components of Good Standing:

### 1. Academics

*Being a Student/Athlete will always be the primary focus.*

- Completing homework is non-negotiable. All homework is to be completed. Multiple incomplete grades or “zeroes” can result in a student being **not in good standing**.
- Interim reports and other progress reports may be obtained from teachers.
- Unsatisfactory academic progress may cause a student to be **not in good standing**.

### 2. Attendance

*“When you miss school, you miss out!”*

- You must be present in school the day of practice, meets, and games in order to participate.
- Being sent to ISS for being tardy can result in a student being **not in good standing**.
- Multiple unexcused absences can result in a student being **not in good standing**.

### 3. Behavior

*Exemplary behavior is expected from all students that represent our school both on and off the court or athletic field.*

- ISS and OSS for referrals written will result in the player being **not in good standing** for the duration of the ISS or OSS assignment. This goes for bus referrals as well. Students will not participate in practice, games, or meets when **not in good standing**.
- Teams stay together while at games or meets. There is to be no traveling around a home team’s school while waiting for the start of a game. Stay together as a team during away games.

### 4. Sportsmanship

*Athletes will exhibit appropriate sportsmanship in all games and practices. Poor sportsmanship includes the following:*

- Arguing with coaches, referees, or officials
- Being ejected from a game or meet
- Receiving technical fouls for behavior on the court during a game
- Taunting, belittling, “showboating” or “trash-talking” opposing players
- Communicating with spectators
- Any conduct that is detrimental to the team or to the school.
- Students who are in violation of good sportsmanship will be **not in good standing** for the following week.

---

Student Signature

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Date

---

Parent Signature

---

Date

**NEWPORT NEWS PUBLIC SCHOOLS  
PERMISSION FOR EMERGENCY CARE – MS ATHLETICS**

School \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ Birthday \_\_\_\_\_ Homeroom \_\_\_\_\_

Parent's Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Allergic to medication (specify type) \_\_\_\_\_

Has student been prescribed an inhaler / epipen? \_\_\_\_\_ Is student presently taking medication? \_\_\_\_\_

If so, what type? \_\_\_\_\_ Does the student wear contact lenses? \_\_\_\_\_

Please list date of last tetanus shot \_\_\_\_\_

Any other medical problems \_\_\_\_\_

\_\_\_\_\_

Insurance in addition to athletic insurance Yes \_\_\_\_\_ (complete other side of this form)

**IN CASE OF EMERGENCY, CONTACT**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work and/or Cell Number \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

In case of an emergency and I cannot be reached, the school has my permission to take my child to the emergency room of the nearest hospital and the hospital and its medical staff has my permission to provide treatment which a physician deems necessary for the well-being of my child.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**ATHLETIC INSURANCE INFORMATION**

Student's Full Name \_\_\_\_\_

Name of Parent Who Carries Insurance \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

I certify that the above named student athlete has the above health and accident insurance coverage in addition to the Newport News Public Schools athletic accidental medical coverage.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Revised May 2009

# Athletic Insurance

The Newport News Public Schools has been able to secure a SECONDARY Insurance Coverage for all student-athletes participating in high school sports.

All athletes must complete and return signed athletic insurance information cards prior to any try-out or practice session. Athletes and parents should also be advised that the Newport News Athletic Insurance is limited in coverage and is intended to supplement family owned policies.

Parents are responsible for making all claims. Notification of Injury forms must be picked up from the schools' athletic office or from the head coach. Notification of Injury forms must be submitted to the company within 90 days of the accident and the initial treatment for the injury must have commenced within 90 days of the injury.

All eligible athletes are covered by catastrophic insurance provided thru the VHSL. The insurance is paid for by the Newport News Public Schools.

## Sample Injury Form

<b>SEND NOTIFICATION FORM TO:</b> TOWER FINANCIAL GROUP P.O. Box 62263 VIRGINIA BEACH, VA 23466 Phone (757) 499-4488 Fax: (757) 499-1522 claims@towerfinancialgroupinc.com		<b>NOTIFICATION OF INJURY</b> Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.		Reference Number
<b>FORM MUST BE COMPLETED IN FULL &amp; MAILED TO OUR OFFICE WITHIN 90 DAYS FROM THE DATE OF THE ACCIDENT</b>				<b>FOR OFFICE USE</b> Policy Number Coverage Code
<b>PART I - ACCIDENT REPORT</b>				
1A. Name of School		1B. Name of School District/Diocese/Association		
2A. Name of Student (Last) (First) (Middle Initial)		2B. Social Security No.	2C. Grade	2D. Birthdate
2E. Sex		3. Nature of Injury (Please describe fully indicating what part of body was injured - e.g. broken arm, sprained ankle, etc.)		
4. Describe how accident occurred. (Please provide all details.) <b>MUST BE A BODILY INJURY DUE TO AN ACCIDENT.</b>				
5A. Was the accident school-related? <input type="checkbox"/> Yes <input type="checkbox"/> No		5B. Is the accident covered under a catastrophic policy? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6A. Did Accident Occur: a) while the claimant was supervised? <input type="checkbox"/> Yes <input type="checkbox"/> No b) during sponsored activity? <input type="checkbox"/> <input type="checkbox"/> c) during programmed hours? <input type="checkbox"/> <input type="checkbox"/> d) on activity premises? <input type="checkbox"/> <input type="checkbox"/> e) while traveling directly and uninterrupted to or from home premises and school for regular school sessions or school sponsored and supervised activities? <input type="checkbox"/> <input type="checkbox"/>		6B. a) Date of Accident b) Time c) Place		6C. Name of Activity 6D. Name and Title of Supervisor
7A. Signature of School Officer		7B. Title		7C. Date
<b>PART II - TO BE COMPLETED BY PARENT/GUARDIAN OR CLAIMANT (IF ADULT)</b>				
1A. Name of Father/Guardian or Claimant (if adult) <input type="checkbox"/> None		1B. Social Security No.	1C. Address/City/State/Zip	1D. Phone Number
2A. Name of Mother/Guardian or Spouse (if adult) <input type="checkbox"/> None		2B. Social Security No.	2C. Address/City/State/Zip	2D. Phone Number
3A. Name of Father/Guardian's or Claimant's (if adult) Employer <input type="checkbox"/> None		3B. Address/City/State/Zip of Employer	3C. Phone Number	
4A. Name of Mother/Guardian's or Spouse's (if adult) Employer <input type="checkbox"/> None		4B. Address/City/State/Zip of Employer	4C. Phone Number	
5A. List all insurance Company(ies) under which the claimant is insured <input type="checkbox"/> None		5B. Policy Number(s)	5C. <input type="checkbox"/> Medicaid <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Govt. <input type="checkbox"/> Medicaid <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Govt. <input type="checkbox"/> Medicaid <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Govt. <input type="checkbox"/> Medicaid <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Govt. <input type="checkbox"/> Medicaid <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Govt.	
<b>Affidavit:</b> I verify that the above information regarding insurance is accurate and complete. I understand that the intentional furnishing of incorrect information via the U.S. Mail may be fraudulent and violate federal laws as well as state laws.				
Signature of Parent/Guardian or Claimant (if adult)		Date		
<b>Authorization:</b> I hereby authorize any physician or hospital who has treated or attended to the above claimant to furnish the insurance company or its representative any information requested. A photocopy of this authorization is to be considered valid.				
Signature of Insured (Parent or Guardian if claimant is under 18)		Date		

### CLAIM INSTRUCTIONS

Treatment must commence within 90 days from the date of the accident.

- In case of an accident, notify the school/organization immediately.
- Notify **ALL** treatment facilities (physician's office, hospital, etc.) of this insurance coverage so that any invoices and/or Explanation of Benefits (EOB) can be sent directly from the medical facility to Tower Financial Group.
- Have Part I and Part II completed on the Notification of Injury form. Do not leave any blank spaces or write "N/A" in any space. If either parent or guardian is uninjured, deceased, unemployed, self-employed or disabled, please state so. If you are employed, but do not have insurance, please state "NO INSURANCE" and provide us with a statement from your employer that the claimant has no insurance. Otherwise, our office will submit an insurance questionnaire to your employer to be used as verification of no dependent coverage.
- Attach any itemized bills to the claim form, along with any corresponding Explanation of Benefits (EOB) for each itemized bill. An itemized bill includes treatment rendered, the dates of the treatment, diagnosis codes, physician's or hospital's name, address and tax i.d. number. **Balance Due bills are not acceptable.** Be sure to attach any receipts for bills paid out-of-pocket. Otherwise, benefits will be paid to the provider of service. Please Note: Both an itemized bill and EOB (if applicable) must be submitted for claims to be considered for accident medical expense benefits.
- Mail the Notification of Injury form, along with any other applicable correspondence to our office within 90 days from the date of the accident. Do not leave this form with the school, coach, hospital, physician, etc. Our address is **Tower Financial Group, P.O. Box 62263, Virginia Beach, VA 23466 or claims@towerfinancialgroupinc.com.** If you need further assistance, feel free to contact Customer Service at (757) 499-4488. We will be happy to assist you.

If your medical coverage is under an HMO, PPO or similar plan, you must follow their requirements for obtaining benefits. Otherwise, our benefits may be reduced, where applicable, as stated in the policy provisions. This restriction does not apply in every state.

SEE CLAIM INSTRUCTIONS ON THE BACK OF THIS FORM

1-10-04-1007

**SEND NOTIFICATION FORM TO:****NOTIFICATION OF INJURY**

Reference Number

**TOWER FINANCIAL GROUP**  
**P.O. Box 62263**  
**VIRGINIA BEACH, VA 23466**  
**Phone (757) 499-4488**  
**Fax: (757) 499-1522**  
**claims@towerfinancialgroupinc.com**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FOR OFFICE USE**

Policy Number

Coverage Code

**FORM MUST BE COMPLETED IN FULL & MAILED TO OUR OFFICE WITHIN 90 DAYS FROM THE DATE OF THE ACCIDENT****PART I – ACCIDENT REPORT**

1A. Name of School		1B. Name of School District/Diocese/Association				
2A. Name of Student (Last)	(First)	(Middle Initial)	2B. Social Security No.	2C. Grade	2D. Birthdate	2E. Sex
3. Nature of Injury (Please describe fully indicating what part of body was injured – e.g. broken arm, sprained ankle, etc.)						
4. Describe how accident occurred. (Please provide all details.) <b>MUST BE A BODILY INJURY DUE TO AN ACCIDENT.</b>						
5A. Was the accident school-related? <input type="checkbox"/> Yes <input type="checkbox"/> No			5B. Is the accident covered under a catastrophic policy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6A. Did Accident Occur:		Yes	No	6B. a) Date of Accident		6C. Name of Activity
a) while the claimant was supervised?		<input type="checkbox"/>	<input type="checkbox"/>	b) Time		6D. Name and Title of Supervisor
b) during sponsored activity?		<input type="checkbox"/>	<input type="checkbox"/>			
c) during programmed hours?		<input type="checkbox"/>	<input type="checkbox"/>			
d) on activity premises?		<input type="checkbox"/>	<input type="checkbox"/>			
e) while traveling directly and uninterruptedly to or from home premises and school for regular school sessions or school sponsored and supervised activities?		<input type="checkbox"/>	<input type="checkbox"/>	c) Place		
7A. _____		7B. _____		7C. _____		
Signature of School Officer		Title		Date		

**PART II – TO BE COMPLETED BY PARENT/GUARDIAN OR CLAIMANT (IF ADULT)**

1A. Name of Father/Guardian or Claimant (if adult) <input type="checkbox"/> None	1B. Social Security No.	1C. Address/City/State/Zip	1D. Phone Number
2A. Name of Mother/Guardian or Spouse (if adult) <input type="checkbox"/> None	2B. Social Security No.	2C. Address/City/State/Zip	2D. Phone Number
3A. Name of Father/Guardian's or Claimant's (if adult) Employer <input type="checkbox"/> None	3B. Address/City/State/Zip of Employer		3C. Phone Number
4A. Name of Mother/Guardian's or Spouse's (if adult) Employer <input type="checkbox"/> None	4B. Address/City/State/Zip of Employer		4C. Phone Number
5A. List all Insurance Company(ies) under which the claimant is insured <input type="checkbox"/> None	5B. Policy Number(s)	5C.	
_____	_____	<input type="checkbox"/> Medicaid <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Govt.	
_____	_____	<input type="checkbox"/> Medicaid <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Govt.	
_____	_____	<input type="checkbox"/> Medicaid <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Govt.	
_____	_____	<input type="checkbox"/> Medicaid <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Govt.	
_____	_____	<input type="checkbox"/> Medicaid <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Govt.	

**Affidavit:** I verify that the above information regarding insurance is accurate and complete. I understand that the intentional furnishing of incorrect information via the U.S. Mail may be fraudulent and violate federal laws as well as state laws.

Signature of Parent/Guardian or Claimant (if adult)

Date

**Authorization:** I hereby authorize any physician or hospital who has treated or attended to the above claimant to furnish the insurance company or its representative any information requested. A photocopy of this authorization is to be considered valid.

Signature of Insured (Parent or Guardian if claimant is under 18)

Date

**SEE CLAIM INSTRUCTIONS ON THE BACK OF THIS FORM**

## CLAIM INSTRUCTIONS

Treatment must commence within 90 days from the date of the accident.

1. In case of an accident, notify the school/organization immediately.
2. Notify **ALL** treatment facilities (physician's office, hospital, etc.) of this insurance coverage so that any invoices and/or Explanation of Benefits (EOB) can be sent directly from the medical facility to Tower Financial Group.
3. Have Part I and Part II completed on the Notification of Injury form. Do not leave any blank spaces or write "N/A" in any space. If either parent or guardian is uninvolved, deceased, unemployed, self-employed or disabled, please state so. If you are employed, but do not have insurance, please state "NO INSURANCE" and provide us with a statement from your employer that the claimant has no insurance. Otherwise, our office will submit an insurance questionnaire to your employer to be used as verification of no dependent coverage.
4. Attach any itemized bills to the claim form, along with any corresponding Explanation of Benefits (EOB) for each itemized bill. An itemized bill includes treatment rendered, the dates of the treatment, diagnosis codes, physician's or hospital's name, address and tax i.d. number. Balance Due bills are not acceptable. Be sure to attach any receipts for bills paid out-of-pocket. Otherwise, benefits will be paid to the provider of service. Please Note: Both an itemized bill and EOB (if applicable) must be submitted for claims to be considered for accident medical expense benefits.
5. Mail the Notification of Injury form, along with any other applicable correspondence to our office within 90 days from the date of the accident. Do not leave this form with the school, coach, hospital, physician, etc. Our address is **Tower Financial Group, P.O. Box 62263, Virginia Beach, VA 23466** or [claims@towerfinancialgroupinc.com](mailto:claims@towerfinancialgroupinc.com). If you need further assistance, feel free to contact Customer Service at **(757) 499-4488**. We will be happy to assist you.

If your medical coverage is under an HMO, PPO or similar plan, you must follow their requirements for obtaining benefits. Otherwise, our benefits may be reduced, where applicable, as stated in the policy provisions. This restriction does not apply in every state.



VIRGINIA HIGH SCHOOL LEAGUE, INC.  
 1642 State Farm Blvd., Charlottesville, Va. 22911

**ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICAL EXAMINATION FORM**

Separate signed form is required for each school year MAY 1 of the current year through JUNE 30 of the succeeding year.

For school year \_\_\_\_\_

**PART I- ATHLETIC PARTICIPATION**  
 (To be filled in and signed by the student)

Male \_\_\_\_\_  
 Female \_\_\_\_\_

**PRINT CLEARLY**

Name \_\_\_\_\_ Student ID# \_\_\_\_\_  
 (Last) (First) (Middle Initial)

Home Address \_\_\_\_\_

City/Zip Code \_\_\_\_\_

Home Address of Parents \_\_\_\_\_

City/Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

This is my \_\_\_\_\_ semester in \_\_\_\_\_ High School, and my \_\_\_\_\_ semester since first entering the ninth grade. Last semester I attended \_\_\_\_\_ School and passed \_\_\_\_\_ credit subjects, and I am taking \_\_\_\_\_ credit subjects this semester. I have read the condensed individual eligibility rules of the Virginia High School League that appear below and believe I am eligible to represent my present high school in athletics.

**INDIVIDUALIZED ELIGIBILITY RULES**

To be eligible to represent your school in any VHSL interscholastic athletic contest, you:

- Must be a regular bona fide student in good standing of the school you represent.
- Must be enrolled in the last four years of high school. (Eighth-grade students may be eligible for junior varsity)
- Must have enrolled not later than the fifteenth day of the current semester.
- For the first semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding year or the immediately preceding semester for schools that certify credits on a semester basis. (Check with your principal for equivalent requirements.) **May not repeat courses for eligibility purposes for which credit has been previously awarded.**
- For the second semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding semester. (Check with your principal for equivalent requirements.)
- Must sit out all VHSL competition for 365 consecutive calendar days following a school transfer unless the transfer corresponded with a family move. (Check with your principal for exceptions.)
- Must not have reached your nineteenth birthday on or before the first day of August of the current school year.
- Must not, after entering ninth grade for the first time, have been enrolled in or been eligible for enrollment in high school more than eight consecutive semesters.
- Must have submitted to your principal before any kind of participation, including tryouts or practice as a member of any school athletic or cheerleading team, an Athletic Participation/Parent Consent/Physical Examination Form, completely filled in and properly signed attesting that you have been examined during this school year and found to be physically fit for competition and that your parents' consent to your participation.
- Must not be in violation of VHSL Amateur, Awards, All Star or College Team Rules. (Check with your principal for clarification about cheerleading.)

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above-listed minimum standards, but also all other standards set by your League, district and school. If you have any question regarding your eligibility or are in doubt about the effect an activity might have on your eligibility, **check with your principal for interpretations and exceptions provided under League rules.** Meeting the intent and spirit of League standards will prevent you, your team, school and community from being penalized. Additionally, I give my consent and approval for my picture and name to be printed in any high school or VHSL athletic program, publication or video.

**LOCAL SCHOOL DIVISIONS AND VHSL DISTRICTS MAY REQUIRE ADDITIONAL STANDARDS TO THOSE LISTED ABOVE.**

→Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PROVIDING FALSE INFORMATION WILL RESULT IN INELIGIBILITY FOR ONE YEAR.**

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.

**PART II- MEDICAL HISTORY (Explain "YES" answers below)**

This form must be complete and signed, prior to the physical examination, for review by examining practitioner.  
Explain "YES" answers below with number of the question. Circle questions you don't know the answers to.

GENERAL MEDICAL HISTORY		YES	NO	MEDICAL QUESTIONS CONTINUED		YES	NO
1.	Do you have any concerns that you would like to discuss with your provider?	<input type="checkbox"/>	<input type="checkbox"/>	24.	Have you had mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Has a provider ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	25.	Are you missing a kidney, eye, testicle, spleen or other internal organ?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do you have any ongoing medical conditions? If so, please identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	26.	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are you currently taking any medications or supplements on a daily basis?	<input type="checkbox"/>	<input type="checkbox"/>	27.	Have you ever become ill while exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do you have allergies to any medications?	<input type="checkbox"/>	<input type="checkbox"/>	28.	When exercising in the heat, do you have severe muscle cramps?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?	<input type="checkbox"/>	<input type="checkbox"/>	29.	Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Have you ever spent the night in the hospital? If yes, why? _____	<input type="checkbox"/>	<input type="checkbox"/>	30.	Have you ever had numbness, tingling or weakness in your arms or legs or been unable to move your arms or legs <u>AFTER being hit or falling?</u>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	31.	Do you or does someone in your family have sickle cell trait or disease?	<input type="checkbox"/>	<input type="checkbox"/>
<b>HEART HEALTH QUESTIONS ABOUT YOU</b>		<b>YES</b>	<b>NO</b>	32.	Have you had any other blood disorders?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Have you ever passed out or nearly passed out DURING or AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	33.	Have you had a concussion or head injury that caused confusion, a prolonged headache or memory problems?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	34.	Have you had or do you have any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Does your heart race, flutter in your chest or skip beats (irregular beats) during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	35.	Do you wear glasses or contacts?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Has a doctor ever ordered a test for your heart? For example, electrocardiography or echocardiography.	<input type="checkbox"/>	<input type="checkbox"/>	36.	Do you wear protective eyewear like goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Has a doctor ever told you that you have any heart problems, including: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki Disease <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	37.	Do you worry about your weight?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Do you get light-headed or feel shorter of breath than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	38.	Are you trying to or has anyone recommended that you gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	39.	Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
<b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>		<b>YES</b>	<b>NO</b>	40.	Have you ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	41.	Are you on a special diet or do you avoid certain types of foods or food groups?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car crash)?	<input type="checkbox"/>	<input type="checkbox"/>	42.	Allergies to food or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>
18.	Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTs), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?	<input type="checkbox"/>	<input type="checkbox"/>	43.	Have you ever had a COVID-19 diagnosis? Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
19.	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	<input type="checkbox"/>	<input type="checkbox"/>	44.	What is the date of your last Tdap or Td (tetanus) immunization? (circle type) Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>BONE AND JOINT QUESTIONS</b>		<b>YES</b>	<b>NO</b>	<b>FEMALES ONLY</b>		<b>YES</b>	<b>NO</b>
20.	Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>	45.	Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
21.	Do you currently have a bone, muscle or joint injury that bothers you?	<input type="checkbox"/>	<input type="checkbox"/>	46.	Age when you had your first menstrual period: _____		
<b>MEDICAL QUESTIONS</b>		<b>YES</b>	<b>NO</b>	47.	Number of periods in the last 12 months: _____		
22.	Do you cough, wheeze or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	48.	When was your most recent menstrual period? _____		
23.	Do you have asthma or use asthma medicine (inhaler, nebulizer)?	<input type="checkbox"/>	<input type="checkbox"/>	<b>EXPLAIN "YES" ANSWERS BELOW</b>			
				#	>>		
				#	>>		
				#	>>		
				#	>>		
				#	>>		
				#	>>		
				<b>List medications and nutritional supplements you are currently taking here:</b>			

→ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ → Athlete's Signature: \_\_\_\_\_

**PART III- PHYSICAL EXAMINATION**

(Physical examination form is required each school year dated after May 1 of the preceding school year and is good through June 30 of the current school year)\*\*

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SCHOOL \_\_\_\_\_

Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP /	Resting pulse	Vision R 20/	L 20/
		Corrected	<input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance (Marfan stigmata: kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse, and aortic insufficiency)		
Eyes/ears/nose/throat (Pupils equal, hearing)		
Lymph nodes		
Heart (Murmurs: auscultation standing, supine, +/- Valsalva)		
Pulses		
Lungs		
Abdomen		
Skin (Herpes simplex virus, lesions suggestive of MRSA or tinea corporis)		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional (i.e. Double leg squat, single leg squat, box drop or step drop test)		
Emergency medications required on-site: <input type="checkbox"/> Inhaler <input type="checkbox"/> Epinephrine <input type="checkbox"/> Glucagon <input type="checkbox"/> Other:		
COMMENTS:		

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics:

- MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION**
- MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION WITH RECOMMENDATION FOR FURTHER EVALUATION OR TREATMENT OF:** \_\_\_\_\_
- MEDICALLY ELIGIBLE ONLY FOR THE FOLLOWING SPORTS:** \_\_\_\_\_  
Reason: \_\_\_\_\_
- NOT MEDICALLY ELIGIBLE PENDING FURTHER EVALUATION OF:** \_\_\_\_\_
- NOT MEDICALLY ELIGIBLE FOR ANY SPORTS**

By this signature, I attest that I have examined the above student and completed this pre-participation physical including a review of Part II- Medical History.

→ PRACTITIONER SIGNATURE: \_\_\_\_\_ (MD, DO, NP or PA)+ DATE\*\*: \_\_\_\_\_  
 EXAMINER'S NAME AND DEGREE (PRINT): \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**+Only signature of Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician's Assistant licensed to practice in the United States will be accepted.**

Rule 28B-1 (3) Physical Examination Rule/Transfer Student (10-90)- When an out-of-state student who has received a current physical examination elsewhere transfers to Virginia and attaches proof of that physical examination to the League form #2, the student is in compliance with physical examination requirements.

**PART IV- ACKNOWLEDGEMENTS OF RISK AND INSURANCE STATEMENT**

(To be completed by parent/guardian)

I give permission for \_\_\_\_\_ (name of child/ward) to participate in any of the following sports that are NOT crossed out: baseball, basketball, cheerleading, cross country, field hockey, football, golf, gymnastics, lacrosse, soccer, softball, swim/dive, tennis, track, volleyball, wrestling, other (identify sports): \_\_\_\_\_

I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, written handouts or some other means. He/she has student medical/accident insurance available through the school (yes\_\_ no\_\_); has athletic participation insurance coverage through the school (yes\_\_ no\_\_); is insured by our family policy with:  
Name of medical insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_ Name of policy holder: \_\_\_\_\_

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team.

By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the school to perform a pre-participation examination on my child and to provide treatment for any injury or condition resulting from participation in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) of health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.

Additionally, I give my consent and approval for the above named student's picture and name to be printed in any high school or VHSL athletic program, publication or video.

To access quality, low-cost comprehensive health insurance through FAMIS for your child, please contact Cover Virginia by going to [www.coverva.org](http://www.coverva.org) or calling 855-242-8282.

**PART V- EMERGENCY PERMISSION FORM\***

(To be completed and signed by the parent/guardian)

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_ CITY: \_\_\_\_\_

Please list any significant health problems that might be significant to a physician evaluating your child **in case of an emergency**:

PLEASE LIST ANY ALLERGIES TO MEDICATIONS, ETC: \_\_\_\_\_

IS THE STUDENT CURRENTLY PRESCRIBED AN INHALER OR EPI-PEN? \_\_\_\_\_ LIST THE EMERGENCY MEDICATION: \_\_\_\_\_

IS THE STUDENT PRESENTLY TAKING ANY OTHER MEDICATION? \_\_\_\_\_ IF SO, WHAT? \_\_\_\_\_

DOES THE STUDENT WEAR CONTACT LENSES? \_\_\_\_\_ DATE OF LAST Tdap OR Td (TETANUS) SHOT: \_\_\_\_\_

**EMERGENCY AUTHORIZATION:** In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of \_\_\_\_\_ High School to hospitalize, secure proper treatment for and to order the injection and/or anesthesia and/or surgery for the person named above.

DAYTIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY): \_\_\_\_\_

EVENING TIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY): \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

→ SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

\*Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment in needed.

→ I CERTIFY ALL OF THE ABOVE INFORMATION IS CORRECT: \_\_\_\_\_

**Parent/Guardian signature**

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.

## **ACCEPTING EQUIPMENT**

This is a reminder to all coaches that you are not allowed to accept any free items from any group, booster club, and/or individual without checking with the Central Athletics Department and/or your principal. Such gifts to your program must benefit both girls and boys. Not doing that may violate Title IX and we don't want our school division involved with any violations.

## **TITLE IX**

**"No person in the U.S. shall, on the basis of sex be excluded from participation in, or denied the benefits of, or be subjected to discrimination under any educational program or activity receiving federal aid."**

<http://bailiwick.lib.uiowa.edu/ge/aboutRE.html>

## **NON-DISCRIMINATION**

The Newport News School Division does not discriminate on the basis of race, color, national origin, sex, creed, marital status, age, or disability in its programs, activities, or employment practices as required by the Title VI, Title VII, Title IX, Section 504, and ADA regulations. The HR Compliance Representative at 12507 Warwick Boulevard, Newport News, VA 23606, (757-881-5061), is responsible for coordinating the division's efforts to meet its obligations under Section 504, Title IX, the ADA, and their implementing regulations.



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