



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 Season 3 Sports! Please read through this packet carefully before you register.

We have registration limits for each sport:

Girls Basketball ~ 45 student-athletes

Boys Soccer ~ 40 student-athletes

Wrestling ~ 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 Girls Basketball, Boys Soccer, and Wrestling. Do not wait, there is a limited number of open positions on each team. Registration packets will not be accepted without payment. Athletic packets must include all information, physical, and payment. If your student/athlete is planning to apply for a scholarship, please have the scholarship packet, which is included in the packet, completed along with the registration packet and turned in by the deadline. Scholarship application is considered payment until scholarships are granted. We are awarding one scholarship per sport, per quarter, per family and based on greatest need. If your child is not awarded a scholarship, they can remain on the team but payment is required in full. They are also eligible for the following season's scholarship program. Registration fees are non-refundable. Completed registration packets, payments, and unexpired physical will be required to participate.

Girls Basketball will fill up quickly, please make sure your packets are in before the deadline. RVMS 8th and 7th graders will have first priority, and if there are enough spots left open we will hold a 6th grade tryout for the final spots.

The final day for sports packets to be submitted will be Friday, December 21st, by 12pm.

Additionally, there will be a mandatory student/parent meeting. 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.

Patrick Johnson
RVMS Athletics Director

Rincon Vista Middle School
Athletics Student Emergency Card

(Please Print)

Student Name: _____ Sport: _____
Grade: _____ Age: _____ Date of Birth: _____

Student's Home Address, incl. City, State, Zip: _____

Parent/Guardian

Name: _____
E-Mail: _____
Home Phone: _____ Work Phone: _____

Emergency Contact

Name: _____ Relationship to Student: _____
Cell: _____ Home Phone: _____ Work: _____

Preferred Hospital: _____
Primary Physician: _____ Phone: _____
Allergies: _____

Medications: _____

May 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: _____

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 on 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. Parents must sign-out their child with the coach. If they need a bus ride back to school, the student must also inform the coach and remain seated in the designated team section of the gym.

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) _____



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 healthcare 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 or e-mail me at (520)879-3210 or carbajald@vailschooldistrict.org.

Thank you and good luck this season!

Sincerely,

Donna Carbajal, RVMS Health Aide

A Fact Sheet for YOUTH SPORTS PARENTS



This sheet has information to help protect your children or teens from concussion or other serious brain injury.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - › Work with their coach to teach ways to lower the chances of getting a concussion.
 - › Emphasize the importance of reporting concussions and taking time to recover from one.
 - › Ensure that they follow their coach's rules for safety and the rules of the sport.
 - › Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. There is no "concussion-proof" helmet. Even with a helmet, it is important for children and teens to avoid hits to the head.

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (*even briefly*).
- Shows mood, behavior, or personality changes.
- Can't recall events *prior to or after* a hit or fall.

Symptoms Reported by Children and Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Remind them that *it's better to miss one game than the whole season.*



Centers for Disease
Control and Prevention
National Center for Injury
Prevention and Control

GOOD TEAMMATES KNOW:

IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.

Concussions affect each child and teen differently. While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



Plan ahead.

What do you want your child or teen to know about concussion?

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.



You can also download the CDC *HEADS UP* app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. You may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

Revised 12/2015



Centers for Disease
Control and Prevention
National Center for Injury
Prevention and Control

To learn more, go to www.cdc.gov/HEADSUP

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



2018-19 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

Name: _____	Date of Birth: _____
Age: _____	Sex: _____
Height: _____	Weight: _____
% Body Fat (optional): _____	Pulse: _____
	BP: ____ / ____ (____ / ____ / ____)
Vision: R20/____ L20/____	Corrected: Y <input type="checkbox"/> N <input type="checkbox"/>
Pupils: Equal <input type="checkbox"/> Unequal <input type="checkbox"/>	

	Normal	Abnormal Findings	Initials *
Medical			
Appearance			
Eyes/Ears/Throat/Nose			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary &			
Skin			
Musculoskeletal			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hands/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

* - Multi-examiner set-up only
& - Having a third party present is recommended for the genitourinary examination

NOTES: _____

Cleared Without Restriction
 Not Cleared For: All Sports Certain Sports: _____ Reason: _____
 Recommendations: _____

Name of Physician (Print/Type): _____ Exam Date: _____
 Address: _____ Phone: _____
 Signature of Physician: _____, MD/DO/ND/NMD/NP/PA-C/CCSP