

Falmouth Tide Youth Sports Association



TIDE BASKETBALL

2017 Season Player Registration Packet

Welcome

Welcome to the Falmouth Tide Youth Sports Association AAU and NTBA basketball program. We are delighted that you have or are considering joining our program for the 2017 season. Below are the teams and the staff contact information.

7th grade boys

Head Coach: Kevin Willis

Email Address: kevin.a.willis@gmail.com

Phone: (540)-842-4443

Assistant Coach: Duane Smith

Email Address: duane005@me.com

Phone: (703)-687-7459

Team Mom: Samantha Wright

Email Address: sammyjo8680@gmail.com

Phone: (540)-419-6536

8th grade boys

Head Coach: William "Rich" Richardson

Email Address: 2RichardsonWT@gmail.com

Phone: (540)-287-8420

Assistant Coach: Kelvin Hamilton

Email Address: Kelvin70301@gmail.com

Phone: (504)-236-0841

Team Mom: Kimberly Sarratt

Email Address: ksarratt@hotmail.com

Phone: (540)-446-6588

11th grade boys:

Head Coach: Donnie Sarratt

Email Address: dsarratt@hotmail.com

Phone: (540)-446-1424

Team Mom: Corrissa Lambert

Email Address: corrissa80@hotmail.com

Phone: (540)-841-5036

ORGANIZATION MISSION

Our mission is to inspire, educate, mentor and motivate youth through the teaching of track and basketball.

ORGANIZATION VISION

Our vision is to provide a positive and safe environment for the youth to display and develop their athletic abilities, while encouraging the youth to give back to the communities for supporting our programs and to aide in becoming productive citizens.

TEAM MISSION

The mission of the Falmouth Tide Youth Sports Association's basketball program is to develop and enhance the player's skillset, teach them to become competitive and to have fun while doing so. This is achieved through hard work and dedication. In order for the players to remain interested in the game of basketball, we must keep it fun.

Our goal is to assist the players in becoming better basketball players. This is guaranteed and can only be achieved with the full support, commitment and cooperation from the parents.

MEMO TO PARENTS

REGISTRATION FEES AND PAPERWORK

The player registration fee is **\$525**. Included in the registration fee are the team uniforms (new or reorders), shooting shirt (new or reorder) and shoes (new or reorder). The registration fee is due upon registering your player. Make checks and money orders payable to: **Falmouth Tide Youth Sports Association**. We are offering the selling of raffle tickets to help with each player's registration fee. Each player can sell up to **\$200** worth of raffle tickets. This amount will be taken off registration fee of **\$525**.

If you are in need of assistance or need to make payment arrangements, then inform your respective team staff immediately.

When registering and paying registration fees please ensure all documents are complete, in addition to your signatures where indicated, prior to submitting your registration packet.

FUNDRAISING:

Fundraising is a tool that we will use to run and maintain the program in the effort to support practice gym use, tournament and/or league fees, sponsoring players, and assisting families with travel. This requires 100% participation from parents and players. Therefore all fundraisers are **MANDATORY**. Please see the attached fundraiser contract.

SPONSORSHIP:

We're also seeking sponsors. If you know of a small business, your employer, family, friends, or even you who would like to give a tax deductible donation, then inform your respective team. **For every \$100 donated, \$25 will be deducted from the player's registration. The sponsorship donation will go towards the entire organization.** Please find our sponsorship letter included as well as on our website www.falmouthtide.org.

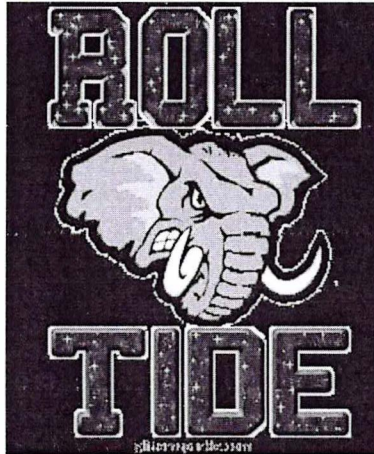
PRACTICE:

Practice will be at least 2 days per week, unless otherwise stated by your respective team. Once the practice schedule is determined, it will be provided. Attendance for

practices, scrimmages, and games are MANDATORY unless excused by your respective coach. If your player is unable to attend, then inform your respective staff the soonest. Players must arrive 5-10 minutes before practice in order to stretch, which will reduce injuries that may occur during or after practice.

TEAM MANAGER(S):

To help alleviate the work loan of the Team Mom, each team would like a Team Manager. The Team Manager will be responsible for updating social media pages, running the clock during games and maintaining the scorebook. If interested in filling this position, please inform your respective staff. If there are no interest by the end of the first week of practice, the staff will be reaching out to parents.



Parent and Player Fundraiser & Volunteer Participation Contract

Fundraiser Participation

In addition to registration cost, Falmouth Tide relies on the funds generated by our fundraisers to help sustain operational cost. Money earned from these events goes directly to costs associated with practice gym rentals, tournament fees and overall running of the Falmouth Tide.

The Falmouth Tide President, Vice President, Coaches and Team Mom(s) shall determine the fundraisers and will communicate the fundraisers prior to season.

Parents may choose to opt out of the fundraisers by paying the buyout fee of \$50 per fundraiser per participant for a total of \$100 per month.

Volunteer Participation

Parents and Players are required to participate in volunteer events. We encourage the parents and players volunteer for a minimum of 4 hours per event. Additional information and sign up sheets on the two (2) volunteer/drive events will be communicated and provided to parents and players months in advance.

Parents may choose to opt out of their volunteer time by paying the buyout fee of \$80 per participant.

By signing this agreement, players and parents are agreeing to participate in the two (2) mandatory fundraiser/spirit night events and fulfill their 4 hours of volunteer time during the season (or buyout of participation).

Failure to participate or buy-out may result in your child sitting out one game per no show to fundraiser or volunteer event.

X

Player Name

X

Player Signature

X

Parent Name

X

Parent Signature & Date

Falmouth Tide Organization

Falmouth Tide Youth Sports Association

Email: James.McClendon@falmouthtide.org

Stafford, VA 22556

Website: www.falmouthtide.org

Dear Sponsor,

We would like to introduce ourselves as the Falmouth Tide Youth Sports Association (FTYSA), a basketball and track program based in Stafford County, Fredericksburg, VA. FTYSA is a non-profit organization that strives to inspire, educate, mentor, and motivate youth through the teaching of basketball and track.

Thus far the basketball team has won: 1st Place in Adidas Zero Gravity Tournament (2016), 1st place in Fredericksburg Fury Tournament (2016), 2nd Place in Big Time Hoops Tournament (2016), 3rd place in the Boo Williams National Tournament (2014), 2nd place in Loudoun Invitational Tournament (2016), and 3rd place in NTBA National Tournament in Myrtle Beach, SC (2016).

!!ROLL TIDE!!

We are embarking on our 4th season with 3 basketball teams and 1 track team. In what has been a tough time for sports associations and local businesses alike, we are extending the opportunity to make a real difference in the community and in the lives of the young people participating in FTYSA. We are actively seeking sponsorships for the Falmouth Tide sports programs. Sponsoring a local sports program could open up potential revenue from geographically targeted customers and also offer fantastic publicity for businesses or organizations.

Together, we can help these youth achieve their dreams. A donation would be greatly appreciated and will be used to help defray the cost incurred for players' equipment and supplies, gym rental, field fees, referee fees, and traveling expenses. If you feel that you can help, please enclose a money order or check made payable to **Falmouth Tide**.

All donations are tax deductible and donors will receive recognition on our website; and upon receipt of the donation, a receipt will be mailed with our Federal Tax ID number for tax filing purposes.

If there are any questions, please feel free to contact us.

James McClendon: James.McClendon@falmouthtide.org; 540-207-5757

Many Thanks,

Falmouth Tide Youth Sports Association

AAU ELIGIBILITY

A. AGE BASED DIVISION – 7U, 8U, 9U, 10U, 11U, 12U, 13U, 14U.

For teams that have chosen to organize on the basis of the athlete's age, the AAU provides age based competition as follows:

7 & Under Division

An athlete can be no older than 7 on August 31, 2017

8 & Under Division

An athlete can be no older than 8 on August 31, 2017

9 & Under Division

An athlete can be no older than 9 on August 31, 2017

10 & Under Division

An athlete can be no older than 10 on August 31, 2017

11 & Under Division

An athlete can be no older than 11 on August 31, 2017

12 & Under Division

An athlete can be no older than 12 on August 31, 2017

13 & Under Division

An athlete can be no older than 13 on August 31, 2017

14 & Under Division

An athlete can be no older than 14 on August 31, 2017

B. GRADE BASED DIVISION – 5th, 6th, 7th, & 8th Grade

For teams that have chosen to organize on the basis of the athletes grade, and who have players who do not meet the age eligibility criteria for the age based teams, the AAU provides grade based competition as follows:

5TH Grade

An athlete must be in the 5th grade or below as of October 1, 2016 and can be no older than 12 on August 31, 2017

6TH Grade

An athlete must be in the 6th grade or below as of October 1, 2016 and can be no older than 13 on August 31, 2017

7TH Grade

An athlete must be in the 7th grade or below as of October 1, 2016 and can be no older than 14 on August 31, 2017

8TH Grade

An athlete must be in the 5th grade or below as of October 1, 2016 and can be no older than 15 on August 31, 2017

*****NOTICE*****

1. Grade based teams may participate in age based events by “playing up” a division. (i.e. 7th grade team playing up in a 14U event)
2. Some districts might conduct grade based qualifiers. In those districts, grade based teams can qualify for the grade based national tournament by “playing up” in an age based District Championship or Super-Qualifier.
3. At large national bids for grade based nationals may be granted by the national chairman if no grade based competition is offered in a district.

C. HIGH SCHOOL LEVEL DIVISIONS – 15U/9th grade, 16U/10th grade, 17U/11th Grade, 19U/12th Grade

For teams that have chosen to organize their team with high school level athletes on the basis of athletes age/grade, the AAU provides the following high school level divisions for competition:

15U/9th Grade Division

An athlete can be no older than 15 on August 31, 2017. Grade Policy: An athlete who is in the 9th grade as of October 1, 2016 and who is no older than 16 on August 31, 2017 is eligible to play in the 15U/9th grade division.

16U/10th Grade Division

An athlete can be no older than 16 on August 31, 2017. Grade Policy: An athlete who is in the 10th grade as of October 1, 2016 and who is no older than 17 on August 31, 2017 is eligible to play in the 16U/10th grade division.

17U/11th Grade Division

An athlete can be no older than 17 on August 31, 2017. Grade

Policy: An athlete who is in the 11th grade as of October 1, 2016 and who is no older than 18 on August 31, 2017 is eligible to play in the 17U/10th grade division.

19U/12th Grade Division

An athlete can be no older than 19 on August 31, 2017. Grade

Policy: An athlete who is in the 12th grade as of October 1, 2016 and who is no older than 20 on August 31, 2017 is eligible to play in the 19U/12th grade division.

D. PROOF OF ELIGIBILITY

Proof of eligibility must be available for review, by an AAU designee at all AAU licensed competitions. If the documents are not available the team is subject to removal from the competition. Acceptable documents include any of the following:

- A. An unexpired Passport
- B. Valid Driver's License
- C. Dept. of Motor Vehicles ID. Card issued within three (3) years
- D. Military Dependent ID
- E. Electronic Age Verification through SportsAgeID. A one-time registration fee of only \$10.00 covers 100% of all updating and processing fees for as long as an athlete participates in the AAU Boys Basketball Program.

F. For teams participating in grade based divisions only (5th grade, 6th grade, 7th grade, 8th grade, 15U/9th grade, 16U/10th grade, 17U/11th grade and 19U/12th grade, proof of grade must be available for review, by an AAU designee at all AAU licensed competitions. If the documents are not available, the team is subject to removal from the competition. Acceptable documents include any of the following:

1. A photocopy of the portion of the athlete's report card for the current school year which shows name, grade and school.
2. Confirmation of grade level from a school administrator (guidance counselor, principal, dean, etc.) on school letterhead.

2017 BOYS BASKETBALL

NTBA is using an AGE based system currently for 9U-14U. Once players are in the 9th grade, NTBA will use a GRADE based system.

Girls may play on boys' teams if they meet the 9U-12U age division requirements only.

Teams in the 9U-14U age divisions may use three (3) "late summer birthday exceptions" (**see below for rules on late summer birthday exception players*).

9 & Under: All players must be 9 years old or younger on August 31, 2017

10 & Under: All players must be 10 years old or younger on August 31, 2017

11 & Under: All players must be 11 years old or younger on August 31, 2017

12 & Under: All players must be 12 years old or younger on August 31, 2017

13 & Under: All boys must be 13 years old or younger on August 31, 2017

14 & Under: All boys must be 14 years old or younger on August 31, 2017

9th Grade – All boys must be in the 9th grade as of October 1, 2016 & must be 16 years old or younger on August 31, 2017
or a boy in the 10th grade that does not turn 16 prior to September 1, 2017

10th Grade – All boys must be in the 10th grade as of October 1, 2016 & must be 17 years old or younger on August 31, 2017
or a boy in the 11th grade that does not turn 17 prior to September 1, 2017

11th/12th Grade – All boys must be in the 11th or 12th grade as of October 1, 2016 & must be 19 years old or younger on August 31, 2017

Note: players may play up in older divisions, but cannot play down. They must fit the age and/or grade requirements to play in a division or be younger and playing up. Meaning a 13 year old can play up in the 14u age division, but that same 13 year old cannot play down in the 12u age division or a 10th grader can play up in the 11th/12th grade division, but that same 10th grader cannot play down in the 9th grade division.

Players must show proof of age (copy of birth certificate or another state issued form such as a driver's license or identification card from the DMV) and proof of current grade (copy of school issued report card or progress report from the current school year). Players in 9u-14u age divisions are still required to provide proof of grade even though those divisions are based solely on age if they are using a birth certificate for proof of age. If players in 9u-14u age divisions show a state issued photo ID then that is the only documentation they will need. Players in 9th-11th/12th grade divisions will have to show proof of age and grade no matter what.

NTBA HIGHLY recommends that ALL players get a state issued photo ID from the DMV. For 2017 NTBA will not require this, but it will be required for ALL players in the near future. NTBA suggest that teams go ahead and have all players get these to be prepared for this requirement and to more accurately prove who each player truly is.

Home School players must have all proper proof with updated/current STATE DOCUMENTS showing they are allowed by the state to be home schooled. Home school player's eligibility is based upon age ONLY.

**'Late Summer Birthday Exceptions' Eligibility Rule*

NTBA will allow three (3) "late summer birthday exception" players per team for 9u-14u age divisions. A player MUST meet the following criteria to fit this exception:

A player who has a birthday July 1 – August 31 may participate at the following age levels:

9 & Under: A player must be in the 3rd grade as of October 1, 2016 and does not turn 10 years old before July 1, 2017

10 & Under: A player must be in the 4th grade as of October 1, 2016 and does not turn 11 years old before July 1, 2017

11 & Under: A player must be in the 5th grade as of October 1, 2016 and does not turn 12 years old before July 1, 2017

12 & Under: A player must be in the 6th grade as of October 1, 2016 and does not turn 13 years old before July 1, 2017

13 & Under: A player must be in the 7th grade as of October 1, 2016 and does not turn 14 years old before July 1, 2017

14 & Under: A player must be in the 8th grade as of October 1, 2016 and does not turn 15 years old before July 1, 2017

BOYS NATIONAL CHAMPIONSHIP DIVISIONS BY GRADE

Along with offering the above AGE divisions for Boys Nationals, NTBA will also offer the following GRADE divisions as well for our National Championship only:

5th Grade – a player must be in the 5th grade as of October 1, 2016 & the player cannot turn 13 before September 1, 2017

or a player in the 6th grade that does not turn 12 prior to September 1, 2017

6th Grade – a player must be in the 6th grade as of October 1, 2016 & the player cannot turn 14 before September 1, 2017

or a player in the 7th grade that does not turn 13 prior to September 1, 2017

7th Grade – a boy must be in the 7th grade as of October 1, 2016 & he cannot turn 15 before September 1, 2017

or a boy in the 8th grade that does not turn 14 prior to September 1, 2017

8th Grade – a boy must be in the 8th grade as of October 1, 2016 & he cannot turn 16 before September 1, 2017

or a boy in the 9th grade that does not turn 15 prior to September 1, 2017

ROSTER RULES

-A player may participate in a maximum of two separate age/grade divisions. They must meet the age/grade eligibility for both divisions they are playing in. Players cannot play on two teams within the same age/grade division. Each player must be on the roster for both teams and the player must play within the same organization for both teams.

-Players must play in at least one pool play game to be eligible to play in bracket play.

-Post Grad (Prep School) players are not allowed to play.

-Teams may change their roster throughout the entire season, but must have a current roster with them (along with all paperwork for each player) for each tournament.

Teams must have this paperwork (report cards/birth certificates for each player) with them at all times during the tournament. NTBA reserves the right to check these at any time.

Document Checklist

Below are the required items needed for your child to participate in Falmouth Tide Youth Sports Association AAU and NTBA basketball program:

Player Registration Form

Falmouth Tide Youth Sports Association Policies Signature Page

Fundraiser Contract Signature Page

Parent's Code of Ethics

Organization Team Rules

Medical Release Form

VA High School League Approved Sports Physical

Current AAU Membership Card

Copy of Birth Certificate

Original Identification Card (State or Military issued, Passport)

Copy of current report card

Copy of personal insurance card

Registration Payment

PLAYER REGISTRATION FORM

Player Name:		
Date of Birth:		
School:		
Grade:		
Father/Guardian:		
Address:		
City:	State:	Zip:
Work Phone:		
Cell Phone:		
Home Phone:		
Email Address:		
Mother/Guardian:		
Address:		
City:	State:	Zip:
Work Phone:		
Cell Phone:		
Home Phone:		
Email Address:		
Emergency Contact:		
Relationship:		
Phone:		
Family Doctor:		
Office Phone:		
Dentist:		
Phone:		
Due to the possibility of half time and post-game snacks being provided, list all known allergies:		

Falmouth Tide Youth Sports Association Policies

Below are the policies that are enforced by the basketball program. Read the policies in its entirety and sign the following page that your acknowledgement and understanding of the policies. If you have questions, please refer to your respective team staff.

Apparel Policy: Below is a list of apparel that your child will receive for the 2017 season. The apparel is yours to keep. If the apparel is lost or damaged (beyond normal wear and tear), you are responsible for the replacement cost(s).

Home Jersey (Top and Shorts)

Away Jersey (Top and Shorts)

Shooting Shirt

Team Shoes

Refund Policy: Falmouth Tide Youth Sports Association will issue refunds under the following conditions:

1. A written request must be received no later than Friday of the deadlines specified below. The request must be in the form of an email. **Request via text message will not be honored.**
 - a. James.McClendon@falmothtide.org
 - b. corrissa80@hotmail.com
2. Deadlines for refunds are as follows:
 - a. A full refund will be honored up to Friday of week 2 official Falmouth Tide Practice. In order for the full refund to be honored all apparel listed in the apparel policy will need to be returned.
 - b. A 50% refund will be honored up to Friday of week three official Falmouth Tide Practice.

24 Hour Rule: There will be times when frustration occurs on and off the court for various reasons. A coach should not be approached before, during, or after the game. Therefore Falmouth Tide Youth Sports Association has implemented a 24 hour rule. The 24 hour rule states if there is dissatisfaction and/or disagreements between a parent and/or a coach, all parties need to allow 24 hours to pass before addressing the issue. This allows all parties to cool down and take in what occurred prior to discussion.

Falmouth Tide Youth Sports Association Policies

Signature Page

Your signature below serves as your acknowledgement and understanding of the following Falmouth Tide Youth Sports Association policies:

- ✓ Apparel Policy
- ✓ Refund Policy
- ✓ 24 Hour Rule
- ✓ Fundraising Commitment

Parent/Guardian of Player

Signature of Guardian/Parent

Name of Child

Date

PARENT'S CODE OF ETHICS

All parents/guardians who have children participating in the Falmouth Tide Youth Sports Association AAU Basketball Program must abide by this Code of Conduct. Any violation of these rules can result in immediate expulsion of your family from the Falmouth Tide Youth Sports Association AAU Basketball Program. ****In addition, you will forfeit all paid fees associated with the current season and be subject for review for any other subsequent year.***

Virginia District AAU Boys and Girls Basketball "No Nonsense Parent/Guardian Sportsmanship Participation Agreement"

The Virginia District AAU Boys' and Girls' Basketball Program will not tolerate hostile and disruptive outbursts by coaches, parents, or fans. Failure to observe the parents code of ethics could result in forfeiture of your son's/daughter's tournament participation as well as their team's continued participation.

I hereby pledge to provide positive support, care, and encouragement for my child participating in the Falmouth Tide Youth Sports Association AAU Basketball Program and the Virginia District AAU Boys and Girls Basketball Program by following this Parents' Code of Ethics:

I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, or practice.

I will place the emotional and physical well-being of my child ahead of my personal desires.

I will insist that my child play in a safe and healthy sports environment, and demand a sports environment that is free of drugs, tobacco, and alcohol and will refrain from their use at all Falmouth Tide, AAU, NTBA, and other youth basketball events.

I will require that my child's coach be trained in the responsibilities of being an AAU basketball coach and that the coach upholds the Coaches' Code of Ethics.

I will support coaches and officials working with my child, in order to encourage a positive and enjoyable basketball experience for all.

I will remember that my child's game of basketball is for youth - not adults.

I will do my very best to make the sport of basketball fun for my child.

I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.

I will also treat with respect other players, coaches, fans and officials

I will help my child enjoy the AAU basketball experience by doing whatever I can to be a respectful fan.

I will not shout instructions to the team during a game, scrimmage, or practice; unless requested to do so as it will hinder the player from paying attention to the game and /or the coach.

I will not criticize, belittle, antagonize, berate or otherwise incite the opposing team, its players, coaches, cheerleaders, fans, officials/judges or Commissioners by word of mouth or by gesture.

I will held accountable for negative behavior of family members and friends who have come to support my child.

As a parent and fan I will not harasses, abuse, disrespect, or cause a disturbance against an opposing coach, player or official.

I will remain committed to the AAU Code of "Sports for all Forever".

Parent/Guardian Signature: _____ Date: _____

Coach/Club Official Signature: _____ Date: _____

ORGANIZATION TEAM RULES

NOTE: If a player misses practice frequently and/or breaks any of the rules consistently, the coach reserves the right to discipline the player as he/she fits, also taken into account the best interest of the team.

Classwork / Academics are always the highest priority.

The rules are in no particular order, and is subject to change depending on the action(s) of the player.

	Description of Rule	Consequence
1	Miss practice – No communication with the coach	Miss 1st quarter of the next game and run a line sprint sequence
2	Late for practice – Unexcused	Run a line sprint sequence
3	Lack of effort in practice (laziness, etc), or not paying attention in practice (ex: talking or bouncing a ball while coaches are talking)	Run a line sprint sequence
4	Problems with teachers, grades slipping, not turning in classwork and/or homework, miss practice due to “detention”	Will not play in a game until coach speaks with the player’s parents and the grades have improved
5	Drinking and/or use of drugs	Suspension from team
6	Disrespecting coach, teammates, and/or game officials (talking back, rude comments and/or gestures, etc)	Run a line sprint sequence, miss the 1st half of the next game and requires an apology the coach and the team
7	Refusing to run or participate (fulfill the consequence)	Miss the next game and requires an apology to the coach and the team
8	3 unexcused practices, scrimmages, or games (any combination)	Suspension from team
9	Cell phone use during practice	Run a line sprint sequence

***NOTE:** Coaches have the right to add rules for their respective teams.

Printed Name of Player

Signature of Player

Date

Printed Name of Parent

Signature of Parent

Date

MEDICAL RELEASE FORM

AGREEMENT TO PARTICIPATE

READ CAREFULLY – THIS FORM MUST BE RETAINED BY THE HEAD COACH

I understand there are several inherent risks involved in athletic participation in the sport of basketball and I voluntarily assume all such risks. I, intend to be legally bound, do hereby, for myself, the athlete, heirs, executors, and administrators, waive, release, and forever discharge any and all rights and claims for damages which may have or which may hereafter accrue to the athlete against Falmouth Tide Youth Sports Association, the Virginia District of the Amateur Athletic Union, the Amateur Athletic Union of the US Inc., the National AAU Basketball Committee, the sponsors and officials of any basketball event in which the Falmouth Tide Youth Sports Association club participates in, the owners of facilities in which events, scrimmages, or practice sessions are held, or any other support group of organizations, and their respective directors, officers, agents, members, coaches, sponsors, parents, volunteers, representatives, successors, and assigns for any and all damages which may be sustained and suffered by the athlete in connection with his or her entry or participation in any basketball event, scrimmage, or practice session involving Falmouth Tide Youth Sports Association club whether or not sanctioned by the AAU or any governing body or which may arise out of traveling to and from said events including lodging.

I, or we, grant to the coaches, trainers, adult volunteers, tournament directors, or other assigned chaperones to act as guardian/spokesman in granting permission for emergency treatment/hospitalization (including anesthesia) if necessary for my child while en route to or from or at the site of any basketball event, scrimmage, or practice session. Should a health emergency arise such medical treatment as deemed necessary by competent medical personnel is authorized.

I hereby authorize Falmouth Tide Youth Sports Association and the AAU to allow the reproduction, dissemination, and/or publication of my name and likeness for media coverage, public relations, or any other purpose, which may involve the use of photographs, films, or video tape recording without remuneration.

I agree to pay for any damage or theft caused by the athlete to property including but not limited to locker rooms, vehicles, or hotel rooms. I agree to pay for any long distance telephone calls, movies, or other extra costs charged to the athlete's hotel room. I authorize the assigned chaperones to send my child home early from events in the event of serious misbehavior including any involvement with illegal drugs or alcohol and agree to pay for the costs of transportation.

Signature of Athlete: _____ Date: _____

Signature Parent/Guardian: _____ Date: _____

Medical and Insurance Information:

Name: _____ DOB: _____

Cell Phone: _____ Parent/Guardian Phone: _____

Existing Medical Conditions, Allergies, Medication, ETC: _____

Primary Physician: _____

Primary Physician Phone: _____

Insurance Company/Program: _____

Policy #: _____

Student Signature: _____ Date: _____



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

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PART II - - MEDICAL HISTORY- Explain "Yes" answers below**This form must be completed 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 (cont)	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	29. Do you have groin pain or a painful bulge or hernia in the groin area?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you currently have an ongoing medical condition? 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"/>	30. Have you had mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever spent the night in the hospital?	<input type="checkbox"/>	<input type="checkbox"/>	31. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	32. Have you ever had a herpes or MRSA skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	33. Are you currently taking any medication on daily basis?	<input type="checkbox"/> *	<input type="checkbox"/>
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	34. Have you ever had a head injury or concussion? If so, date of last injury:	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	36. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has a doctor ever told you that you have (check all that apply): <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. Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has a doctor ever ordered a test for your heart? (For ex: ECG/EKG, echocardiogram)	<input type="checkbox"/>	<input type="checkbox"/>	38. When exercising in heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you get lightheaded or feel more short of breath than expected during exercise?	<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"/>
11. Have you ever had an unexplained seizure?	<input type="checkbox"/>	<input type="checkbox"/>	40. Have you had any other blood disorders?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	41. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?	<input type="checkbox"/>	<input type="checkbox"/>	42. Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
13. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	43. Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does anyone in your family have a pacemaker or implanted defibrillator?	<input type="checkbox"/>	<input type="checkbox"/>	44. Do you worry about your weight?	<input type="checkbox"/>	<input type="checkbox"/>
15. Does anyone in your family have Marfan syndrome, cardiomyopathy, or Long Q-T?	<input type="checkbox"/>	<input type="checkbox"/>	45. Are you trying to or has any professional recommended that you try to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?	<input type="checkbox"/>	<input type="checkbox"/>	46. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
BONE AND JOINT QUESTIONS	Yes	No	47. Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis that caused you to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>	48. What is the date of your last Tdap or Td(tetanus) immunization? (circle type) Date: _____		
18. Have you had any broken or fractured bones or dislocated joints?	<input type="checkbox"/>	<input type="checkbox"/>	49. Do you have an allergy to medicine, food or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?	<input type="checkbox"/>	<input type="checkbox"/>	FEMALES ONLY		
20. Have you ever had an x-ray of your neck for atlanto-axial instability? OR Have you ever been told that you have that disorder or any neck/spine problem?	<input type="checkbox"/>	<input type="checkbox"/>	50. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you ever had a stress fracture of a bone?	<input type="checkbox"/>	<input type="checkbox"/>	51. Age when you had your first menstrual period? _____		
22. Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>	52. How many periods have you had in the last 12 months? _____		
23. Do you currently have a bone, muscle, or joint injury that bothers you?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN "YES" ANSWERS BELOW:		
24. Do any of your joints become painful, swollen, feel warm, or look red?	<input type="checkbox"/>	<input type="checkbox"/>	# _____ » _____		
25. Do you have a history of juvenile arthritis or connective tissue disease?	<input type="checkbox"/>	<input type="checkbox"/>	# _____ » _____		
MEDICAL QUESTIONS	Yes	No	# _____ » _____		
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	# _____ » _____		
27. Do you have asthma or use asthma medicine (inhaler, nebulizer)?	<input type="checkbox"/>	<input type="checkbox"/>	# _____ » _____		
28. Were you born without or are you missing a kidney, an eye, a testicle, spleen or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>	* List medications and nutritional supplements you are currently taking here:		

**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 30th of the current school year)**

NAME _____ Date of Birth _____ School _____

Date of EXAMINATION:

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		
Eyes/ears/nose/throat		
Lymph nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitourinary (males only)		
Skin		

Neurologic		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional		

Medical Practitioner to School Staff (please indicate any instructions or recommendations here)Emergency medications required on-site ☐ Inhaler ☐ Epinephrine ☐ Glucagon ☐ 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.

%o **CLEARED WITHOUT RESTRICTIONS**%o **CLEARED WITH FOLLOWING NOTATION:** _____%o Cleared **AFTER** documented further evaluation or treatment for: _____%o Cleared for **Limited participation** (check and explain "reason" for all that apply): "Limited Until Date" when appropriate

%o Not cleared for (specific sports) _____ Until Date: _____

Reason(s): _____

%o **NOT CLEARED FOR PARTICIPATION Reason** _____*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.*Physician Signature: _____ (*MD, DO, LNP, PA) . Date** _____
Circle one

Examiner's Name and degree (print): _____ Phone Number _____

Address: _____ City _____ State _____ Zip _____

*** Only signatures 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 28-9-1 (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's form #2, the student is in compliance with physical examination requirements.

**PART IV -- ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT***(To be completed and signed 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, swimming/diving, 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 participating in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) or 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.

**PART V - EMERGENCY PERMISSION
FORM***(To be completed and signed by 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? If _____ List the emergency medication: If _____
student presently taking any other medication? so, what type? _____

Does 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 injection and/or anesthesia and/or surgery for the person named above.

Daytime phone number (where to reach you in emergency) _____

Evening time phone number (where to reach you in emergency) _____

Cell phone _____

☀▶▶ Signature of parent or guardian _____ Date _____

Relationship to student _____

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

I certify all 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