



RINCON VISTA MIDDLE SCHOOL

10770 E Bilby Road ~ Tucson, AZ 85747

520-879-3202 ~ 520-879-3201 fax

Rincon Vista Middle School Athletic Participation Requirements & Registration

Boys' Basketball, Girls' Soccer and Cheerleading will begin when students return from Fall Break on October 16, 2017.

Sports Registration Schedule:

September 18 Sports packets available on the website and in the front office.

September 20th Parent meeting on Wednesday, September 20th at 6:30 p.m. in the gym.

NOTE: No packets will be accepted before September 20th.

There are limits on the number of athletes per team. Please note that registration will be limited to the following:

Boys' Basketball:	35 Student Athletes
Cheerleading:	10 Student Athletes
Girls' Soccer:	35 Student Athletes

- Packets will only be accepted if all pages of the registration packet are completed and signed by the parent and student where appropriate. Incomplete packets will be returned to the student or parent.
- Physicals **MUST** be received before students can practice with the team.
- Sports participation fee of \$75 **MUST** be paid before the first practice.
- Sports registration is **NON-REFUNDABLE**

If you have any questions, please do not hesitate to contact me at 879-3219 or stopanic@vailschooldistrict.org.

Sincerely,
Chuck Stopani
RVMS Athletics Director



RINCON VISTA MIDDLE SCHOOL

10770 E Bilby Road ~ Tucson, AZ 85747

520-879-3202 ~ 520-879-3201 fax

(Please Print)

Student Name: _____ Sport: _____

Grade: _____ Age: _____ Date of Birth: _____

Student's Home Address: _____

Parent/Guardian Name: _____

E-Mail: _____

Home Phone: _____ Work: _____



Emergency Contact: _____ Relationship to Student: _____

Cell: _____ Home Phone: _____ Work: _____

Preferred Hospital: _____

Physician: _____ Phone: _____

Allergies: _____

Medications: _____

The coach or other qualified personnel may apply emergency treatment if necessary?

Yes No

I (parent/guardian) acknowledge that participation in organized interscholastic athletics involves the potential for injury, which is inherent in all sports.

_____ (please initial)

I (parent/guardian) acknowledge that even with the best coaching, use of the most a advanced protective equipment and strict observation of the rules, injuries are still a possibility.

_____ (please initial)

I (parent/guardian) give my consent for school officials to use their own best judgment in securing aid and ambulance service in case the parent/guardian cannot be reached.

_____ (please initial)

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE WARNING OF POSSIBLE INJURY AND ELIGIBILITY.

Parent/Guardian Signature: _____

Date: _____



RINCON VISTA MIDDLE SCHOOL

10770 E. Bilby Road ~ Tucson, AZ 85747

520-879-3200 ~ 520-879-3201 fax

rvms.vail.k12.az.us

Student-Athlete Code of Conduct & Eligibility

The Privilege of participation in the RVMS athletic program is extended to all 6th, 7th, and 8th grade students -- provided they are willing to accept the following responsibilities required of a student athlete:

SOCIAL BEHAVIOR: A student-athlete will (a) display outstanding sportsmanship, both on and off the court/field, (b) demonstrate respect for those in authority (coaches and officials), as well as opponents, (c) use socially acceptable language at all times, (d) display a real spirit of cooperation. Failure to adhere to these social behaviors will result in a parent-athlete-coach conference to determine further action.

ELIGIBILITY: In order to represent RVMS in any interscholastic competition, a student must meet all requirements:

- Academically, each student-athlete must maintain a minimum "C" grade point average (2.0 on a 4.0 scale) and at no time have an "F" during an eligibility check.
- Maintain a "Meets" or "Exceeds" rating on the citizenship rubric in all classes.
- Students who receive 2 or more referrals will be dismissed from the team for the remainder of the season.
- Students who receive one In School Suspension or one Out of School Suspension will be dismissed from the team for the remainder of the season.
- Have no more than 3 PRIDE detentions served during one season.
- Have no more than 3 unexcused absences during one season.
- Student-athletes must have a current physical form on file in the RVMS Health Office before participating in any sport -- including practices. Physicals are good for one year from the time they are completed.
- Pay a non-refundable, \$75.00 activity fee per student per sport, or a \$200.00 maximum per student per year, or \$400.00 per family involved in RVMS sports per year.
- All fees must be paid when a student submits his/her registration packet.
- Students and a parent/guardian *must* review the attached concussion fact sheet and sign the acknowledgment form included in this packet.

Students' eligibility to participate, using the criteria listed above, is determined each Thursday during the season. Students who are declared ineligible are not able to participate in games or sit with the team during a game. Students may not attend practice while ineligible, instead students may attend tutoring offered by their grade level teachers after school. The week of ineligibility will begin on Friday following the eligibility check and continue until the following Friday. The student will remain ineligible for an entire week until eligibility is checked again the following Thursday. In addition, students who are suspended from school may not participate in nor attend games or practices.

Students who are declared ineligible three times during a given season are dismissed from the team. Students who are ineligible at the start of the intercession will remain ineligible for the remainder of the season if the season ends during the intercession break.

Students who are required to serve the PRIDE on the day of a game or practice must serve the PRIDE first before their sport obligation. Students who owe a PRIDE on the same day his/her team will be traveling to another school for a game will need to attend PRIDE and make other transportation arrangements if he/she still wants to attend the game.

Students are not eligible to practice on the day that a suspension is served. Absences due to suspension are not considered excused. Two unexcused absences will result in the student-athlete being released from the team.

ATTENDANCE: The best performance an individual is capable of producing comes only when the individual is willing to sacrifice his/her time and effort towards a conditioned training program. The student-athlete is, therefore, required to attend all practices. If a student-athlete is unable to attend practice, notice must be given to the coach prior to practice. Failure to give notice will be considered an unexcused absence: Three unexcused absences will result in the student-athlete being released from the team. **EXCEPTION: ABSENT FROM SCHOOL THAT DAY**

Students who are absent from school may not participate in a game nor practice on the day of an absence. Students who miss a partial day may be declared ineligible if they miss too many instructional minutes.

UNIFORM CARE: Uniforms are provided at no cost to student-athletes. It is each student's responsibility to care for the uniform. Cost for the replacement to damaged or lost uniforms will be the responsibility of the student-athlete and ranges from \$50 to \$100 (depending on the sport). Uniforms should be worn for games only. To properly care for the uniform, please wash in cold water and let air dry.

STUDENT-ATHLETE CODE OF CONDUCT & ELIGIBILITY

- I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE TO FOLLOW THE EXPECTATIONS OF THE STUDENT-ATHLETE CODE OF CONDUCT.
- I ALSO ACKNOWLEDGE THAT IF I FAIL TO FOLLOW THE STUDENT-ATHLETE CODE OF CONDUCT I CAN BE DISMISSED FROM THE TEAM.

(PLEASE PRINT STUDENT NAME) (DATE)

(STUDENT SIGNATURE)

(PARENT SIGNATURE)



A Fact Sheet for PARENTS

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 SIGNS AND 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.

It’s better to miss one game than the whole season.



ATENCIÓN CONMOCIÓN CEREBRAL EN EL DEPORTE JUVENIL

Hoja Informativa para los PADRES

¿QUÉ ES LA CONMOCIÓN CEREBRAL?

Una conmoción cerebral es una lesión en el cerebro, causada por un golpe en la cabeza o una sacudida. Incluso una pequeña conmoción o lo que parece ser un golpe o sacudida leve puede ser serio.

La conmoción cerebral no puede verse. Los signos y síntomas de una conmoción pueden aparecer inmediatamente después de la lesión o puede que no aparezcan, o se hagan visibles algunos días o meses después de haber sufrido la lesión. Si su hijo tiene los signos de una conmoción cerebral o si usted nota algún síntoma, busque atención médica de inmediato.

¿CUÁLES SON LOS SIGNOS Y SÍNTOMAS DE LA CONMOCIÓN CEREBRAL?

Signos que notan los padres y los tutores

Si su hijo ha sufrido un golpe en la cabeza o una sacudida durante un juego o una práctica, obsérvelo para determinar si tiene alguno de los siguientes signos y síntomas de una conmoción cerebral:

- Luce aturdido o fuera de control
- Se confunde con la actividad asignada
- Olvida las jugadas
- No se muestra seguro del juego, la puntuación ni de sus adversarios
- Se mueve con torpeza
- Responde con lentitud
- Pierde el conocimiento (así sea momentáneamente)
- Muestra cambios de conducta o de personalidad
- No puede recordar lo ocurrido antes de un lanzamiento o un caída
- No puede recordar lo ocurrido después de un lanzamiento o un caída

Síntomas que reporta el atleta

- Dolor o "presión" en la cabeza
- Náuseas o vómitos
- Problemas de equilibrio, mareo
- Visión doble o borrosa
- Sensibilidad a la luz y al ruido
- Se siente débil, confuso, aturdido o grogui
- Problemas de concentración o memoria
- Confusión
- No se "siente bien"

¿CÓMO AYUDAR A SU HIJO A PREVENIR UNA CONMOCIÓN CEREBRAL?

Aunque todo deporte es diferente, hay medidas que puede tomar para protegerse.

- Haga que siga las reglas impartidas por el entrenador y las reglas del deporte que practica.
- Invítelo a mantener el espíritu deportivo en todo momento.
- Haga que su hijo use el equipo protector adecuado según la actividad que realiza (como casco, almohadillas protectoras, canilleras o protector dental). El equipo de protección debe ajustarse bien, debe hacerse el mantenimiento adecuado, y el jugador debe usarlo correctamente y en todo momento.
- Aprenda a identificar los signos y síntomas de la conmoción.

¿QUÉ DEBE HACER SI CREE QUE SU HIJO HA SUFRIDO UNA CONMOCIÓN CEREBRAL?

- 1. Busque atención médica de inmediato.** Un profesional de la salud podrá determinar la seriedad de la conmoción cerebral que ha sufrido el niño y cuándo podrá regresar al juego sin riesgo alguno.
- 2. No permita que su hijo siga jugando.** Las conmociones cerebrales necesitan de un cierto tiempo para curarse. No permita que su hijo regrese al juego hasta que un profesional de la salud le haya dicho que puede hacerlo. Los niños que regresan al juego antes de lo debido - mientras el cerebro está en proceso de curación - corren un mayor riesgo de sufrir otra conmoción. Las conmociones cerebrales siguientes pueden ser muy serias. Pueden causar daño cerebral permanente que afectarán al niño de por vida.
- 3. Informe al entrenador del niño sobre cualquier conmoción cerebral que el niño haya sufrido recientemente.** Los entrenadores deben saber si el niño ha sufrido una conmoción recientemente en CUALQUIER deporte. El entrenador no necesariamente sabrá si el niño ha tenido una conmoción en otro deporte o actividad a menos que usted se lo diga.

Es preferible perderse un juego que toda la temporada.



Arizona Interscholastic Association, Inc.

Mild Traumatic Brain Injury (MTBI) / Concussion

Annual Statement and Acknowledgement Form

I, _____ (student), acknowledge that I have to be an active participant in my own health and have the direct responsibility for reporting all of my injuries and illnesses to the school staff (e.g., coaches, team physicians, athletic training staff). I further recognize that my physical condition is dependent upon providing an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced before, during or after athletic activities.

By signing below, I acknowledge:

- My institution has provided me with specific educational materials including the CDC Concussion fact sheet (<http://www.cdc.gov/concussion/HeadsUp/youth.html>) on what a concussion is and has given me an opportunity to ask questions.
- I have fully disclosed to the staff any prior medical conditions and will also disclose any future conditions.
- There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
- A concussion is a brain injury, which I am responsible for reporting to the team physician or athletic trainer.
- A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- If I suspect a teammate has a concussion, I am responsible for reporting the injury to the school staff.
- I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms.
- I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified health care professional.
- Following concussion the brain needs time to heal and you are much more likely to have a repeat concussion or further damage if you return to play before your symptoms resolve.

Based on the incidence of concussion as published by the CDC the following sports have been identified as high risk for concussion; baseball, basketball, diving, football, pole vaulting, soccer, softball, spiritline and wrestling.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and that I agree to be bound by this document.

Student Athlete:

Print Name: _____ Signature: _____

Date: _____

Parent or legal guardian must print and sign name below and indicate date signed.

Print Name: _____ Signature: _____

Date: _____

Rincon Vista Middle School Athletic Transportation Guidelines

In order to provide your child with safe and supervised transportation to and from sporting events the district will provide supervised bus transportation to and from all games/matches.

All students are required to travel with their team to an event, however in order for a parent/guardian or approved other to be able to provide transportation home for your son/daughter from an away event please complete the form below.

I/we _____ and _____, Parents or legal guardians of _____, wish to provide transportation home for our son/daughter to all or some of the away games for the current school year.

Parents will need to provide transportation home after all games. If a parent cannot provide transportation home from away games and need to pick their child up from RVMS, they must notify the coach 48 hours before the game to determine what alternate arrangements can be made, if any.

If you would like someone other than yourself to transport your child home you must indicate below that person's name, contact information, and relation. No one other than those indicated on the list will be able to transport your child home from sporting events.

The following drivers may transport:

Name	Number	Relation
Name	Number	Relation
Name	Number	Relation

I/We understand that we are waiving any claims I/We may have against Vail Unified School District, and are relieving the District of any liability with regard to the safe transport of my/our son/daughter.

My/our vehicle is insured with a minimum of \$15,000/30,000 liability, and 15,000/30,000 uninsured motorist insurance coverage.

I/We also understand the violation of these Transportation Regulations and Guidelines will result in my/our son/daughter being barred from participation in the next contest.

I ACKNOWLEDGE AND AGREE WITH THESE TRANSPORTATION GUIDELINES AND AGREE TO COMMUNICATE WITH MY CHILD'S COACH BEFORE I TAKE MY CHILD HOME.

_____ (Parent Signature) _____ (Date)

_____ (Parent Signature) _____ (Date)



RINCON VISTA MIDDLE SCHOOL
10770 E. Bilby Road ~ Tucson, AZ 85747
520-879-3200 ~ 520-879-3201 fax
rvms.vail.k12.az.us

Dear Parents or Guardians,

Many of our students here at RVMS have asthma or other medical conditions, and need an inhaler or other medication at times while they are at school, or during after school activities. Many of you may not be aware that it is against school board policy for a student to carry an inhaler or any medication on them, unless they have a current/valid doctor's note stating the student must carry it with them at all times. The other solution to this, would be to have your students inhaler checked into the Health Office, and the student may come up to use it as needed/directed. Please contact me if you need paperwork for your student to have medication at school or to carry on them

Since your student has signed up to play a sport at RVMS, the above scenario is even more important. **The RVMS Health Aide is NOT on campus during practices or games, however, our athletic director does have access to the health office and medicine cabinet during practices and games.** As a staff, we want to make sure your student has all the necessary paperwork completed, and an inhaler for your student available. PLEASE, help us to ensure our staff/coaches can help assist your student in their physical well being by providing an inhaler.

If your student will need an inhaler or other medication at school and/or during sports, please contact me at the below number or e-mail and I will get you started on the process.

If you have any questions or concerns, please call me or e-mail me. (520)879-3210 or muszynskia@vailschooldistrict.org.

Thank you and good luck this season!

Sincerely,

Amy Muszynski
RVMS Health Aide



Arizona Interscholastic Association, Inc.

ARIZONA INTERSCHOLASTIC ASSOCIATION, INC.
7007 North 18th Street, Phoenix, Arizona 85020-5552
Phone: (602) 385-3810

ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

ANNUAL PHYSICAL EXAMINATION

Name: _____ Date: _____

Height: _____ Weight: _____ Pulse: _____ BP: _____

Vision: R 20/ _____ L 20/ _____ Glasses/Contacts: Yes No Pupils: Equal Unequal

	Normal	Abnormal Findings	Initials*
Medical			
Appearance	<input type="checkbox"/>		
Skin	<input type="checkbox"/>		
Eyes/Ears/Nose	<input type="checkbox"/>		
Throat/ Oropharynx	<input type="checkbox"/>		
Lymph Nodes	<input type="checkbox"/>		
Heart	<input type="checkbox"/>		
Pulses	<input type="checkbox"/>		
Lungs	<input type="checkbox"/>		
Abdomen	<input type="checkbox"/>		
Genitalia/ Hernia	<input type="checkbox"/>		
Musculoskeletal			
Neck	<input type="checkbox"/>		
Back	<input type="checkbox"/>		
Shoulder/arm	<input type="checkbox"/>		
Elbow/forearm	<input type="checkbox"/>		
Wrist/hand	<input type="checkbox"/>		
Hip/thigh	<input type="checkbox"/>		
Knee	<input type="checkbox"/>		
Leg/ankle	<input type="checkbox"/>		
Foot	<input type="checkbox"/>		

*Station-based examination only

CLEARANCE

Cleared

Cleared after completing evaluation/rehabilitation for: _____

Not Cleared for: _____ Reason: _____

Recommendations: _____

Name of Physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of Physician _____ MD/DO/NP/PA-C