

Athlete's Name _____

Gallatin Gateway Gator Athletic Handbook



Gallatin Gateway School District #35
Grades K-8

We have read the Athletic Handbook and understand its contents. We understand that it is our responsibility to follow the recommended guidelines for athletic success.

Custodial Parent/Legal Guardian (Print):

____ Phone _____

____ Phone _____

Custodial Parent/Legal Guardian Signature(s):

_____ Date: _____

_____ Date: _____

Student Name (Print): _____

Student Signature: _____ Date: _____

Parents and students sign and date page: 1, 13

Parents complete and sign pages: 14, 15, 16, 17

Athletic Evaluation conducted by medical examiner page: 17

Do not take Athletic Handbook apart; keep all pages stapled

TO: Parents of Student Athletes

FROM: Travis Anderson, Superintendent
Mr. Mike Coon, Athletic Director
Ms. Erica Clark, Assistant Athletic Director

RE: Gallatin Gateway School Athletics

Welcome to Gallatin Gateway School Athletics! We are excited about the opportunity to be involved with your child's extra-curricular activities. Our school athletics are designed for every student's enjoyment and growth. The coaches, Athletic Directors, along with our athletic support group, Boosters, look forward to building a very positive athletic environment for you and your student athletes.

Sports available at Gallatin Gateway School are volleyball, cheerleading, boys' basketball, girls' basketball, wrestling, and track/field. It will be a very busy year!

Student athletes are required to have a physical and provide proof of health insurance coverage each school year.

Please read ALL the information carefully, sign where appropriate, and turn in this entire handbook to the school office.

Both student and parent must sign and date:

Page 1

Page 13 (and initial)

Parents must complete:

Page 14

Page 15

Page 16

Page 17

You can't hide that Gator pride!!!

Athletic Handbook

Gallatin Gateway School District #35

I. Athletic Participation Philosophy

Gallatin Gateway School District #35 recognizes the value of athletic programs as an integral part of the student's total education experience. All athletes will be subject to the athletic policies and procedures contained herein. If a special incident arises, which may not be covered in this handbook, the issue shall be submitted to the Superintendent, who will follow the District's Grievance Procedure for a determination and resolution.

Participation in the athletic program offered by Gallatin Gateway School is a privilege available to all students and carries with it responsibilities to the school, other participants, and the community. Gallatin Gateway School believes that every student has the right to the best education this community can provide. Responsibility for this rests through active participation of students, parents, and school staff. Academic schoolwork must come first.

The athletic program is designed to teach students the fundamentals of a variety of sports and to provide experiences that will assist each participant in developing athletic skills and a positive self-image, emotional maturity, sound moral values, social competence, discipline and responsibility, and the ability to deal with success and adversity.

II. Athletic Participation and Eligibility Guidelines

Athletes enrolled academically full time: All students attending from ~~8:05~~ 8:10am to ~~3:25~~ 3:40pm are eligible for participation in all sports.

Athletes enrolled academically part time: All part-time students are eligible for participation in all sports.

Athletes living in the GGS District #35, but not enrolled in Gallatin Gateway School: Any student who resides in the Gallatin Gateway School District, but is not actively enrolled in Gallatin Gateway School, and wishes to participate in any sports activity must write a letter addressed to the Superintendent stating his/her reasons for wanting to join a team. This request must be provided to the Superintendent at least seven days prior to any regular School Board meeting. The Board shall make the final decision on the acceptance of such students. The District will not admit any students when it causes overcrowding or discipline concerns on any sports program. One year's acceptance does not guarantee another year's acceptance.

Athletes not living in the Gallatin Gateway School District #35 not enrolled in Gallatin Gateway School: All students outside the district who are not academically enrolled are not eligible to participate in any sports.

Athletes wishing to join after the start date of a season: For team sports such as volleyball, basketball, and cheerleading, athletes will not be permitted to join the sport after the first game, event, or competition. Accommodations may be made for students who transfer to the District during the team-sport season. For individual sports such as track and wrestling, athletes may join during the season; however, Booster participation fees will not be prorated.

Participation Fee: No refunds will be given after the first practice. If an athlete participates in the first practice, and then decides not to continue, they will not be refunded their participation fee. (The only exception to this, would be for a medical issue. A signature from a Doctor is required.)

Eligibility Requirements for Athletics and Extracurricular Activities – 5th-8th grade

At Gallatin Gateway School, we strive to have all students working to intellectual capacity. One of our primary tasks is to assist students in attaining, and then maintaining, a self-disciplined, responsible, and rigorous approach to their studies. In order to be eligible for athletics and certain extracurricular activities, a student must be functioning at a high level of self-discipline and responsibility. The following outlines the procedures used to determine eligibility and the consequences of an ineligibility determination:

1. Turn work in on time. Teachers will keep track of late work:

- a. If the student does not complete past-due assignments prior to the scheduled activity, he/she may not be able to participate.
 - b. Late assignments will affect grades and eligibility for participation in school sports and activities.
2. Grades - Student-athletes participating in extracurricular activities are expected to maintain good grades during the entire season. If a student has an "F" in any subject, or two or more "D's," he/she will be required to report to after school academic support until the grade(s) are improved to a "C" or better. After school support will occur on Monday, Tuesday, Wednesday, and Thursday from **3:30** ~~3:45~~ 4:00.
3. Students with Curriculum Accommodations. For students with an Individual Education Plan (IEP), accommodations are made according to the IEP and our Special Education staff. The Special Education teacher makes the final determination of ineligibility.

III. Goals of the Athletic Program

The objectives of the athletic program are as follows:

- 1) To provide an athletic program, which encourages students to explore various sports activities and develop new interests, talents, and leadership and interpersonal skills.
- 2) To provide a program that is fun, encourages participation, and has a "no-cut" policy.
- 3) To ensure all athletes are given opportunities to participate in games.
- 4) To emphasize while playing to win in competition is healthy, team cooperation, and performance is more important than winning the contest.
- 5) To encourage positive attitudes and sportsmanship toward teammates, coaches, and opponents.
- 6) To provide a competent level of coaching for each sport offered and emphasize a coach's role in the personal and social growth of student athletes.

IV. Athletic Evaluation (Physicals)

No student shall be eligible to participate in the athletic program without having undergone a physical examination prior to the first practice. The physical evaluation form is attached and shall be valid for a period of one school year. A physical examination conducted before June 1st is not valid for participation for the following school year.

The athletic evaluation will include the following:

- Medical History (see *Athletic Evaluation Form*)
- Physical Examination:
 - Height, weight, blood pressure, pulse
 - Vision check if necessary
 - Exam of heart, lungs, abdomen, ears, nose, throat
 - Brief genital exam in boys to rule out hernia
 - Evaluation of posture, joints, strength, and flexibility
 - Counseling on nutrition, supplements, injury recovery, and concussion

Parents may attend the examination, but it is not necessary. Privacy is assured. If you to choose to waive any part of the examination, a note must be signed by the parent.

V. Sports Offered

Boys' Basketball

All boys in grades 5 through 8 are eligible to play basketball. The boys' season starts in October and continues until through November. The boys' and girls' teams rotate every two years for which group will start in the fall. Games are played at home and away, with the Gators playing teams throughout the Gallatin Valley and surrounding areas. Boys who participate at this level will be prepared for high school try-outs if they wish to continue after middle school.

Cheerleading

All students in grades 5 through 8 can join the cheering squad. Cheerleaders attend all home boys' basketball games to support the Gallatin Gateway Gators! Go Gators!

Girls' Basketball

All girls in grades 5 through 8 are eligible to play basketball. The girls' season starts in January and continues through February. The boys' and girls' teams rotate every two years for which group will start in the fall. Games are played at home and away, with the Gators playing teams throughout Gallatin Valley and surrounding areas. Girls who participate at this level will be prepared for high school try-outs if they wish to continue after middle school.

Track & Field

All students in grades 5 through 8 are eligible to participate in track & field. The track season starts in late March and continues until mid-May. Track meets are held throughout Gallatin Valley and surrounding areas. Students have the opportunity to compete in several different events as individuals and in small teams. Students who participate at this level will be prepared for high school try-outs if they wish to continue after middle school.

Volleyball

All girls in grades 5 through 8 are eligible to play volleyball. The girls' season starts in early September and continues until mid-October. Games are played at home and away, with the Gators playing teams throughout Gallatin Valley and surrounding areas. Girls are taught the basic fundamentals of volleyball and then apply these principles in practice and during games. Girls who participate at this level will be prepared for high school try-outs if they wish to continue after middle school.

Wrestling

All students in grades K through 8 are eligible to participate in wrestling. The wrestling season starts in February and continues until mid-March. Students are divided by age and weight to wrestle during competitions. The Gators wrestle in tournaments throughout southwestern Montana. Wrestling is an individual sport which requires tremendous support of other team members, parents and friends.

VI. Conduct/Sportsmanship

Participants in the athletic program are expected to conduct themselves in an exemplary manner at all times. Their actions should reflect favorably on themselves, their teammates, and the school. Inappropriate behavior and unsportsman-like conduct will not be tolerated.

- a) Students are expected to conform to all rules on conduct and training established by the coaches, administration, and school board. Participants may be suspended from the athletic program for any action unbecoming an athlete representing Gallatin Gateway School.
- b) Any participant charged with a misdemeanor or more serious crime may be suspended from the athletic program pending disposition of the case. Following a conference with the coach, athletic director, parents, the student, the individual case shall be acted upon.

Players

The responsibility of the players for sportsmanship is second in importance only to the sportsmanship of the coach. Because players are admired and respected, they exert a great deal of influence over the actions and behavior of the spectators. Desirable behavior for players would be to:

- Treat opponents with the respect that is due them as guests and peers.
- Shake hands with opponents and wish them good luck before the contest. Exercise self-control at all times, accepting decisions and abiding by them.
- Respect the officials' judgment and interpretations of the rules and never argue or make gestures indicating dislike for a decision.
- Do not communicate with the officials regarding the clarification for a ruling. This is the captain's responsibility based on the approval and direction of the coach.
- For safety factors, players are not allowed to chew gum while playing a game.

Cheerleaders

Cheerleaders play a very important part in athletic competition. They should:

- Motivate fans and students to support the team with enthusiasm and good sportsmanship.
- Choose the right cheers at the appropriate time.
- Be positive and act as role models representing Gallatin Gateway School.

VII. Attendance

Absences on Game Days:

- a) If a student is absent from school then the student will not be eligible to participate in a game that day.
- b) If a student has a written excuse to be absent from school from a physician (i.e. physician, dental, optometrist, etc.) he/she will be eligible to participate in a game that day.
- c) A student who is under school suspension shall also be suspended from participating in the athletic program until the suspension has been lifted.
- d) If a student is absent from school for a court appearance, bereavement, a family emergency, or any other reason deemed appropriate by the Athletic Director or, if the Athletic Director is not available, the Superintendent, he/she will be eligible to participate in a game that day.

Practice Schedule

- a) The coach shall determine the practice schedule for the team. Participants must attend all practices unless they have an excused absence due to illness, a medically related reason, or family emergency.
- b) If a student is absent from school then the student will not be eligible to participate in practice that day.
- c) If a student has a written excuse to be absent from school from a physician (i.e. physician, dental, optometrist, etc.) he/she will be eligible to participate in practice that day.

Playing Time

The coach will determine an athlete's playing time.

VIII. Health Insurance & Injuries

Each athlete must have medical coverage to participate in school athletics. In addition to your own health insurance, you may wish to use the school's student insurance program. Special Markets Insurance Consultants (SMIC) provides school coverage for athletes. This plan provides full-time coverage with sports or school-time coverage with sports. It is an excellent individual insurance plan or supplemental insurance plan for athletes. Each family receives insurance enrollment information with the Student/Parent Handbook on the first Friday of school. Parents may all visit www.k12specialmarkets.com to get more information and/or enroll in a plan of their choice.

All injuries are to be reported immediately to the coach regardless of the severity or nature of the injury. The coach will fill out an accident report form and file it in the Superintendent's office within 24 hours of the accident.

IX. Chemical Use Policy

Students participating in extra- and co-curricular activities shall not use, have in possession, sell, or distribute alcohol, tobacco, or illegal drugs, or abuse prescription or non-prescription drugs during their extracurricular seasons. These rules are in effect twenty-four (24) hours a day. For more information see GGS Policy #3050.

X. Transportation to Games, Athletic Events, or Competitions

Gallatin Gateway School does not provide transportation for athletes to games, athletic events or competitions. Parents are responsible for transporting their child(ren) to all away athletic games, events, or competitions. If a parent cannot transport their child(ren) they may ask the coach and/or the athletic director for assistance finding an approved volunteer driver to transport their athlete for them. Travel arrangements should be made in advance (at least a day) by the parent and preferably not by the student during school hours. Students who do not have a ride from an approved driver may not be permitted to attend an away game, event, or competition.

XI. Volunteer Drivers

Gallatin Gateway School District appreciates volunteers who assist with the transportation of athletes to games, events, and competitions in their private vehicles. Before being authorized to transport children, other than children of one's residence, Gallatin Gateway School District requires:

- 1. Volunteer Handbook completed
- 2. A minimum of \$300,000 liability on vehicle insurance
- 3. Valid Montana Drivers License
- 4. A review of driving history
- 5. Must be age 21 or older
- 6. Completed *Employee and Volunteer Auto Insurance Request Form* on file with the District Office

7. Completed *Student Transportation Liability Release Form* for student being transported by volunteer on file with the District Office

XII. Parent Meeting

Parents/guardians and students participating in athletics are required to attend an informational meeting at the beginning of each season. This meeting will be held the first day of practice at 5:15pm for all sports unless otherwise announced.

XIII. Gateway Gators Booster Club Policies

1. Sports Participation Fees are set by the Gator Boosters; fees are used to pay for the costs of each sport, ie. Referees, equipment, tournament fees, maintain and replace uniforms. Coaches are paid employees of Gallatin Gateway School and not hired by Gator Boosters.
2. Cancellation Policy: Refunds will only be given in the event of a medical release, no refunds will be given after the season has started. All fees must be paid before the participant can practice/play.
3. Scholarships are available. Please request a Gator Booster Sports Scholarship Form from the Athletic Director.

Gateway Gators Booster Club

Who we are: The Gateway Gators Booster Club (Boosters) serve the Gallatin Gateway School sports programs and support the student athletes and the staff associated with each sport. We are a registered 501c(3) organization.

Our Goal: To provide all students the opportunity to participate in sports programs, keeping participation fees as low as possible while providing a quality experience for each student athlete.

What we do:

- Provide assistance with the administration of participation forms and collect participation fees,
- Maintain and distribute uniforms and bags for basketball, volleyball, wrestling, cheerleading and track.
- Provide opportunities for all students and families to purchase Spirit Wear at different times of the year.
- Provide concessions at basketball and volleyball games,
- Pay for referees at basketball and volleyball games,
- Pay for trophies at basketball and volleyball tournaments,
- Provide recognition to our student athletes with certificates and a letter/pin program,
- Maintain a sports bulletin board for each sporting season, and provide a program of athletes,
- Fundraise and purchase needed equipment for sports programs including a scoreboard, playing equipment, referee stands, etc.
- Recruit parent volunteers to help with admissions, concessions, and tournaments.

If you are interested in helping with any of the tasks listed above, please contact a Booster Club Director.

Directors:

CJ Smith, President
stacsmith@aol.com
(406)580-6131

Amy Kimmel, ~~Vice President~~ Secretary
amybkimmel@gmail.com

Amy Hyde, ~~Treasurer~~ Officer
Ahyde1@gmail.com

Jennifer Beebout, Secretary
jbeebout3@gmail.com

Sarah Ouellette, Officer
saraholet@hotmail.com

Wendy Hourigan, ~~Officer~~ Vice President
wlh@littleappletech.com
(406)763-9028

Liz Matthews, Treasurer
eboyle04@yahoo.com

Megan Nowlin, Officer
megan@megannowlin.com

What is a concussion?

A concussion is a traumatic brain injury that:

- Is caused by a bump or blow to the head
- Can change the way your brain normally works
- Can occur during practices or games in any sport
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been "dinged"

What are the symptoms of a concussion?

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not "feel right"

What should I do if I think I have a concussion?

- Tell your coaches and your parents. Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates might have a concussion.
- Get a medical checkup. A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.
- Give yourself time to get better. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain.
- It is important to rest until you get approval from a doctor or health care professional to return to play.

How can I prevent a concussion?

- Every sport is different, but there are steps you can take to protect yourself.
- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Use the proper sports equipment, including personal protective equipment (such as helmets, padding, shin guards, and eye and mouth guards). In order for equipment to protect you, it must be:
 - The right equipment for the game, position, or activity
 - Worn correctly and fit well
 - Used every time you play

Remember, when in doubt, sit out! It's better to miss one game than the whole season!

For more information please visit: <http://www.cdc.gov/Concussion/>

What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

What are the symptoms of a concussion?

Signs Observed by Parents or Guardians

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- 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 prior to hit or fall
- Can’t recall events after 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
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not “feel right”

How can you help your child prevent a concussion?

Every sport is different, but there are steps your children can take to protect themselves from concussion.

- Ensure that they follow their coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

What should you do if you think your child has a concussion?

1. Seek medical attention right away. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
2. Keep your child out of play. Concussions take time to heal. Don’t let your child return to play until a health care professional says it’s OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

3. Tell your child's coach about any recent concussion. Coaches should know if your child had a recent concussion in ANY sport. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

Remember, when in doubt, sit them out! It's better to miss one game than the whole season!

For more information please visit: <http://www.cdc.gov/Concussion/>

Be Prepared

A concussion is a type of traumatic brain injury, or TBI, caused by a bump, blow, or jolt to the head that can change the way your brain normally works. Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be mild bump or blow to the head can be serious. Concussions can occur in any sport or recreation activity. So, all coaches, parents, and athletes need to learn concussion signs and symptoms and what to do if a concussion occurs.

SIGNS AND SYMPTOMS OF A CONCUSSION

SIGNS OBSERVED BY PARENTS OR GUARDIANS	SYMPTOMS REPORTED BY YOUR CHILD OR TEEN	
<ul style="list-style-type: none">▪ appears dazed or stunned▪ Is confused about events▪ Answers questions slowly▪ Repeats questions▪ Can't recall events prior to the hit, bump, or fall▪ Can't recall events after the hit, bump, or fall▪ Loses consciousness (even briefly)▪ Shows behavior or personality changes▪ Forgets class schedule or assignments	<p><u>Thinking/Remembering:</u></p> <ul style="list-style-type: none">▪ Difficulty thinking clearly▪ Difficulty concentrating or remembering▪ Feeling more slowed down▪ Feeling sluggish, hazy, foggy, or groggy <p><u>Physical:</u></p> <ul style="list-style-type: none">▪ Headache or “pressure” in head▪ Nausea or vomiting▪ Balance problems or dizziness▪ Fatigue or feeling tired▪ Blurry or double vision▪ Sensitivity to light or noise▪ Numbness or tingling▪ Does not “feel right”	<p><u>Emotional:</u></p> <ul style="list-style-type: none">▪ Irritable▪ Sad▪ More emotional than usual▪ Nervous <p><u>Sleep*:</u></p> <ul style="list-style-type: none">▪ Drowsy▪ Sleeps less than usual▪ Sleeps more than usual▪ Has trouble falling asleep <p><i>*Only ask about sleep symptoms if the injury occurred on a prior day.</i></p>

LINKS TO OTHER RESOURCES

- CDC –Concussion in Sports
 - <http://www.cdc.gov/concussion/sports/index.html>
- National Federation of State High School Association/ Concussion in Sports - What You Need To Know
 - www.nfhslearn.com
- Montana High School Association – Sports Medicine Page
 - <http://www.mhsa.org/SportsMedicine/SportsMed.htm>

Student-Athlete & Parent/Guardian Concussion Statement

Because of the passage of the Dylan Steiger's Protection of Youth Athletes Act, schools are required to distribute information sheets for the purpose of informing and educating student-athletes and their parents of the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury. Montana law requires that each year, before beginning practice for an organized activity, a student-athlete and the student-athlete's parent(s)/legal guardian(s) must be given an information sheet, and both parties must sign and return a form acknowledging receipt of the information to an official designated by the school or school district prior to the student-athletes participation during the designated school year. The law further states that a student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from play at the time of injury and may not return to play until the student-athlete has received a written clearance from a licensed health care provider.

Athlete Name: _____

Parent/Legal Guardian Name(s): _____

☐ **We have read the Student-Athlete & Parent/Legal Guardian Concussion Information Sheet.**

If true, please check the box.

After reading the information sheet, I am aware of the following information:

Student-Athlete Initials		Parent/Legal Guardian Initials
	A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	N/A
	If I think a teammate has a concussion, I should tell my coach(es), parents, or licensed health care professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a licensed health care professional to return to play or practice after a concussion.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms on the Concussion fact sheet.	

Signature of Student Athlete

Date

Signature of Custodial Parent/Legal Guardian

Date

GALLATIN GATEWAY SCHOOL DISTRICT INTRAMURAL PARTICIPATION FORM

The Gallatin Gateway School District provides intramural basketball, cheerleading, wrestling and track for both boys and girls and volleyball for just girls. Participation in such activities is voluntary. The School District recognizes that participation in intramural activities may bring the student many rewards.

These activities require that the student make a commitment to the activity, submit to the discipline of the coach, and develop self-discipline to be able to successfully participate. Participation in these activities often requires considerable physical exertion, physical conditioning, and adherence to training rules and regimens.

The rewards for participation are obvious. Learning to function in a team effort teaches a student important lessons for life. Participation in individual sports teaches self-reliance and commitment. All such activities develop in the student an appreciation for his or her physical abilities and enthusiasm and school spirit. Competition is fun and everyone must learn how to deal with both victory and defeat.

Intramural activities tend to keep the student involved in a constructive endeavor. The District's experience has been that its athletes and members of other extra-curricular activities tend to be good citizens and good students. The District believes that you should encourage your child to participate in these activities and support and encourage him or her during the ups and downs of the particular endeavor.

The School District will provide supervisors, safe equipment and facilities, and make reasonable efforts to see that the intramural program is safe for your child. Nevertheless, because athletic activity can involve injury to the participants, we must warn you of such dangers.

Athletic injuries can impair the student's general physical and mental health and the student's ability to earn a living and engage in social or recreational activities and general enjoyment of life. Such injuries can include serious physical injury, a possibility of emotional injury, or death. Injury can arise from training room procedures, the administration of first aid, or failure to follow game, training, safety, or other team rules.

The purpose of this warning is to aid you in making an informed decision as to whether the student should participate in the athletic/intramural activity. In addition, its purpose is to make you aware that as a student athlete and parent/guardian, it is your responsibility to learn about the sport involved and to inquire of coaches, physicians, and other knowledgeable persons about any concerns you might have regarding athletic safety and the School District's athletic program.

I. Parental Authority of Medical Care- We authorize School District #35 and the faculty members or coaches in charge of the student to obtain all necessary emergency medical care and authorize any licensed physician and/or medical personnel to render necessary emergency medical treatment to our child.

II. Emergency Information- In the event of an emergency, the following two people may be notified.

1. Name _____ Relationship _____

Phone (Work) _____ (Home) _____

2. Name _____ Relationship _____

Phone (Work) _____ (Home) _____

III. Physician- The name, phone, and address of our child's doctor is:

Name _____ Phone _____

Address _____ City _____

IV. Insurance Verification – Our child is covered with the following health insurance:

Name of the Insurance Company _____

POLICY # _____ Insurance phone # _____

*The Gallatin Gateway School District #35 DOES NOT provide medical insurance benefits for students who choose to participate in intramural sports. Medical insurance must be provided in order for the student to participate.

V. Acknowledgement of Risk

We have read the athletic participation form and the warning about the risks of injury or death. In consideration of the Gallatin Gateway School District's permitting my child to participate in its athletic/intramural programs and to engage in all activities relating to the event, we recognize and assume the risks, which are inherent in the sport.

Athlete's name (PRINT) _____

Custodial Parent/Legal Guardian signatures

(1) _____ DATE _____

(2) _____ DATE _____

*Either parents or legal guardians must sign this form. If only one parent/guardian is living or has sole legal custody, then only that person need sign. The signing parent/guardian, however, is obligated to notify the non-custodial parent/guardian of the contents of this document.

GALLATIN GATEWAY SCHOOL ATHLETIC PRE-PARTICIPATION PHYSICAL EXAM

A physical examination is required for each student in order to be considered eligible for participation in an Association contest. Physical examinations must be completed prior to the first practice. A licensed medical professional acting within the scope and limitations of his/her practice must certify this examination. This certification is valid for a period of one school year. A physical examination conducted before June 1st is not valid for participation for the following school year.

HISTORY – To be completed by the student and parent(s).

QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (PLEASE PRINT)

Name _____	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Grade _____	Date of Birth _____
Home Address _____	Family Physician _____			
Parent's Name _____	Date _____			
Phone Number _____				

Explain "Yes" answers below. Circle questions to which you don't know the answer.

	Yes	No		Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	25. Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have an ongoing medical condition (like diabetes or asthma)?	<input type="checkbox"/>	<input type="checkbox"/>	26. Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?	<input type="checkbox"/>	<input type="checkbox"/>	27. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you taking medicine for ADHD?	<input type="checkbox"/>	<input type="checkbox"/>	28. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have allergies to medicines, pollens, foods, or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	29. Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever passed out or nearly passed out DURING exercise?	<input type="checkbox"/>	<input type="checkbox"/>	30. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever passed out or nearly passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	31. Have you ever had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	32. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	33. Have you been hit in the head and been confused or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has a doctor ever told you that you have (circle all that apply): High blood pressure A heart murmur High cholesterol A heart infection	<input type="checkbox"/>	<input type="checkbox"/>	34. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram)	<input type="checkbox"/>	<input type="checkbox"/>	35. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
12. Has anyone in your family died for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	36. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
13. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	37. Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
14. Has any family member or relative died of heart problems or of sudden death before the age of 50?	<input type="checkbox"/>	<input type="checkbox"/>	38. When exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
15. Does anyone in your family have Marfan syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	39. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever spent the night in the hospital?	<input type="checkbox"/>	<input type="checkbox"/>	40. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	41. Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis that caused you to miss practice or game? If yes, circle affected area below:	<input type="checkbox"/>	<input type="checkbox"/>	42. Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you had any broken or fractured bones, or dislocated joints? If yes, circle below:	<input type="checkbox"/>	<input type="checkbox"/>	43. Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:	<input type="checkbox"/>	<input type="checkbox"/>	44. Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>

Head	Neck	Shoulder	Upper arm	Elbow	Forearm	Hand/ Fingers	Chest
Upper back	Lower back	Hip	Thigh	Knee	Calf/ shin	Ankle	Foot/ toes

21. Have you ever had a stress fracture?	Yes	No
22. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?	<input type="checkbox"/>	<input type="checkbox"/>
23. Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>
24. Has a doctor ever told you that you have asthma or allergies?	<input type="checkbox"/>	<input type="checkbox"/>

Explain "Yes" answers here:

Allergies: _____

PROVIDER'S PHYSICAL EXAMINATION FORM

Name _____ Date of Birth _____

Height _____ Weight _____ Pulse _____ BP: _____/_____ Date of Last Tetanus Shot: _____

Vision R 20/_____ L 20/_____ Corrected: Y N Pupils: Equal _____ Unequal _____

NORMAL	ABNORMAL FINDINGS
MEDICAL	
Appearance	
Eyes/ears/nose/throat	
Hearing	
Lymph nodes	
Heart	
Murmurs	
Pulses	
Lungs	
Abdomen	
Hernia	
Skin	
MUSCULOSKELETAL	
Neck	
Back	
Shoulder/arm	
Elbow/forearm	
Wrist/hands/fingers	
Hip/thigh	
Knee	
Leg/ankle	
Foot/toes	

Notes: _____

CLEARANCE

- ☐ Cleared without restriction
- ☐ Cleared with recommendations for further evaluation or treatment for: _____

☐ Not cleared for: ☐ All Sports ☐ Certain Sports _____ Reason: _____

Name of physician/medical provider [print or type] _____ Date _____

Address _____ Phone _____

Signature of physician/medical provider _____

PARENT'S OR GUARDIAN'S PERMISSION AND RELEASE

I certify that the information provided by the student/parent(s) is accurate to the best of my knowledge. I hereby give my consent for the above student to engage in approved athletic activities as a representative of his/her school, except those indicated above by the licensed professional. I also give my permission for the team physician, athletic trainer, or other qualified personnel to have access to information provided here as well as to give first aid treatment to this student at an athletic event in case of injury. If emergency service involving medical action or treatment is required and the parent(s) or guardian(s) cannot be contacted, I hereby consent for the student named above to be given medical care by the doctor or hospital selected by the school.

 Printed name of Custodial Parent/Legal Guardian

 Signature of Custodial Parent/ Legal Guardian

Student and Parent Contract with Gallatin Gateway Teaching and Coaching Staff

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