

Dover Middle School Athletic Agreement

2019-2020

The Dover School District believes individual students will benefit from participation in interscholastic sports activities. The experience of self-discipline required in individual or team sports and the opportunity to learn additional skills increase the value of the school experience and contributes to the emotional, social and physical growth of all. The information that follows is meant to inform you of the policies and rules, which govern athletics at Dover Middle School (D.M.S.). Please understand that individual coaches may have rules that exceed those that are outlined in this document.

A student/athlete can forfeit his/her eligibility when:

1. An athlete fails to have, at least, one physician performed *physical examination* prior to participation on their first athletic team while at D.M.S. (e.g., 1 physical prior to participation during 5th and 7th grade year).
2. The athlete fails **more than one core subject** during any marking period. The athlete will not be eligible for participation until the next report card is issued.
3. The athlete fails to return or account for any school-related material.
4. The athlete exhibits behavior that is detrimental to the concept of positive sportsmanship and, in the judgment of the coach, principal, official or athletic director discredits the school, the program and/or him/herself.
5. The athlete is caught **on** or **off** school grounds drinking or possessing alcoholic beverages, using or possessing unauthorized drugs, Smoking, or using tobacco products, Vaping or using vape products, committing vandalism, stealing or gambling.
6. They miss all or part of a school day without an excuse that is deemed valid by the coach, principal or the athletic director.
7. An athlete is transported to or from an away contest by someone other than that players parent/guardian without written consent by the parent/guardian and approved by the Athletic Director or his/her designee.
8. The athlete disobeys rules and regulations set forth by the individual coach.
9. The student-athlete bullies, hazes or abuses another individual socially, emotionally or physically.
10. The student-athlete is assigned in-school or out-of-school suspension.
11. Text messages or inappropriate use of social media towards a teammate, fellow student and/or athlete, opponent, coach or others may result in immediate removal from the team.

**If there is a need for an appeal of any disciplinary actions the student/athlete and/or parents should follow the chain of command listed.*

1. Coach > 2. Athletic Director > 3. Principal > 4. Superintendent > 5. School Board

Please be sure to complete the following before your son/daughter attends their first practice.

1. Proof of physical exam is turned into the coach prior to the first practice/tryout OR a valid physical (less than 2 years old) is on file with the ATHLETIC OFFICE.
2. Complete all registration information on Family I.D. (www.dover.k12.nh.us)
3. Complete the Pay Pal section of Family I.D. / Transportation Fee

***Middle School Soccer, Baseball, Lacrosse and Basketball teams are open to students in grades 7 and 8. Students in grades 5 and 6 have the opportunity to play on Dover community/recreation based teams. If rec. teams are not available or if low participation numbers warrant consideration will be given to sixth graders if space permits.**

***Volleyball, Cheering, Spring Track and Field and Cross Country programs are open to students in grades 5, 6, 7 and 8.**

***Field Hockey will be open to students in grades 6, 7 and 8.**

DUTY TO WARN

The following is a list of school sports and the common types of injuries associated with each sport.

1. Football/Lacrosse – Potential injuries – strains, sprains, contusions, abrasions, concussions, dehydration, more serious injuries, to death.
2. Basketball – Potential injuries – sprains, strains, contusions, abrasions, concussions, blisters, cramping, more serious injuries, to death.
3. Baseball/Softball – Sprains, strains, contusions, fractures, punctures, dislocations, more serious injuries, to death.
4. Ice Hockey – Potential injuries – groin strains, sprains, knee injuries, contusions, concussions, broken teeth, facial lacerations, more serious injuries, to death.
5. Soccer/Field Hockey – Potential injuries – strains, sprains, concussions, fractures, eye damage, more serious injuries, to death.
6. Gymnastics/Cheering – Risk potential – high – potential injuries – sprains, strains, concussions, fractures, more serious injuries, to death.
7. Track Field/Cross Country – Potential injuries – sprains, strains, shin splints, contusions, fractures, back, knee and ankle problems, more serious injuries, to death.
8. Skiing Down Hill/Cross Country – Potential injuries – sprains, strains, contusions, abrasions, concussion, fractures, more serious injuries, to death.
9. Swimming – Potential injuries – contusions, abrasions, strains, hypothermia, cramping, more serious injuries, to death.
10. Golf – Potential injuries – strains, sprains, back injuries, more serious injuries, to death.
11. Tennis – Potential injuries – contusions, abrasions, strains, sprains, dehydration, eye injuries, elbow inflammation, heat exhaustion, more serious injuries, to death.
12. Volleyball – Potential injuries – sprains, strains, contusions, abrasions, fractures, more serious injuries, to death

Medical/Health Information

(please complete this form and return to your coach)

Athlete's Name _____ Sports _____ Grade _____ Date _____

1. Emergency Contact _____ Phone # _____

2. Date of Last Physical _____ Family Physician _____

3. Please list any medical conditions the school should be aware of _____

4. Please list any head, neck or spine injuries that your son/daughter has ever incurred _____

5. If your daughter/son has ever been instructed not to participate in a sport please list the reason(s) _____

Insurance Coverage Information

My son/daughter is a candidate for an interscholastic athletic team(s) at Dover Middle/High School during the 2019 - 2020 school year. She/he has my permission to play under the supervision of regularly appointed instructors. Additionally, my son/daughter has my permission to participate in all conditioning and affiliated programs with the athletic department from June 19, 2019 – August 31, 2020. In giving this consent, I understand that the Dover School District assumes no financial liability for any accident or injury to a pupil which may occur as a result of participation in this sport/conditioning program or while traveling to or from athletic functions. I agree to assume medical expenses for my daughter/son in those sports areas where insurance coverage is not handled by the Dover School District. My son/daughter has medical coverage by the following company:

Company Name: _____

Policy Number _____

High School/Middle School Athletic Agreement

The athletic agreement has been designed to achieve understanding between the coach, the student/athlete and the family. By signing this agreement the student/athlete and the parents acknowledge an understanding of the expectations and rules associated with D.H.S/D.M.S athletics and have also been duly warned of the dangers inherent to the sport of choice. ALL ATHLETIC AGREEMENT POLICIES ARE IN EFFECT FROM THE 1ST DATE OF PRACTICE/TRYOUTS FOR EACH RESPECTIVE SPORTS SEASON TO THE LAST EVENT OF THE RESPECTIVE SPORTS SEASON TO INCLUDE PLAYOFFS / TOURNAMENTS. Every athlete is expected to travel to and from an athletic event in school provided transportation. Exceptions to this would be a direct prior request, in writing, from the parent/guardian to the Athletic Director – extenuating circumstances may allow a coach to approve this request if submitted in writing. In some sports that practice/play away from school property it is understood that my student-athlete must find their own transportation to those practices and home competitions/scrimmages. Bus transportation will only be provided for away contests. The Dover School District or its employees are not to be held liable for any accident traveling to or from the home facility for practice, scrimmages and/or games.

I have read the Athletic Agreement and the Duty to Warn sections as provided and I hereby agree that the above statements on my son/daughter's medical history are true to the best of my knowledge.

Signatures:

Parent/Guardian _____ Date _____

Athlete _____ Date _____

SPORT _____ HOME PHONE _____

NAME _____ CELL PHONE _____

ADDRESS _____ WORK PHONE _____

_____ FAMILY DR. PHONE _____

Contact in case of an emergency & parent cannot be reached:

NAME	RELATIONSHIP	PHONE NO
Diabetes	Yes _____	No _____
Epileptic	Yes _____	No _____
Heart Condition or disease	Yes _____	No _____
Kidney Injuries	Yes _____	No _____
Asthma	Yes _____	No _____
Allergy to any medications	Yes _____	No _____
Do you wear contacts?	Yes _____	No _____

Other - Please note:

I, _____, parent/guardian of _____

Authorize medical treatment for my son/daughter in the event I cannot be reached and treatment is necessary due to injury sustained while my said son/daughter is participating in the Athletic Program of the Dover School District. Such medical treatment shall be given by a licensed physician in the field of medicine at my expense.

Date

Parent/Guardian