



RINCON VISTA MIDDLE SCHOOL

10770 E Bilby Road ~ Tucson, AZ 85747

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

rvms.vail.k12.az.us

Rincon Vista Middle School Athletic Participation Requirements & Registration

Dear Parents and Student-Athletes:

Welcome to 2018-2019 RVMS Roadrunner Sports! Please read through this packet carefully before you register.

We have registration limits for each sport:

Football ~ 50 student-athletes

Volleyball ~ 40 student-athletes

Cross Country ~ 50 student-athletes

Bring your completed sports packet and the \$75.00 fee in cash or check, into the front office to sign up. We will be registering for Boys Football, Girls Volleyball, Boys and Girls Cross Country. Do not wait, there is a limited number of open positions on each team. Registration packets will not be accepted without payment. If your student/athlete is planning to apply for a scholarship, please have the scholarship packet completed along with the registration packet and turned in by the deadline. We are awarding one scholarship per sport, per quarter, per family and based on greatest need. Registration fees are non-refundable. Completed registration packets, payments, and unexpired physical will be required to participate.

The final day for sports packets to be submitted will be Friday, July 20th by end of school day.

Additionally, there will be a student/parent meeting Thursday, July 26th in the gym from 6:00 p.m. to 7:00 p.m. Athletes will receive uniforms, turn in the uniform rental agreement, receive schedules and have a chance to talk with the coaches of your children.

If you have any questions, please do not hesitate to contact me at 520.879.3219 or johnsonpa@vailschooldistrict.org.

Go Roadrunners!

Patrick Johnson
RVMS Athletics Director



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(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 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: _____



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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 \$200 (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)

RVMS Athletics Parents Code of Conduct

Parents play an important role in their child's athletic endeavors. RVMS has implemented the following Parent Code of Conduct for Athletics to reinforce the importance of supporting your child positively in athletic competition, as well as maintain the safest, most positive environment possible for all participants.

Each parent should read, understand, and sign this form prior to their child participating in sports competition at RVMS.

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disability, injury, or ailment that may affect the safety of my child or the safety of others.
4. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
5. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
6. I will not encourage any behaviors or practices that would endanger the health and well-being of the athletes.
7. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
8. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
9. I will remain in the spectator areas during game play and refrain my coaching my child, unless I am one of the official coaches of the team.
10. I recognize that schools are tobacco, alcohol and drug-free zones.
11. I will pick up my student-athlete within 15 minutes of the end of a practice or game when bus transportation is no longer available. Please note: activity buses leave at 4:15 p.m., parents will need to provide transportation after that time.

Student Athlete Name: _____

Parent/Guardian 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) _____
 (Parent Signature) _____

(Date) _____
 (Date) _____



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: _____



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Dear Parents or Guardians,

Many of our students here at RVMS have asthma, and need an inhaler 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 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. On top of these two options above, there are a few more forms that need to accompany the students inhaler whether the inhaler is kept in the health office or on the student.

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.

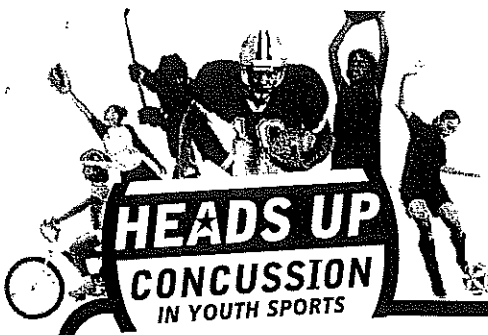
If your student will need an inhaler at school and/or during sports, please contact me at the below number or e-mail and I will get you started on the process.

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

Thank you and good luck this season!

Sincerely,

Donna Carbajal, RVMS Health Aide



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.

RINCON VISTA ATHLETIC SCHOLARSHIP INFORMATION AND APPLICATION

Application Requirements:

- Submission of a complete application, as well as the following documentation:
- Parent/guardian must provide a letter of hardship disclosing the need for financial assistance, as well as any supporting documents.
- Student must write an essay which discloses their desire to be on the team, and what the team means to them (maximum 1 page).
- Application must be submitted with sports registration and student physical by the registration due date.

Requirements for eligibility:

- Application must be completed by a parent, guardian, or head of household with all requested information provided. Incomplete applications will not be considered. The application is on the following page.
- Commitment to attend a minimum of **90%** of scheduled practices and games. Considerations will be made for emergencies, and prior arrangements.
- Participation by an adult family member in at least **3** hours of voluntary service to the team during the sport season. Volunteer work will be under the direction of the athletic director and/or coach.
- Students must comply with the standards of the student athletic eligibility requirements to maintain their scholarship.

Other Important Information:

- Scholarships are only available to help cover the cost of registration fees to children who without this financial assistance would not be able to participate in our program. Scholarships are not available to cover any additional costs such as additional equipment, practice clothing, shoes, etc.
- One scholarship will be awarded per sport each quarter, to only one member of a registered family.
- Scholarship application approval will be based on financial need and availability of scholarship funds.
- The scholarship committee, which includes the athletic director and vice principal, will consider all complete applications received by the application deadline. No guarantee of assistance is implied in this application.

Application Process:

- Complete the Youth Athletic Scholarship Application Form, which must be signed by a parent/guardian.
- The scholarship committee will contact you via email prior to the first scheduled practice to notify you of your scholarship eligibility or denial. In the event you do not qualify for a scholarship you will be given the opportunity to either pay your child's enrollment fee, or withdraw the registration.
- Scholarship application approval will be based on verification of financial need and availability of scholarship funds.

Confidentiality will be maintained at all times. Applicants are guaranteed that personal finances will not be discussed outside of the scholarship committee. Coaches, instructors or program leaders will not be informed of a participant's financial or scholarship status.

***Please note: Approval of a scholarship does not register the participant in the activity. You must still register the athlete in the sport desired. ***

Rincon Vista Middle School does not discriminate based on gender, race, class, economic status, ethnic background, sexual orientation, physical ability, or cultural and religious backgrounds.

RINCON VISTA SCHOLARSHIP APPLICATION

Sport Requested: _____ Athlete Name: _____

Athlete Date of Birth: _____ Grade: _____ School: _____

Parent/Guardian Name: _____ Phone: _____

Address: _____

City: _____ Zip Code: _____ Email Address: _____

Parent/Guardian Signature: _____ Date: _____

LETTER OF HARDSHIP

(Please provide any additional supporting documentation with application)

For Rincon Vista Middle School Use Only

Approved _____ Disapproved _____ Volunteer Hours Served _____

RVMS Vice Principal

RVMS Athletic Director



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 <input type="checkbox"/> No <input type="checkbox"/> Pupils: Equal <input type="checkbox"/> Unequal <input type="checkbox"/>

	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

<input type="checkbox"/>	Cleared
<input type="checkbox"/>	Cleared after completing evaluation/rehabilitation for: _____ _____
<input type="checkbox"/>	Not Cleared for: _____ Reason: _____
Recommendations: _____ _____	
Name of Physician (print/type) _____ Date _____	
Address _____ Phone _____	
Signature of Physician _____ MD/DO/NP/PA-C	