



# TECHNOLOGY MIDDLE SCHOOL



## ATHLETE ELIGIBILITY PACKET

** TMS SPORTS STARTING DATES**							
Sport	Packets Due	Tryouts / Practice	Season Ends	Sport	Packets Due	Tryouts / Practice	Season Ends
Cross Country	8/16/22	8/22/22	10/20/22	Track	2/14/23	2/14/23	5/5/23
7 <sup>th</sup> / 8 <sup>th</sup> Girls Basketball	8/16/22	8/22/22	10/20/22				
Boys Flag Football	8/16/22	8/30/22	10/14/22	Girls Flag Football	3/11/23	3/13/23	5/19/23
Soccer (co-ed)	8/16/22	8/22/22	10/20/22	Boys Volleyball	3/11/23	3/13/23	5/19/23
7 <sup>th</sup> / 8 <sup>th</sup> Boys Basketball	10/24/22	10/24/22	1/20/23				
Girls Volleyball	10/24/22	10/24/22	1/20/23				

Name of Student \_\_\_\_\_ Stu. ID# \_\_\_\_\_ Sport(s) \_\_\_\_\_

Grade: 6<sup>th</sup> ( ) 7<sup>th</sup> ( ) 8<sup>th</sup> ( ) Gender: M ( ) F ( ) Returning student: yes / no New/Transfer Student: yes / no

All pages must be completed by student/ parents **BEFORE** the first day of try-outs/practice:

- Evidence of physical exam (completed after June 1st of this year) or signed and stamped by doctor's office
- **PARENT MEETINGS with COACHES before the Games Begin -**
  - Parent meetings will be on zoom and/or in person.
  - Fall: Cross Country, Girls Basketball/Soccer/Boys Flag Football– Tues 8/30 @ 5:30pm
  - Winter: Boys Basketball, Girls Volleyball-Date 11/3 @ 5:30
  - Spring: Track 3/2 @ TBD
  - Girls Flag Football, Boys Volleyball 3/28 @ 5:30

**FOLLOW US FOR UPDATES ABOUT MEETINGS, GAMES, AND EVENTS**

Instagram: @techmiddle\_athletics

Facebook: @TMS Athletics

### Parent / Guardian Consent: Medical Treatment/Permission to Participate

My child, \_\_\_\_\_, has my permission to participate in interscholastic athletics. I request that my child receive first aid services whenever such services are deemed necessary. I authorize that my child be attended by a licensed physical and/or be taken to the nearest hospital in the event that such treatment is deemed necessary. I will accept the judgment of the person in charge of the activity. I further acknowledge that I understand the warning to students and parents concerning the risks involved with participation in interscholastic athletics. I give my permission for my student to receive first aid services whenever necessary. This consent is valid through June 2023.

\_\_\_\_\_  
Parent / Guardian Signature & Date

\_\_\_\_\_  
Student-Athlete Signature & Date

\$\$\$ Help us raise money for our sports Program \$\$\$ - see the next page to learn how.



## \$\$\$ Help us raise money for our sports Program \$\$\$



### Get Involved in Your Student Athlete's Team And help support the continuation of Middle School Sports in Rohnert Park

Middle school athletics provide an important opportunity for our students to develop their physical, social, and emotional skills. The commitment, self-discipline, teamwork and emotional maturities developed while participating in athletics are all important skills our students learn.

Due to declining enrollment and budget crisis, our district no longer provides funding for our middle school athletic program and after-school interscholastic competition. TMS must fundraise to help cover costs associated with these programs including referee fees, equipment, uniforms, transportation, etc. except coaching stipends which the District pays. ***We rely solely upon donations and fundraisers to sustain the program.***

**Each team participates in our school's fundraising effort to support our sports program.**

#### How Can Parents Help?

- ***\$5-\$100 per player donation (Made out to: TMS Sports) PLEASE DO THIS. ANY AMOUNT HELPS!!! support your student's team equipment, officials/referees, league participation fee and transportation to games. Bus costs have skyrocketed to over \$1000 per bus.***
- Volunteer to be a Team Parent: talk to the team's coach for more information
- Become a Parent Driver: call the main office to get more info about the process. 707-792-4800
- **Donate items for your team to sell at their snack bar!!! This is SO Helpful!!**
  - o **Gatorade, Water, Capri Suns, Individual Chips/Snacks, Rice Krispies Treats, Full size candy bars**
- Donate Your Time: Run the snack bar, help with the Fundraising
- Attend Dine and Donate events when restaurants donate profits back to our Sports teams

#### How Do Students Get Involved?

- Turn in your player donation
- Participate in your team's fundraiser: Barbeque, Team Banners, Dance, Fun Run, Color Run
- Donate items to the snack bar or to other fundraising events: your coach will have more details
- Remind your family about Dine & Donate Events and eat dinner out to support your Team!



**Parent/Guardian Information (please print clearly):**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work/Home Phone: \_\_\_\_\_

Work/Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address of Student: \_\_\_\_\_

Health information or personal information that you would like the coach to know (ie: student uses inhaler, student cannot make practice on Tuesdays, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Date

**EVIDENCE OF PHYSICAL EXAMINATION** (Separate form signed by doctor may be attached)

Patient Name: \_\_\_\_\_ Physician's Name: \_\_\_\_\_

I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in interscholastic sports. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

Doctor's Office: Please stamp here.

Are there any health concerns that should be monitored?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If physical is not attached, this form must be signed & dated by the Doctor AND stamped by the Doctor's Office**

**Medical Insurance Verification** (\$1,500 minimum required - supplemental insurance may be purchased. See TMS Office Staff for information on Student Health Insurance Plans)

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

I will purchase supplementary medical insurance if I am not covered \_\_\_\_\_ (Initial)



# Sportsmanship Pledge

## **Regarding Interscholastic Athletic Competition:**

The role of a parent in the education of a student is vital. The support shown in the home is often manifested in the ability of the student to accept the opportunities presented at school and in life. You have a major influence on your student's attitude about academics and athletics. The leadership role you take will help influence your child, and our community, for years to come. In the end sport is only a game, where we allow others the opportunity to challenge us to improve our skills and motivate us to excel.

## **Parents and Guardians Commit To:**

1. Realize that athletics are part of the educational experience, and the benefits of involvement go beyond the final score of an athletic contest.
2. Encourage students to perform their best, just as you would urge them to excel with their class work.
3. Be supportive of the coach. The team is the coach's responsibility, not the parents'.
4. Be positive role models at athletic contests. Demonstrate and model appropriate conduct and respect of opponents, their fans and the referees.
5. Respect the judgment of the officials and refrain from openly criticizing any call the officials make.
6. Learn, understand, and respect the rules of the game AND the officials who administer them and their decisions.
7. Respect the task our coaches face as teachers and support them as they strive to educate our youth.
8. Be aware that if a parent conference is desired with the coach, it is highly *inappropriate* to speak with the coach regarding this *at the conclusion of an athletic event*. Please wait 24 hours to contact.

## **Athletes Commit To:**

1. Treat teammates, opponents, officials, and coaches with respect.
2. Win with pride and lose without excuses; maintain good sportsmanship... no matter what.
3. Maintain the minimum **GPA of 2.0**. Students with F's may be unable to compete at Teacher/Coach/Admin discretion.
4. No cell phones and media devices during practice or contests.
5. If you serve a detention, you cannot participate in practice that day. It may also impact if you compete that week.
6. If you are suspended from school, you will not compete that week. If suspended more than twice during the season, you may be removed from the team.
7. Poor sportsmanship, citizenship or disrespect towards teammates, opponents or coaches is not expected and athletes may have consequences, including being dismissed from the team.
8. Adhere to all school and team rules and expectations.
9. Not using tobacco, alcohol, or illegal substances on or off campus.
10. Communicating about injuries OR if they will be absent from practice.
11. Being a role model on campus within all classes in regards to behavior and school wide expectations.

## **Signatures of Parent and Athlete Concerning Sportsmanship**

I have read the above TMS sportsmanship pledge and will uphold the practices of good sportsmanship as outlined by the California Interscholastic Federation, the North Coast Section and Technology Middle School.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



## Student-Athlete Citizenship Agreement

Social media can be a useful tool to communicate with teammates, fans, friends, coaches and more. Social media can also be dangerous, if you are not careful. Every picture, link, quote, tweet, status or post that you or your friends put online is forever part of your digital footprint. You never know when that will come back to hurt or help your reputation during the athlete recruiting process, a new job, or other important areas of your life.

Recognizing the above:

- I take responsibility for my online profile, including my posts and any photos, videos or other recordings posted by others in which I appear.
- I will not degrade my opponents before, during or after games in person or online.
- I will only say and post positive things about my teammates, coaches, opponents and officials.
- I will consider "Is this the me I want you to see?" before I say or post anything online.
- I will ignore any negative comments about me and will not retaliate online or in person.
- If I see a teammate post something potentially negative online, I will have a conversation with that teammate. If I do not feel comfortable doing so, I will talk to the team captain or a coach.
- Bullying and cyberbullying as defined in the student handbook and Ed Code (see below) will not be tolerated
- I am aware that I represent my sport(s), school, team, family and community at all times and will do so in a positive manner with my actions in person and online.

### BULLYING/CYBER BULLYING Board Policy 5131 (a, b, c)

- Bullying/harassment of other students or staff, including intimidation, so-called "cyber bullying," hazing or initiation activity, ridicule, extortion, or any other verbal, written, or physical conduct that causes or threatens to cause bodily harm or emotional suffering is strictly forbidden.
- Cyberbullying includes the posting of harassing messages, direct threats, social cruelty, or other harmful text or images on the Internet, social networking sites, or other digital technologies, as well as breaking into another person's account and assuming that person's identity in order to damage that person's reputation or friendships.

Student Name \_\_\_\_\_  
(first and last name)

\_\_\_\_\_  
Grade

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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### Qualifying Grades for Sports

**Initial Below:** I understand that my student **must have a 2.0 GPA** or above on the most recent trimester report card and maintain a 2.0 to participate in team activities. Grades are checked prior to the season to determine eligibility and then each week starting with the first game. **\*\*Students that do not participate in PE may not participate in sports team activities that day.**

Parent's Initial: \_\_\_\_\_

Student's Initial: \_\_\_\_\_



## Athlete After Practice Pickup Policy

All athletes are to be picked up within 15 minutes after the scheduled end of practice or games.

Coaches will respect your families' schedule by providing game and practice schedules at the beginning of the season. Please honor your student athlete's coach by arranging to pick up your child within 15 minutes.

Please indicate below how your student athlete will be getting home after practice and contests by **initialing in the box** that applies and then sign the form at the bottom.

My student athlete is allowed to walk or bike home on their own after practice and games.

initial

My student athlete will be picked up by a responsible adult within 15 minutes of the end of the scheduled practice/games. This includes family members, trusted adults, or carpool.

initial

If athletes are not picked up, the following steps will take place at the coach's discretion.

1<sup>st</sup> time - Warning about timely athlete pick up

2<sup>nd</sup> time - Athlete will sit out a game or match

3<sup>rd</sup> time - Possible removal from the team

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Signature of Parent / Guardian

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Date



**ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT**



In consideration of allowing the below identified minor being allowed to participate in activities offered by the Cotati-Rohnert Park Unified School District (CRPUSD) and related events and activities, the undersigned acknowledges and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my student-athlete’s participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. I have reviewed the most recent directives from the Centers for Disease Control (CDC), the California Department of Public Health and the Sonoma County Dept. of Health regarding the risks associated with COVID-19 exposure and safe practices to follow. If, however, I observe any unusual or significant hazard during my presence or based on information provided to me I will remove my student-athlete from participation and bring such to the attention of the nearest official immediately. Further, I have informed and discussed the dangers of participation and the required rules and regulations to allow participation to my student-athlete and he/she acknowledges a full understanding of such; and,
4. I, for myself and on behalf of my student-athlete, heirs, assigns, personal and representatives HEREBY RELEASE AND HOLD HARMLESS the Cotati-Rohnert Park Unified School District, its officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (“RELEASEES”), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

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

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



## Concussion Information Page 1

# Concussions Can Occur In All Sports and at Home

**LEARN CONCUSSION SIGNS  
AND SYMPTOMS**

SEE FULL LIST OF SYMPTOMS @  
[www.cdc.gov/Concussion](http://www.cdc.gov/Concussion)

- Headache
- Dizziness
- Blurred Vision
- Difficulty Thinking Clearly
- Sensitivity to Noise & Light

The graphic features a yellow background with a red dashed line. To the right is a brown clipboard with a white sheet of paper containing a checklist of five items, each with an unchecked checkbox. A red cross in a white circle is positioned to the right of the clipboard.

**What is It?** A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, jolt to the head or by a blow to another part of the body with the force transmitted to the head. They can be mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** You can't see a concussion and concussions can occur without loss of consciousness. Signs and symptoms of a concussion can take minutes, hours or days to fully appear. If your child reports any symptoms of concussion or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

**What are the Symptoms?:** Your athlete might complain of: headaches, nausea or vomiting, neck pain, balance problems or dizziness, blurred, double or fuzzy vision, sensitivity to light or noise, feeling sluggish or slowed down, feeling foggy or groggy, drowsiness, change in sleep patterns, amnesia, "don't feel right", fatigue or low energy, sadness, nervousness or anxiety, irritability, more emotion, confusion, concentration or memory programs (forgetting game plays) or repeating the same question/comment.

**What are the signs others notice?:** Appears dazed, vacant facial expression, confused about assignment, forgets plays, is unsure of game, score, or opponent, moves clumsily or changes, can't recall events prior to hit, can't recall events after hit, seizures or convulsions, any change in typical behavior or personality or loss of consciousness.

**Don't Ignore It:** Athletes must report symptoms and injuries to their parents and coaches. Ignoring the injury and continuing to play leaves your athlete especially vulnerable to greater injury. Athletes with the signs and symptoms of concussion should be removed from play immediately!

**What if my child plays with a concussion or returns too soon?** For a period of time after a concussion occurs, there is an increased risk of permanent damage particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries, and concussions are no different. As a result, education administrators, coaches, parents and students are the key for student-athlete safety.





## Concussion Information Sheet, page 2

**If you think your child has suffered a concussion:** Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance from a doctor. Close observation of the athlete should continue for several hours. The new CIF Bylaw 313 now requires implementation of long and well established return to play concussion guidelines that have been recommended for several years.

1. "A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at the time and for the remainder of the day."
2. A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider."

You should inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. **When in doubt, the athlete SITS OUT!**

**For current and up-to-date information on concussions you can go to:  
<http://www.ced.gov/ConcussionInYouthSports>**

\_\_\_\_\_  
Student Athlete Name (Printed)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Name (Printed)

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

Adapted from the CDC and the 3rd International Conference on Concussion in Sport Document created 5/20/2010