ATHLETIC HANDBOOK
2014-2015

A RESOURCE BOOK FOR ATHLETES AND PARENTS

Smart, Safe Schools
# NNPS 2014-2015 School Calendar

**Schoool Calendar**

**Newport News Public Schools • 12465 Warwick Blvd., Newport News, VA 23606 • (757) 591-4500 • www.nnschools.org**

### Monthly Calendar

#### July 2014

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### Key Dates

- **First Day of School**: 2014

### Extra Information

1. **Teacher Work Days**: Students do not report.
2. **SAT Testing**: Weeks 1 and 2.
3. **Jewish Observances**: Begin the preceding day at sundown.

### Marking Periods

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<td>May 6</td>
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### Religious Observances

- **Sept. 25**: Rosh Hashanah
- **Oct. 9**: Sukkot
- **Nov. 3**: Ashura
- **Dec. 17**: Hanukkah
- **Oct. 18**: Ash Wednesday
- **May 14**: Ascension Day

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**9 Weeks Report Cards**

- **Interims**: Weeks 1 and 2
- **9 Weeks Report Cards**: Weeks 1 to 9

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**Key Dates**

- **First Day of School**: 2014

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**Jewish Observances**: Begin the preceding day at sundown.
Dear Student Athletes and Family Members:

Welcome to the 2014-2015 school year. My vision for this school year is to ensure that the doors to 21st Century success are open for all students. I invite you to join as partners as we focus on schools that open doors for all students to college, career and citizenship.

Through athletics, you have the power to play a vital role as we ensure that schools offer a safe and smart environment where all students can realize their dreams. Participating in athletics involves teamwork, motivation, self-discipline, perseverance and continuous practice, and you will serve as role models who shape the culture of your school.

Please accept my best wishes for a productive and rewarding year as you pursue your dreams through athletics and academics.

Sincerely,

Ashby C. Kilgore, Ed.D.
Superintendent
August 1, 2014

Dear Family Members,

Your student has expressed a desire to participate in the Newport News Public Schools Athletic Program. It is important that you both understand the goals of the program and agree to abide by the rules established by Newport News Public Schools and the Virginia High School League (VHSL).

The Newport News Athletic Program is part of a broad extracurricular program designed to teach skills and reinforce the concepts of self-worth, cooperation, teamwork, ethical decision making, and sportsmanship.

While coaches and other school officials do everything within reason to protect your student against injuries, sometimes they still occur and on very rare occasion may be serious and disabling. If you are concerned about this possibility you should discuss it with your student’s coach.

Athletes and parents should also be advised that the Newport News Public Schools athletic insurance is a secondary insurance. It is limited in coverage and is intended to supplement a family-owned policy. In the event that an injury does occur, parents are responsible for making all claims and they must be submitted to the company within 90 days of the accident. These claim forms may be picked up from the schools’ athletic office or athletic trainer. (A sample form is located in the back of this booklet)

School equipment issued to your student for participation is his/her responsibility and must be returned promptly upon request. Reimbursement from the student will be expected for loss or destruction of equipment beyond ordinary wear and tear.

Please be sure to read, complete, and sign the following forms: Permission for Emergency Care, Concussions Letter, and Weight Room Responsibilities.

Lastly, we look forward to working with your student-athlete and hope you both will have a successful and rewarding experience.

Sincerely,

[Signature]

Michael Nichols
Program Administrator
Youth Development
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Michael Nichols, Program Administrator for Youth Deveopment (michael.nichols@nn.k12.va.us)
Belinda Langston, Student Athletic Specialist (belinda.langston@nn.k12.va.us)
Phone: 757-591-4601    Fax: 757-591-4683
ATHLETIC TEAMS

FALL          WINTER          SPRING

VARSITY
Football
Field Hockey
Golf
Volleyball (boys & girls)
Cross Country (boys & girls)
Cheerleading (sideline)
Cheerleading (competition)

JR. VARSITY
Football
Field Hockey
Cheerleading

VARSITY
Basketball (boys & girls)
Indoor Track (boys & girls)
Wrestling
Swimming (boys & girls)
Diving (boys & girls)
Cheerleading (sideline)

JR. VARSITY
Basketball (boys & girls)
Wrestling
Cheerleading

VARSITY
Baseball
Softball
Soccer (boys & girls)
Outdoor Track (boys & girls)
Tennis (boys & girls)

HIGH SCHOOL               PRINCIPAL              ATHLETIC DIRECTOR              ATHLETIC OFFICE

Denbigh High School       Anthony Vladu              Bryan Weaver               886-7700, x 9-24660
Heritage High School      Shameka Gerald              Dwayne Peters              928-6100, x9-17660
Menchville High School    Robert Surry                Greg Henderson             886-7722, x9-45660
Warwick High School       Anthony Frazier              Jennifer Nuttycombe        591-4700, x9-58660
Woodside High School      Jonathan Hochman            Todd Price                886-7530, x9-61660

TICKET PRICES

<table>
<thead>
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JV BASKETBALL - $3.00 FOR EVERYONE
(Sr. Citizens (NN residents) 60 and over – FREE
MUST PRESENT IDENTIFICATION

Prices may vary at conference games outside of the Peninsula District

FREE AND REDUCED ADMISSIONS TO ATHLETIC EVENTS

In addition to the passes provided by the Peninsula District of the VHSL, the School Board authorizes free or reduced admission to Newport News School Division athletic events for the following groups:

FREE ADMISSION

- High school faculty and staff for games on Newport News School Board property involving the individual school.
- School Board Employees, with their ID badge, to TODD STADIUM FOOTBALL GAMES ONLY. No Guests.
- City passes (issued by the athletic office) to the city manager, assistant city managers, fire chief, police chief, director of parks and recreation, and all judges.
- Lifetime passes (issued by the superintendent’s office) to city council members, school board members and retired school personnel.
- Senior citizens (age 60 and over) who are residents of Newport News. In order to receive free admission, senior citizens must present identification that confirms that they are residents of Newport News and age 60 or over.

REDUCED ADMISSION

- A member of the PTSA (Parent/Teacher/Student Association) of a participating Newport News public school will be admitted for a reduced cost of $2.00 less than the adult ticket price upon the presentation of a valid current school year PTSA membership card.

Revised June 2014
FOREWORD

The purpose of this handbook is to set forth some of the pertinent operating procedures for the athletic staffs, athletes and parents of the Newport News Public Schools. It is hoped that a ready reference such as this handbook will facilitate the process of seeking information about administrative policies and procedures and will provide a framework within which the athletic department can operate smoothly and efficiently.

ACADEMICS AND ATHLETICS

Academics play a major role in the Newport News school system athletic program. All coaches monitor their student-athletes throughout the school year. Students wanting to participate in college athletics are encouraged to take core courses that will count toward NCAA academic eligibility. The NCAA now has a central eligibility center that will certify athletic eligibility for Division I and II. It is very important that if your athlete might want to play Division I or II athletics that you read up on NCAA Academic Eligibility Center very carefully. Athletes cannot wait until their senior year and make this decision; it must be made early so that all NCAA requirements are met. If you have any questions, please contact the athletic director or guidance counselor at your school.

NON-DISCRIMINATION

The Newport News School Division does not discriminate on the basis of race, color, national origin, sex, creed, marital status, age, or disability in its programs, activities, or employment practices as required by the Title VI, Title VII, Title IX, Section 504, and ADA regulations. The HR Compliance Representative, at 12507 Warwick Boulevard, Newport News, VA 23606, (757-881-5061), is responsible for coordinating the division’s efforts to meet its obligations under Section 504, Title IX, the ADA, and their implementing regulations.

Revised July 2014
NEWPORT NEWS PHILOSOPHY

It shall be the philosophy of the athletic program in the Newport News Public Schools to provide an opportunity for those students endowed with the physical and mental ability to compete at a level higher than that offered in the normal instructional program. This program will allow the talented athletes to develop their skills and knowledge to a higher degree of competency on the practice field and offer them the laboratory of the playing field to measure their accomplishments in competition with their peers.

One of our school division’s major goals is high academic achievement for all students. We are committed to helping them achieve to their fullest potential and our student-athletes are no exception. Just as an athlete must expend a tremendous amount of time and effort to be successful on the playing field, our athletes must bring that same discipline and dedication to the classroom. The practices established by both successful students and successful athletes would be extremely valuable throughout their school years and beyond.

In addition to the development of these physical skills, the athletic program will offer the athlete the opportunity to become a more useful and loyal member of society by developing a desire to achieve excellence but with the willingness to make personal sacrifices for the benefit of the team. Close contact with teammates and opponents will develop a sense of loyalty and dedication as well as a respect for the dignity of others.

The enrichment of the total being through contributions to their educational, social, moral, emotional and physical development shall be the underlying principle of the school athletic program.

GOALS AND OBJECTIVES

1. All student athletes will maintain a 2.0 or above.
2. The athletic program will contribute to the physical fitness and development of athletic skills of participants through teaching and presenting a sound program of conditioning and practice.
3. The athletic program will teach the values of sportsmanship through the Virginia High School League Sportsmanship Code in order that participants may learn to be humble in victory and gracious in defeat.
4. The athletic program will teach self-discipline to participants by requiring them to adhere to a lifestyle that will contribute in a positive way to team effectiveness.
5. The athletic program will teach the compatibility of self-reliance and cooperation through activities designed to give recognition to contributions of individual athletes and showing that success of the program depends on team effort.
6. The athletic program will unify the school by providing common goals, involving all students and creating a common purpose; thereby generating school spirit and building alumni loyalty.
7. The athletic program will provide a wholesome environment for athletic participation and will provide carry-over value through teaching positive attitudes and the recreational value of participation.
8. The athletic program will provide opportunities to achieve educational and personal goals for students/athletes through counseling participants to establish goals consistent with their interests, abilities and needs.
Newport News Public Schools Students Academic Standards for Participating in Virginia High School League Activities

All students participating in any Virginia High School League sponsored activity will have to meet academic standards established by the school board.

1. Students participating in any VHSL sponsored activity must maintain a 2.0 grade point average (GPA) before participating in any VHSL sponsored activity. They may meet this requirement in two (2) ways:

   A. Students may maintain a cumulative 2.0 GPA
   Or
   B. Students may have a 2.0 the previous semester average.

2. Students must continue to meet all VHSL eligibility requirements (PASS 5 SUBJECTS FROM PREVIOUS SEMESTER), in addition to the 2.0 GPA.

3. Students also have the option of taking a one-time waiver from the 2.0 requirement for one semester for any reason during their time in high school but still must meet all VHSL standards. Forms can be obtained from the high school athletic directors.

4. Students who lose their academic eligibility while participating in a VHSL activity in which the season or district competition extends beyond the semester will be allowed to continue participating until the particular season ends, but will not be able to participate in other extracurricular activities until academic eligibility is restored.

5. Transfer students’ academic eligibility for participation in a VHSL activity will be determined initially by their incoming GPA. This eligibility criteria will apply through and include the student’s first semester of attendance in Newport News Public Schools. Transfer students who do not meet the academic requirements for the school year in which they enter will be denied academic eligibility during their first semester in Newport News Public Schools. After their first semester as a student in the Newport News Public Schools, the GPA requirements in item 1 shall apply.

6. Summer school grades will be averaged in with second semester grades.

7. A special education student who is working toward a special diploma/certificate must make standard progress in those courses taken as determined by the student’s Individualized Education Program (IEP).

8. A special education student who is working toward a standard diploma must meet the same academic standards for participation in VHSL activities and extracurricular activities that are required for all students.

9. If there are differences between the school board policy and Virginia High School League (VHSL), the provision that establishes the stricter rule will apply. If either the school board policy or the VHSL regulations contain a condition or requirement that the other one does not, the stated condition or requirement will apply.

Revised July 2014
MAGNET SCHOOL – GENERAL INFORMATION

In general, eighth grade students who wish to participate in VHSL activities are expected to attend their attendance-zone school. Students enrolled in magnet programs who indicate intent to return may participate at the school at which the magnet program continues.

Magnet Program Deselection Procedures – Voluntary and Involuntary

A student who has been selected for a magnet program or deselected from a magnet program for any reason and who has officially practiced or participated in a VHSL activity, during the scheduled season, is ineligible to participate in that activity in another school for the remainder of that academic year.

Appeals to this process can be made in writing to the assistant superintendent for administrative and alternative services or his/her designee.

Revised July 2014
ATHLETIC STATEMENT

Participation in athletics is a privilege, which carries with it varying degrees of honor, responsibility and sacrifice. Since competition is a privilege and not a right, those who choose to participate shall be expected to follow the rules established by the Athletic Department and other specific coaches’ rules for their sport. Each student-athlete represents his/her school and student body. It is the student-athlete’s duty to conduct himself/herself in a manner that is becoming the student-athlete, his/her family, Newport News Public Schools and the community.

SPORTSMANSHIP

The following policy statement from the National Federation of State High School Associations expresses the concept of sportsmanship as follows:

“The ideals of good sportsmanship, ethical behavior, and integrity permeate our culture. The values of good citizenship and high behavioral standards apply equally to all activity disciplines. In perception and practice, good sportsmanship shall be defined as those qualities of behavior, which are characterized by generosity and genuine concern for others. Further, awareness is expected of the impact of an individual’s influence on the behavior of others. Good sportsmanship is viewed as a concrete measure of the understanding and commitment to fair play, ethical behavior and integrity.”

One of the main goals of the athletic program is to teach the concept of sportsmanship. Good sportsmanship requires that everyone be treated with respect. This includes members of the opposing team, officials, coaches and spectators.

Good sportsmanship includes showing courtesy and kindness towards your opponent as well as fellow team members. The contest is judged by the effort of the participants and not by putting down your opponent.

Winning is exciting, but winning at any cost is not the goal. Negative treatment of any participant is outside the spirit and interest of the contest.

All VHSL sanctioned events are a reflection of our community and school. The conduct of the team is extended to parents and fans before, during, and after athletic events.
THE FUNDAMENTALS OF SPORTSMANSHIP

Gain an understanding and appreciation for the rules of the contest. The necessity to be well informed is essential. Know the rules. If you are uninformed, refrain from expressing opinions on officials, coaches, or administrative decisions. The spirit of GOOD SPORTSMANSHIP depends on conformance to a rule’s intent as well as to the letter of a given rule.

Exercise representative behavior at all times. A prerequisite to GOOD SPORTSMANSHIP requires one to understand his/her prejudices that may become a factor in his/her behavior. The true value of interscholastic competition relies upon everyone exhibiting behavior which is representative of a sound value base. A proper perspective must be maintained if the educational values are to be realized. Your behavior influences others whether you are aware of it or not.

Recognize and appreciate skilled performances regardless of affiliation. Applause for an opponent’s good performance displays generosity and is a courtesy that should be regularly practiced. This not only represents GOOD SPORTSMANSHIP but reflects a true awareness of the game by recognizing and acknowledging quality.

Exhibit respect for the officials. The officials of any contest are impartial arbitrators who are trained and who perform to the best of their ability. Mistakes by all involved in the contest are a part of the game. We should not rationalize our own poor or unsuccessful performance or behavior by placing responsibility on an official. The rule of GOOD SPORTSMANSHIP is to accept and abide by the decision made. This value is critical for students to learn for later application in life.

Display openly a respect for the opponent at all times. Opponents are guests and should be treated cordially, provided with the best accommodations, and accorded tolerance at all times. Be a positive representative for your school, team, or family.

Display pride in your actions at every opportunity. Never allow your ego to interfere with good judgment and your responsibility as a school representative. Regardless of whether you are an adult, student, athlete, coach, or official, this value is paramount since it suggests that you care about yourself and how others perceive you.

“SPORTSMANSHIP:
THE ONLY MISSING PIECE IS YOU!”
VALUE OF ATHLETICS

What benefit will a player derive from participation in athletics?

COMPETITION
Our entire way of life is based on competition. Every person is competing to improve or maintain his standing. What better way to learn this important principle than through athletics?

PHYSICAL WELL BEING
The nation is becoming more conscious of the inadequacy of our youth in physical fitness. Through athletics, a foundation is built that can correct this situation.

THE RELEASE OF PHYSICAL ENERGY
Someway, somehow students will find a way to release their physical energy. Athletics offer a wholesome medium for this purpose.

RECOGNITION
Through guidance, players can learn to accept recognition in a proper manner. They learn that the praises they receive are not due to their effort alone.

UNDERSTANDING
Players working together for a common cause learn to accept victory or defeat in a mature manner. Team members soon learn how to understand each other and to make adjustments for the good of the team.

EMOTIONAL CONTROL
“When the going gets tough, the tough gets going.” The athlete learns to get going, by tackling the task at hand. Emotional blow-ups only hamper him.

DISCIPLINE
We hear the cry that young people need to learn discipline. Athletics teach self-discipline, vital to a successful adult life.

PERSEVERANCE
Athletes learn to stay with the job and not give up until the contest is over.

THINKING UNDER PRESSURE
The accomplished businessman can attribute much of his success to this factor. Athletes learn it early in their career and use this ability the rest of their lives.

LOYALTY
Being faithful to a team, a group, a cause, is an important lesson of athletics. A person will not fail himself when he has learned the lesson of being true to others.

Taking part in athletics is one of the most important parts of our educational system. There is no other course in our schools today, which can offer all the following benefits.
IMPORTANT REMINDERS
For Parents with Athletic Children

- Make sure your children know that, win or lose, scared or heroic, you love them, appreciate their efforts, and are not disappointed in them. This will allow them to do their best without a fear of failure. Be the person in their lives they can look to for constant, positive encouragement.

- Try your best to be completely honest about your children’s athletic capability, competitive attitude, and sportsmanship and actual skill level.

- Be helpful, but don’t coach them on the way to the rink, pool, or track or on the way back, at breakfast, and so on. It is tough not to, but it’s a lot tougher on children to be inundated with advice, pep talks, and often critical instruction.

- Teach them to enjoy the thrill of competition, to be “out there trying”, to be working to improve their skills and attitude. Help them to develop the feel for competing, for trying hard, for having fun.

- Try not to re-live your athletic life through your children in a way that creates pressure. You fumbled; too, you lost as well as won. You were frightened, you backed off at times, and you were not always heroic. Don’t pressure them because of your lost pride.

- Don’t compare the skill, courage, or attitudes of your children with other members of the team.

- Get to know the coach so that you can be assured that his/her philosophy, attitudes, ethics and knowledge are such that you are happy to have your children under his/her leadership.

- Always remember that children tend to exaggerate, both when praised and criticized. Temper your action and investigate before over-reacting.

You and your family can prevent the spread of infection by following good hygiene practices:

- Wash hands thoroughly with soap and water;

- Keep cuts and scrapes clean and covered until healed;

- Avoid contact with wounds and bandages;

- Avoid sharing personal items like towels and razors.

- Shower immediately following practices and/or games.

Impetigo/Staph Infections are caused by the staphylococcus bacteria getting into a sore or break in the skin. About 1/3 of the infections are caused by “autoinfection” from the bacteria in your nose. Skin to skin contact from draining skin sores is the other most common source. Topical treatment is usually all that is needed. Areas should be covered while at school. If the area spreads see your doctor. NNPS uses appropriate preventative measures to limit the spread of infections. Call your school nurses and coaches if you have questions.
PARENT/COACH COMMUNICATION

Parent/Coach Relationship
Both parenting and coaching are extremely difficult vocations. By establishing an understanding of each position, we are better able to accept the actions of the other and provide greater benefit to children. As parents, when your child becomes involved in our program, you have a right to understand what expectations are placed on your child. This begins with clear communication from the coach of your child’s program.

Communication you should expect from your child’s coach
- Philosophy of the coach.
- Expectations the coach has for your child as well as all the players on the squad.
- Locations and times of all practices and contests.
- Team requirements, i.e. fees, special equipment, off-season conditioning.
- Procedure should your child be injured during participation.
- Discipline that result in the denial of your child’s participation.

Communication coaches expect from parents
- Concerns expressed directly to the coach.
- Notification of any schedule conflicts well in advance.
- Specific concern in regard to a coach’s philosophy and/or expectations.

As your children become involved in the program, they will experience some of the most rewarding moments of their lives. It is important to understand that there also may be times when things do not go the way you or your child wishes. At these times discussion with the coach is encouraged.

Appropriate concerns to discuss with coaches
- The treatment of your child, mentally and physically.
- Ways to help your child improve.
- Concerns about your child’s behavior.

It is difficult to accept your child’s not playing as much as you may hope. Coaches are professionals. They make judgment decisions based on what they believe to be best for all students involved. As you have seen from the list above, certain things can be and should be discussed with your child’s coach. Other things, such as those listed later, must be left to the discretion of the coach.

Issues not appropriate to discuss with coaches
- Team strategy.
- Play calling.
- Playing time.
- Other student-athletes.

There are situations that may require a conference between the coach and the parent. These are to be encouraged. It is important that both parties involved have a clear understanding of the other’s position. When these conferences are necessary, the following procedure should be followed to help promote a resolution to the issue of concern.

If you have a concern to discuss with a coach, the procedure you should follow is:
- Call to set up an appointment.
- If the coach cannot be reached, call the Athletic Director. He will set up the meeting for you.
- Please do not attempt to confront a coach before or after a contest or practice. These can be emotional times for both the parent and the coach. Meetings of this nature do not promote resolution.

THE NEXT STEP

What can a parent do if the meeting with the coach did not provide a satisfactory resolution?
- Call and set up an appointment with the School Athletic Director to discuss the situation.
- At this meeting the appropriate next step can be determined.

Revised July 2013
Dear Newport News Athletic Parent/Guardian:

According to the Children’s Hospital of the King’s Daughter about one in ten local athletes in contact sports will sustain a concussion during a sports season. Many athletes, coaches, and parents do not know how serious the effects of a seemingly mild concussion can be. The lack of awareness may result in allowing an athlete to return to play too soon following an injury, placing him or her at risk of more serious injuries. At Newport News Public Schools, our biggest concern is the safety and wellness of these young school-age athletes.

Timely and accurate diagnosis is critical for reduced injury and long-term consequences to athletic, cognitive, and academic success. Most athletes will recover from a concussion completely and can return to play following an appropriate period of recovery. It is crucial to know when it is safe to return to play to avoid serious brain injury. The certified athletic trainer at each school will have the final authority to release your child back to activity.

Most often, return to play decisions are made without appropriate testing and a clinical evaluation and are based solely on the player’s report of symptoms. Newport News Public Schools provides a baseline assessment with the Standard Concussion Assessment Tool 2 (SCAT2) to all “at-risk” athletes and to any athlete upon parent request. Any athlete who then sustains a concussion will then be re-tested for comparison to identify deficits resulting from the concussion.

Since your child has chosen to participate in our athletic program, it is important for you to be aware of our policy on concussion management. Attached, you will find the Newport News Concussion Policy and Return to Play Protocol along with a list of short and long term side effects of concussions. Once you have reviewed all the information, please sign and date the acknowledgment form and return it to the school’s athletic trainer prior to the athlete’s involvement in practice and competition.
Concussion Fact Sheet

**Short Term Side Effects:**

- Headache
- Dazed and stunned
- Confused
- Balance problems (moves clumsily)
- Sensitivity to light
- Sensitivity to noise
- Double or blurry vision
- Concentration or memory problems
- Behavior and personality changes
- Nausea or vomiting
- Loss of consciousness

*Not all symptoms must be present for the athlete to have sustained a concussion*

**If any of these symptoms worsen following the injury, it is advised you seek further medical evaluation**

**Long Term Side Effects:**

- Chronic headaches
- Sleep difficulties
- Impaired sensation (touch, taste, smell, etc.)
- Language impairment (communication, expression, and understanding)
- Anxiety
- Depression
- Personality changes
- Aggression

Repeated concussions can lead to long-term memory loss, psychiatric disorders, and other neurologic problems. If you have had a number of concussions, your physician likely will advise you to avoid the activities that may put you at risk for future head injuries and to discontinue contact sports.
Concussion Management

JLCG-P

These procedures address the identification and handling of suspected concussions in student athletes, the school division’s activities to prevent concussions, the requirements for assessment of student athletes suspected of having concussions and follow-up assessments, and the school division’s concussion management training activities.

Definitions:

1. A **concussion** is a “traumatically induced transient disturbance of brain function caused by a complex physiological process”. In other words: A brain injury that is characterized by an onset of impairment of cognitive and/or physical functioning, and is caused by a blow to the head, face or neck, or a blow to the body that causes a sudden jarring of the head (i.e., a helmet to the head, being knocked to the ground). A concussion can occur with or without a loss of consciousness.

2. **Appropriate licensed health care provider** means a physician, physician assistant, osteopath or athletic trainer licensed by the Virginia Board of Medicine; a neuropsychologist licensed by the Board of Psychology; or a nurse practitioner licensed by the Virginia State Board of Nursing, who has special training in the management of concussions.

3. **Return to play** means participate in a nonmedically supervised practice or athletic competition.

4. **“At risk” athletes** include students who have suffered a previous concussion and all students participating in the following sports: Football, soccer, wrestling, cheerleading

Identification and Handling of Students Suspected of Having a Concussion; Follow-up:

A. Identification and Handling:

1. A student-athlete suspected by that student-athlete's coach, athletic trainer, or team physician of sustaining a concussion or brain injury in a practice or game shall be removed from the activity at that time.

2. A student-athlete who has been removed from play, evaluated, and suspected to have a concussion or brain injury shall not return to play that same day nor until (i) evaluated and cleared by an appropriately licensed health care provider as determined by the Board of Education and (ii) in receipt of written clearance to return to play from such licensed health care provider. The licensed health care provider evaluating student-athletes suspected of having a concussion or brain injury may be a volunteer with appropriate licensure.

3. Appropriate licensed health care providers or properly trained individuals evaluating student-athletes at the time of injury will utilize the Sport Concussion Assessment Tool 2 (SCAT2).

B. Protocol for return to play

1. No member of a school athletic team shall participate in any athletic event or practice the same day he or she is injured and:
   a. exhibits signs, symptoms or behaviors attributable to a concussion; or
   b. has been diagnosed with a concussion.

2. No member of a school athletic team shall return to participate in an athletic event or training after he/she experiences a concussion unless all of the following conditions have been met:
   a. the student no longer exhibits signs, symptoms or behaviors consistent with a concussion, at rest or with exertion;
b. the student is asymptomatic during, or following periods of supervised exercise that is gradually intensifying over a number of days; and
c. the student receives a written medical release from an appropriate licensed health care provider.

3. If an athlete is evaluated by a community physician and the physician provides a return-to-play date, school division Certified Athletic Trainers will not allow an athlete to play or participate for the period specified; provided, however, that Certified Athletic Trainer have the discretion to hold an athlete longer that the physician–provided return-to-play date.

**Prevention:**

1. A standardized concussion education program will be presented by the Certified Athletic Trainer as part of the Athletic Department’s player/coach/parent meeting at all high schools each season for all sports.
2. A concussion fact sheet and a letter to all middle school and high school parents outlining the NNPS Concussion Policy will be distributed and require a signature prior to the athlete participating in practice or competition.
3. All “at-risk” athletes will be SCAT2 baseline tested. All other athletes will be baseline tested upon request.
4. All coaches, including volunteers, are required to take the online concussion education program mandated by the VHSL prior to first day of practice.
5. Each school division athletic trainer will keep statistics regarding head injuries for the purpose of improving care and prevention. This will include the number of concussions per sport per season so that the percentage of athletes sustaining concussions may be calculated.
6. This policy and return to play guidelines will be available on the Newport News Public School web site in addition to each high school’s website.
7. This information will also be shared with the coaches and Assistant Principals for all middle school sports prior to the beginning of practice for each season. It will be the responsibility of the Assistant Principals and coaches to communicate the information to the parents.
8. Helmet Replacement and Reconditioning policies and procedures.
   a. Helmets must be National Operating Committee on Standards for Athletic Equipment (NOCSAE) certified by the manufacturer
   b. Reconditioned helmets must be NOCSAE recertified.

**Assessment:**

1. If an athlete suffers a concussion at practice or competition they will **NOT** be allowed to return to activity the day the injury was sustained.
2. If an athlete suffers a concussion at practice or competition the athlete will undergo a clinical evaluation utilizing the Standard Concussion Assessment Tool 2 (SCAT2) by a Certified Athletic Trainer prior to returning to any physical activity.
3. The athlete must be evaluated by an appropriate Licensed Health Care Provider to determine the status of return to play.
4. If an athlete is evaluated by a community physician and the physician provides a return-to-play date, school division Certified Athletic Trainers will not allow an athlete to play or participate
for the period specified; provided, however, that Certified Athletic Trainer has the discretion to hold an athlete longer that the physician–provided return-to-play date.

5. Once an athlete is asymptomatic and cleared by an appropriate Licensed Health Care Provider trained in current concussion management guidelines, they can begin the graduated return to play protocol.

Training and Policy and Procedures Review:

1. The Superintendent will appoint a concussion management policy team. This team will ensure that the concussion management policy and procedures remain appropriate and up-to-date. The concussion management policy team shall ensure training for coaches and health care professionals is current and consistent with best practice protocols.

2. The concussion management policy team will maintain a tracking system to ensure compliance with the annual training requirement.

3. Annual training on concussion management will be required for all coaches and volunteers through the National Federation of State High School Associations’ (NFHS) online coach education program – Concussion in Sports – What You Need to Know.
## NNPS Graduated Return to Play Protocol

<table>
<thead>
<tr>
<th>RTP Stage</th>
<th>Functional Exercise(s)</th>
<th>Goal for Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Physical and cognitive rest</td>
<td>Recovery</td>
</tr>
<tr>
<td>2. Light aerobic exercise</td>
<td>20 minutes of stationary cycling at 10-14 mph</td>
<td>Increase heart rate</td>
</tr>
<tr>
<td></td>
<td>light jog or jog-walk 10-20 minutes</td>
<td></td>
</tr>
</tbody>
</table>
| 3. Sport-specific exercise | - Interval bike ride: 30 second sprint (18-20 mph) / 30 second recovery (10-14 mph) x 10  
- Body weight circuit: Squats/push-ups/situps x 20 second x 3 | Add intensity, movement, and change of body position |
| 4. Non-contact training drills | - 60 yard shuttle run x 10 with 40 second rest  
- Plyometric workout: 10 yard bounding/10 medicine ball throws/10 vertical jumps x 3  
- Non-contact, sport-specific drills | Exercise, coordination, and cognitive load |
|           | May begin resistance training |                |
| 5. Full contact practice | With medical clearance, participate in normal training activities | Restore confidence and functional assessment by medical staff and coaches |
| 6. Return to play | Normal game play |                |

- Allow at least 24 hours for each stage
- If symptoms occur at any stage, stop activity, rest, and start again at the previous asymptomatic stage the following day
## Return to Play Protocol

<table>
<thead>
<tr>
<th>RTP Stage</th>
<th>Functional Exercise(s)</th>
<th>Goal for Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. No activity while symptomatic</td>
<td>Physical and cognitive rest</td>
<td>Recovery</td>
</tr>
<tr>
<td>8. Light aerobic exercise</td>
<td>20 minutes of stationary cycling at 10-14 mph&lt;br&gt;light jog or jog-walk 10-20 minutes</td>
<td>Increase heart rate</td>
</tr>
<tr>
<td>9. Sport-specific exercise</td>
<td>- Interval bike ride: 30 second sprint (18-20 mph) / 30 second recovery (10-14 mph) x 10&lt;br&gt;- Body weight circuit: Squats/push-ups/situps x 20 second x 3</td>
<td>Add intensity, movement, and change of body position</td>
</tr>
<tr>
<td>10. Non-contact training drills</td>
<td>- 60 yard shuttle run x 10 with 40 second rest&lt;br&gt;- Plyometric workout: 10 yard bounding/10 medicine ball throws/10 vertical jumps x 3&lt;br&gt;- Non-contact, sport-specific drills</td>
<td>Exercise, coordination, and cognitive load</td>
</tr>
<tr>
<td>11. Full contact practice</td>
<td>With medical clearance, participate in normal training activities</td>
<td>Restore confidence and functional assessment by medical staff and coaches</td>
</tr>
<tr>
<td>12. Return to play</td>
<td>Normal game play</td>
<td>-</td>
</tr>
</tbody>
</table>

Revised June 2013
Who plays Who? The New Classification System Basics

All NNPS public high schools are members of the Peninsula District. All sports will play these teams once annually for district contests at both the Varsity and JV levels. Member schools are listed below:

<table>
<thead>
<tr>
<th>Bethel</th>
<th>Kecoughtan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denbigh</td>
<td>Menchville</td>
</tr>
<tr>
<td>Gloucester</td>
<td>Phoebus</td>
</tr>
<tr>
<td>Hampton</td>
<td>Warwick</td>
</tr>
<tr>
<td>Heritage</td>
<td>Woodside</td>
</tr>
</tbody>
</table>

The VHSL has changed its format from a three classification system (AAA,AA,A) to a six classification system (6A,5A,4A,3A,2A,1A). The six classification system allows for similarly sized schools, based on student enrollment, to compete against each other for regional and state titles. Here is how NNPS high schools are classified:

<table>
<thead>
<tr>
<th>6A</th>
<th>5A</th>
<th>4A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woodside</td>
<td>Menchville</td>
<td>Denbigh</td>
</tr>
<tr>
<td></td>
<td>Warwick</td>
<td>Heritage</td>
</tr>
</tbody>
</table>

Within these new classifications schools were grouped into two regions either North or South. All NNPS schools are into the south region of their respective classification. The region is divided into conferences. Each school will also play their conference opponents during the regular season, for most sports. Below are the conference affiliations for the NNPS high schools.

<table>
<thead>
<tr>
<th>Conference 2</th>
<th>Conference 10</th>
<th>Conference 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woodside</td>
<td>Menchville</td>
<td>Denbigh</td>
</tr>
<tr>
<td>Bethel</td>
<td>Warwick</td>
<td>Heritage</td>
</tr>
<tr>
<td>Kecoughtan</td>
<td>Gloucester</td>
<td>Phoebus</td>
</tr>
<tr>
<td>Grassfield</td>
<td>Hampton</td>
<td>Lakeland</td>
</tr>
<tr>
<td>Oscar Smith</td>
<td>Great Bridge</td>
<td>Kings Fork</td>
</tr>
<tr>
<td>Western Branch</td>
<td>Hickory</td>
<td>Suffolk</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Indian River</td>
</tr>
</tbody>
</table>
## Conference/Regional Information

<table>
<thead>
<tr>
<th><strong>FOOTBALL</strong></th>
<th><strong>NO CHANGE</strong></th>
<th><strong>NO CHANGE</strong></th>
<th><strong>NO CHANGE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FIELD HOCKEY</strong></td>
<td>JV ONE SITE VARSITY ONE SITE</td>
<td>VARSITY ONLY</td>
<td>JV ONE SITE VARSITY ONE SITE</td>
</tr>
<tr>
<td><strong>GOLF</strong></td>
<td>TOURNAMENT ONLY</td>
<td>TOURNAMENT ONLY</td>
<td>TOURNAMENT ONLY</td>
</tr>
<tr>
<td><strong>VOLLEYBALL</strong></td>
<td>SAME (START TIME 5:30)</td>
<td>SAME (LATER START TIME)</td>
<td>SAME (START TIME 5:30)</td>
</tr>
<tr>
<td><strong>CROSS COUNTRY</strong></td>
<td>CONFERENCE MEET ONLY</td>
<td>CONFERENCE MEET ONLY</td>
<td>CONFERENCE MEET ONLY</td>
</tr>
<tr>
<td><strong>CHEER</strong></td>
<td>CONFERENCE MEET ONLY</td>
<td>CONFERENCE MEET ONLY</td>
<td>CONFERENCE MEET ONLY</td>
</tr>
<tr>
<td><strong>BASKETBALL</strong></td>
<td>GENDER TOGETHER JV/VARSITY</td>
<td>LEVEL TOGETHER JV/VARSITY</td>
<td>GENDER TOGETHER JV/VARSITY</td>
</tr>
<tr>
<td><strong>INDOOR TRACK</strong></td>
<td>CONFERENCE MEET ONLY</td>
<td>CONFERENCE MEET ONLY</td>
<td>CONFERENCE MEET ONLY</td>
</tr>
<tr>
<td><strong>WRESTLING</strong></td>
<td>ONE DAY CONFERENCE INVITATIONAL</td>
<td>CONFERENCE TOURNAMENT</td>
<td>REGULAR SEASON SCHEDULE</td>
</tr>
<tr>
<td><strong>SWIMMING</strong></td>
<td>CONFERENCE MEET ONLY</td>
<td>CONFERENCE MEET ONLY</td>
<td>CONFERENCE MEET ONLY</td>
</tr>
<tr>
<td><strong>DIVING</strong></td>
<td>CONFERENCE MEET ONLY</td>
<td>CONFERENCE MEET ONLY</td>
<td>CONFERENCE MEET ONLY</td>
</tr>
<tr>
<td><strong>BASEBALL</strong></td>
<td>CONFERENCE SCHEDULE LEVELS OPPOSITE</td>
<td>VARSITY ONLY AT SAME SITE</td>
<td>CONFERENCE SCHEDULE LEVELS OPPOSITE</td>
</tr>
<tr>
<td><strong>SOFTBALL</strong></td>
<td>SAME AS ABOVE</td>
<td>SAME AS ABOVE</td>
<td>SAME AS ABOVE</td>
</tr>
<tr>
<td><strong>SOCCER</strong></td>
<td>VARSITY TOGETHER/JV TOGETHER SAME DAY</td>
<td>VARSITY ONLY SAME SITE</td>
<td>VARSITY TOGETHER/JV TOGETHER SAME DAY</td>
</tr>
<tr>
<td><strong>TRACK</strong></td>
<td>CONFERENCE MEET ONLY</td>
<td>CONFERENCE MEET ONLY</td>
<td>CONFERENCE MEET ONLY</td>
</tr>
<tr>
<td><strong>TENNIS</strong></td>
<td>GENDER OPPOSITE SITE</td>
<td>GENDER OPPOSITE SITE</td>
<td>GENDER OPPOSITE SITE</td>
</tr>
</tbody>
</table>

### 6A South
- **Conference 1** – Bayside, Frank Cox, First Colonial, Landstown, Ocean Lakes, Tallwood, Granby
- **Conference 2** – Bethel, Kecoughtan, Woodside, Grassfield, Oscar Smith, Western Branch
- **Conference 3** – Varina, Thomas Dale, Cosby, James River-C, Franklin County, Patrick Henry
- **Conference 4** – Gar-Field, C.D. Hylton, Colonial Forge, Riverbend, Forest Park, Woodbridge

### 5A South
- **Conference 9** – Green Run, Kellam, Kempsville, Princess Anne, Salem, Maury, Norview
- **Conference 10** – Gloucester, Hampton, Menchville, Warwick, Great Bridge, Hickory, Indian River
- **Conference 11** – Atlee, Henrico, Highland Springs, Lee-Davis, Deep Run, Douglas Freeman, Mills Godwin, Hermitage
- **Conference 12** – Mataoco, Meadowbrook, Prince George, L.C. Bird, Clover Hill, Manchester

### 4A South
- **Conference 17** – Churchland, Lake Taylor, IC Norcom, B.T. Washington, Woodrow Wilson, Deep Creek
- **Conference 18** – Denbigh, Heritage – NN, Phoebus, Kings Fork, Lakeland, Nansemond River
- **Conference 19** – Grafton, Smithfield, Jamestown, Tabb, Powhatan
- **Conference 20** – Caroline, Hanover, Dinwiddie, J.R. Tucker, Midlothian, Monacan, Glen Allen
VIRGINIA HIGH SCHOOL LEAGUE

The Virginia High School League (VHSL) is the governing body for Virginia interscholastic athletics. All rules and regulations governing high school athletes and athletics are legislated by this organization. A complete text of these regulations is available from the school athletic director. Coaches are to review the VHSL Handbook each year and review the rules with each team.

The regional councils manage the business of the region, including scheduling of regional championships, as well as special regulations, guidelines, and distribution of funds. Appeals or recommendations to the council should be directed to the district representatives through the school athletic director or principal.

The conference councils manage the business of the conference, including scheduling of conference championships, as well as special regulations, guidelines, and distribution of funds. Appeals or recommendations to the council should be directed to the district representatives through the school athletic director or principal.

The Peninsula District Council is a further extension of the VHSL office and the Regional Council. The membership is comprised of the 10 principals of the high schools in the district. The determination of district policy in athletics is the responsibility of this council, as well as administration of all athletic schedules.

A handbook with complete and up-to-date district policies is available for review from the school athletic director.

VHSL CATASTROPHIC ACCIDENT PROGRAM

(This plan is included in the school's VHSL membership)

All enrolled students who participate in interscholastic sports and activities under the jurisdiction of the VHSL are eligible for coverage. If, as a result of an injury, an insured person suffers paralysis, coma, or brain death, benefits will be paid as indicated in the Table of Losses for each accident. Claim forms can be secured through the athletic director from the VHSL. Claims for benefits must be filed within 90 days from date of loss, or as soon as reasonably possible.

Revised June 2013
VHSL INDIVIDUAL ELIGIBILITY REGULATIONS
(VHSL HANDBOOK, SECTION 28)
GENERAL RULES APPLICABLE TO ALL STUDENTS

54-8-1 CONTEST LIMITATION RULE

54-8-1 Contest Limitations: No member school may permit its athletes or teams to compete in more than the total number of regular season interscholastic contests, meets or tournaments specified below for each sport either on the varsity or sub-varsity level. …

NOTE: When a district sponsors both a postseason junior varsity and postseason varsity competition/tournament, a player shall be limited to participating in only one of these competitions/tournaments.

Rationale: Previously the rule only applied to basketball. The revision provides consistency among sport activities

No member school may permit its athletes to compete in more than the total number of regular season interscholastic contests, meets or tournaments specified below for each sport either on the varsity or sub-varsity level. In the sports or baseball, basketball, field hockey, soccer, softball, and tennis, a team may play no more than five games/matches in any approved invitational tournament; in wrestling, the limit is five matches per individual per day over no more than two days. In Wrestling, each individual is limited to 60 mat appearances prior to the culminating district tournament (or the published VHSL calendar district deadline if no district tournament is held).

<table>
<thead>
<tr>
<th>Sport</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseball</td>
<td>20/17</td>
</tr>
<tr>
<td>Basketball</td>
<td>22/17</td>
</tr>
<tr>
<td>Cross Country</td>
<td>10</td>
</tr>
<tr>
<td>Field Hockey</td>
<td>16/12</td>
</tr>
<tr>
<td>Football</td>
<td>10 /9</td>
</tr>
<tr>
<td>Cheerleading</td>
<td>5</td>
</tr>
<tr>
<td>Golf</td>
<td>12</td>
</tr>
<tr>
<td>Softball</td>
<td>20/17</td>
</tr>
<tr>
<td>Indoor Track</td>
<td>10</td>
</tr>
<tr>
<td>Soccer</td>
<td>16/12</td>
</tr>
<tr>
<td>Swimming</td>
<td>10</td>
</tr>
<tr>
<td>Tennis</td>
<td>16</td>
</tr>
<tr>
<td>Track</td>
<td>10</td>
</tr>
<tr>
<td>Wrestling</td>
<td>12</td>
</tr>
<tr>
<td>Volleyball</td>
<td>20</td>
</tr>
</tbody>
</table>

28A-2-1 BONA FIDE STUDENT RULE

(1) The student shall be a regular bona fide student in good standing of the school which he/she represents.

(2) Any student who is under penalty of suspension, or whose character or conduct is such as to reflect discredit upon his/her school, is not considered in good standing.

28A-4-1 GRADE RULE

The student shall be enrolled in the last four years of high school.

(1) 8th graders may only participate on the sub-varsity level for one year prior to entering the ninth grade.

(2) Eighth grade students who passed five eighth grade subjects the past school year (see note following (28A-5-1) (6) and reached the age of fifteen on or before the first day of August may compete on the varsity level.

28A-3-1 ENROLLMENT RULE

The student shall have been regularly enrolled in the school which he/she represents no later than the fifteenth school day of the semester.

28A-5-1 SCHOLARSHIP RULE

The student shall:

(a) For the first semester be currently enrolled in no fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediate preceding year or the immediate preceding semester for schools that certify credit on a semester basis; and

(b) For the second semester be currently enrolled in no fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediate preceding semester.

NOTE: Credit for courses must be recognized by the State Department of Education. Such credit is to be awarded for the semester in which the work is scheduled to be completed. Credit for summer school work must be applied on the immediate preceding semester or year. Courses for non-credit cannot be used toward the five-subject pass rule.

28A-5-2 EXCEPTIONS

(4) A special education student who is working toward a special diploma must make standard progress as determined by the student’s IEP.

(5) A special education student who is working toward a standard diploma must take and pass the equivalent of five subjects in accordance with any IEP modifications. If the IEP Committee determines that a special education student working toward a standard diploma should take fewer than five subjects, he/she must pass those subjects mandated by the IEP.
28A-1-1 AGE RULE
The student shall not have reached the age of 19 on or before the first day of August of the school year in which he/she wishes to compete.

28A-7-1 TRANSFER RULE
The student shall not have been enrolled in one high school and subsequently transferred to and enrolled in another high school without a corresponding change in the residence of his/her parents, parent, or guardian. A student in cases of changes in court ordered custody that involve transfers within a school or between contiguous school divisions, the lesser of a ONE SEMESTER or 90 DAY PENALTY OF INELIGIBILITY will be in effect from the date of the transfer.

28A-7-3 INTERPRETATIONS
(7) Residence is defined as the domicile on an individual, meaning that the individual lives in a locality with the intent to make it a fixed and permanent home. Domicile requires more than bodily presence as an inhabitant in a given place: it requires bodily presence and an intention to make such a place a fixed and permanent home. Other indicia of domicile include automobile registration, voter registration and the reporting of a mailing address change to the appropriate agencies, such as the post office, utility companies, creditors and employers. Under no circumstances can a family or student participant have two residences for eligibility purposes. It is the obligation of the school to know the complete residence status of each student and to see that all comply with these requirements. Any change in residence must be bona fide. Determination of what constitutes a bona fide change of residence depends upon the facts of each case, but in order for a change of residence to be considered bona fide at least the following facts must exist:
   (1) The original residence must be abandoned as a residence; that is sold, rented or disposed of as a residence, and must not be used as residence by any member of the family.
   (2) The entire family must make the change and take with them the household goods and furniture appropriate to the circumstance.
   (3) The change must be made with the intent that is permanent.

28A-7-2 TRANSFER RULE EXCEPTIONS
A student shall become eligible for interscholastic competition after he/she has completed 365 days of attendance at the high school to which he/she transferred, immediately proceeding the semester for which the student desires to become eligible. For the purpose of this rule, the transferring student must have been regularly enrolled in the school in which he/she wishes to establish eligibility no later than the fifteenth day of the first of two consecutive semesters, unless he/she is granted a waiver of the Enrollment Rule by the district committee. For the purposes of this rule the student’s eligibility or ineligibility shall be determined on the first day of the school year and on the first calendar day following the end of the first semester according to the school board adopted calendar. Students who qualify under the McKinney Vento Homeless Education Act may be eligible under the Transfer Rule.

In cases of court-ordered custody, a copy of the appropriate legal custody document shall be submitted to the Executive Director for review and approval. Approval is contingent upon the receiving school’s principal attesting that there is no evidence that the transfer was for athletic and/or activity purposes. A student, 18 years of age or older, who would be subject to a transfer of custody if he/she were less than 18 years of age may petition the Executive Director through the student’s principal for eligibility, and the Executive Director has authority to grant such eligibility immediately.

28A-6-1 SEMESTER RULE
The student shall not have been enrolled in the last four years of high school for a period of more than eight consecutive semesters, beginning with the semester in which he/she was enrolled for the first time in the ninth grade. The eight consecutive semesters shall be counted continuously from that point, regardless of whether or not he/she remains continuously enrolled in school.

28B-2-1 AMATEUR RULE
A student who represents a school in an interscholastic sport shall be an amateur in that sport. An amateur is an athlete who engages in athletic competition solely for the physical, mental, social, and pleasure benefits derived there from.

28B-3-1 ATHLETIC PARTICIPATION / PARENTAL CONSENT / PHYSICAL EXAMINATION RULE
The student shall have submitted to the principal of his/her school, prior to becoming a member of any school athletic squad or team, League Form No. 2 (Athletic Participation/Parental Consent/Physical Examination Form), completely filled in and properly signed, attesting that he/she has been examined and found to be physically fit for athletic competition, and that his/her parents consent to his/her participation.

28B-4-1 AWARDS RULE
Students may accept awards presented or approved by the student’s school. Outside agencies or organizations which desire to present awards or recognitions to students for achievement in some phrase of the League program when such awards are open competitively to the students of more than one school must first secure the permission of the Executive Director.
28B-6-1 INDEPENDENT TEAM RULE
During the sports season for the relevant sport, a student may, while a member of a school squad or team engaged in interscholastic sports become a member of or participate with an organized team in the same sport which is independent of the school’s control so long as such participation does not conflict with the scheduled activities of the school squad or team. No school or student shall be declared ineligible for participation in interscholastic sports because of participation by a student as a member of an organized team in the same sport which is independent of the school’s control during the sports season for the relevant sports.

30-5-3 SPECIFIC PENALTY FOR GIVING FALSE INFORMATION
If a student or his/her parent(s) or guardian gives false information, written or verbal, that affects his/her eligibility upon entering and/or during his/her eight semesters of eligibility, relating to his/her residence, eligibility or any other aspects of these rules and regulations, the student shall become be deemed ineligible at any VHSL school for a period of one year from the date the information is certified as being false.

27-11-1 SPORTSMANSHIP RULE
Member schools are required to conduct all their relations with other schools in a spirit of good sportsmanship. Acts, which are prima facie evidence of failure to abide by this rule, are those, which are noted below, and others of a similar nature, which transgress the usually accepted code for good sportsmanship. All incidents of conduct that are violations of the Sportsmanship Rule must be reported to the Virginia High School League.

27-11-2 Includes failure to control spectators attending contests as a violation of the Sportsmanship Rule.

27-11-4 Harassment of contest officials by a coach or a coach’s ejection constitutes a violation of the Sportsmanship Rule.

27-11-5 Failure of a school to use every measure necessary to insure proper conduct of faculty, students and spectators constitutes a violation of the Sportsmanship Rule.

27-11-6 Failure of a school to use every means at its disposal to impress upon its faculty, student body, team members, coaching staff and officials the values of sportsmanship in the preparation for, and the conduct and management of, interscholastic contests.

27-11-6 Players and coaches who are ejected from a contest for unsportsmanlike conduct and are ineligible for the team’s next contest must be reported to the VHSL office.

REVISED JULY 2014
ATHLETIC INSURANCE

The Newport News Public Schools has been able to secure a SECONDARY Insurance Coverage for all student-athletes participating in high school sports.

All athletes must complete and return signed athletic insurance information cards prior to any try-out or practice session. Athletes and parents should also be advised that the Newport News Athletic Insurance is limited in coverage and is intended to supplement family owned policies.

Parents are responsible for making all claims. Notification of Injury forms must be picked up from the schools’ athletic office or from the head coach. Notification of Injury forms must be submitted to the company within 90 days of the accident and the initial treatment for the injury must have commenced within 90 days of the injury.

All eligible athletes are covered by catastrophic insurance provided thru the VHSL. The insurance is paid for by the Newport News Public Schools.

SAMPLE INJURY FORM

CLAIM INSTRUCTIONS

Treatment must commence within 90 days from the date of the accident.

1. In case of an accident, notify the school principal immediately.

2. Notify ALL treatment facilities (physician’s office, hospital, etc.) of this insurance coverage so that any invoices and/or Explanations of Benefits (EOBs) can be sent directly from the medical facility to Tower Financial Group.

3. Have Part I and Part II completed on the Notification of Injury form. Do not leave any blank spaces or write “N/A” in any space. If either parent or guardian is uninvolved, deceased, unemployed, self-employed or disabled, please state so. If you are employed, but do not have insurance, please state “NO INSURANCE” and provide us with a statement from your employer that there is no insurance. Otherwise, our office will submit an insurance questionnaire to your employer to be used as verification of no dependent coverage.

4. Attach any itemized bills to the claim form, along with any corresponding Explanations of Benefits (EOB) for each itemized bill. As an example, this includes payments for the dates of the treatment, diagnosis codes, physician’s or hospital’s name, address and tax ID number. Balance Due bills are not acceptable. Be sure to attach any receipts for bills paid out of pocket. Otherwise, benefits will be paid to the provider of service. Please Note: Photocopies and/or altered EOBs (if applicable) must be submitted for claims to be considered for accident medical expense benefits.

5. Mail the Notification of Injury form, along with any other applicable correspondence to our office within 90 days from the date of the accident. Do not leave this form with the school, coach, hospital, physician, etc. Our address is Tower Financial Group, 316 Office Square Lane, Suite 103, Virginia Beach, VA 23462. If you would further assist, feel free to contact Customer Service at (757) 499-6448. We will be happy to assist you.

If your medical coverage is under an HMO, PPO or similar plan, you must follow their requirements for obtaining benefits. Otherwise, our benefits may be reduced, where applicable, as stated in the policy provisions. This restriction does not apply in every state.

INELIGIBLE

The Virginia High School League has notified all school divisions that ineligible students who practice with a team are NOT covered by the VHSL catastrophic insurance. Due to the fact that there is no catastrophic athletic insurance coverage for students who are ineligible to participate in VHSL sports, ineligible students ARE NOT permitted to practice with any team until they become eligible under VHSL standards.
CLAIM INSTRUCTIONS

Treatment must commence within 90 days from the date of the accident.

1. In case of an accident, notify the school/organization immediately.

2. Notify ALL treatment facilities (physician’s office, hospital, etc.) of this insurance coverage so that any invoices and/or Explanation of Benefits (EOB) can be sent directly from the medical facility to The Maksin Group.

3. Have Part I and Part II completed on the Notification of Injury form. Do not leave any blank spaces or write “N/A” in any space. If either parent or guardian is uninvolved, deceased, unemployed, self-employed or disabled, please state so. If you are employed, but do not have insurance, please state “NO INSURANCE” and provide us with a statement from your employer that the claimant has no insurance. Otherwise, our office will submit an insurance questionnaire to your employer to be used as verification of no dependent coverage.

4. Attach any itemized bills to the claim form, along with any corresponding Explanation of Benefits (EOB) for each itemized bill. An itemized bill includes treatment rendered, the dates of the treatment, diagnosis codes, physician’s or hospital’s name, address and tax i.d. number. **Balance Due bills are not acceptable.** Be sure to attach any receipts for bills paid out-of-pocket. Otherwise, benefits will be paid to the provider of service. Please Note: Both an itemized bill and EOB (if applicable) must be submitted for claims to be considered for accident medical expense benefits.

5. Mail the Notification of Injury form, along with any other applicable correspondence to our office within 90 days from the date of the accident. Do not leave this form with the school, coach, hospital, physician, etc. Our address is **Tower Financial Group, 316 Office Square Lane, Suite 103, Virginia Beach, VA 23462.** If you need further assistance, feel free to contact Customer Service at **(757) 499-4488.** We will be happy to assist you.

If your medical coverage is under an HMO, PPO or similar plan, you must follow their requirements for obtaining benefits. Otherwise, our benefits may be reduced, where applicable, as stated in the policy provisions. This restriction does not apply in every state.
NCAA Division I Initial-Eligibility Requirements

**Core Courses: (16)**

- **Initial full-time collegiate enrollment before August 1, 2016:**
  - Sixteen (16) core courses are required (see chart below for subject-area requirements).
- **Initial full-time collegiate enrollment on or after August 1, 2016:**
  - Sixteen (16) core courses are required (see chart below for subject-area requirements).
    - Ten (10) core courses completed before the seventh semester; seven (7) of the 10 must be in English, math or natural/physical science.
    - These courses/grades are "locked in" at start of the seventh semester (cannot be repeated for grade-point average [GPA] improvement to meet initial-eligibility requirements for competition).
  - Students who do not meet core-course progression requirements may still be eligible to receive athletics aid and practice in the initial year of enrollment by meeting academic redshirt requirements (see below).

**Test Scores: (ACT/SAT)**

- Students must present a corresponding test score and core-course GPA on the sliding scale (see Page No. 2).
  - SAT: critical reading and math sections.
    - Best subscore from each section is used to determine the SAT combined score for initial eligibility.
  - ACT: English, math, reading and science sections.
    - Best subscore from each section is used to determine the ACT sum score for initial eligibility.
- All ACT and SAT attempts before initial full-time collegiate enrollment may be used for initial eligibility.
- Enter 9999 during ACT or SAT registration to ensure the testing agency reports your score directly to the NCAA Eligibility Center. Test scores on transcripts will not be used.

**Core Grade-Point Average:**

- Only core courses that appear on the high school's List of NCAA Courses on the NCAA Eligibility Center's website (www.eligibilitycenter.org) will be used to calculate your core-course GPA. Use this list as a guide.

- **Initial full-time collegiate enrollment before August 1, 2016:**
  - Students must present a corresponding test score (ACT sum score or SAT combined score) and core-course GPA (minimum 2.000) on Sliding Scale A (see Page No. 2).
  - Core-course GPA is calculated using the best 16 core courses that meet subject-area requirements.
- **Initial full-time collegiate enrollment on or after August 1, 2016:**
  - Students must present a corresponding test score (ACT sum score or SAT combined score) and core-course GPA (minimum 2.300) on Sliding Scale B (see Page No. 2).
  - Core-course GPA is calculated using the best 16 core courses that meet both progression (10 before seventh semester; seven in English, math or science; "locked in") and subject-area requirements.

### DIVISION I

<table>
<thead>
<tr>
<th>Core-Course Requirement (16)</th>
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</thead>
<tbody>
<tr>
<td>4 years of English</td>
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<tr>
<td>3 years of math (Algebra I or higher)</td>
</tr>
<tr>
<td>2 years of natural/physical science (1 year of lab if offered)</td>
</tr>
<tr>
<td>1 year of additional English, math or natural/physical science</td>
</tr>
<tr>
<td>2 years of social science</td>
</tr>
<tr>
<td>4 years of additional courses (any area above, foreign language or comparative religion/philosophy)</td>
</tr>
</tbody>
</table>

### DIVISION I – 2016 Qualifier Requirements

*Athletics aid, practice, and competition*

- 16 core courses
  - Ten (10) core courses completed before the start of seventh semester. Seven (7) of the 10 must be in English, math or natural/physical science.
    - “Locked in” for core-course GPA calculation.
  - Corresponding test score (ACT sum score or SAT combined score) and core-course GPA (minimum 2.300) on Sliding Scale B (see Page No. 2).
  - Graduate from high school.

### DIVISION I – 2016 Academic Redshirt Requirements

*Athletics aid and practice (no competition)*

- 16 core courses
  - No grades/credits "locked in" (repeated courses after the seventh semester begins may be used for initial eligibility).
  - Corresponding test score (ACT sum score or SAT combined score) and core-course GPA (minimum 2.000) on Sliding Scale B (see Page No. 2).
  - Graduate from high school.
### NCAA Division I Sliding Scale

For more information, visit [www.eligibilitycenter.org](http://www.eligibilitycenter.org) or [www.2point3.org](http://www.2point3.org).
Division II Initial-Eligibility Requirements

Core Courses

- **Division II currently requires 16 core courses.** See the chart below.
- **Beginning August 1, 2018,** to become a full or partial qualifier for Division II, all college-bound student-athletes must complete the 16 core-course requirement.

Test Scores

- **Division II** currently requires a minimum SAT score of 820 or an ACT sum score of 68. **Beginning August 1, 2018,** Division II will use a sliding scale to match test scores and core-course grade-point averages (GPA). The sliding scale for those requirements is shown on Page No. 2 of this sheet.
- The SAT score used for NCAA purposes includes **only** the critical reading and math sections. The writing section of the SAT is not used.
- The ACT score used for NCAA purposes is a **sum** of the following four sections: English, mathematics, reading and science.
- **When you register for the SAT or ACT,** use the NCAA Eligibility Center code of 9999 to ensure all SAT and ACT scores are reported directly to the NCAA Eligibility Center from the testing agency. **Test scores that appear on transcripts will not be used.**

Grade-Point Average

- Be sure to look at your high school’s List of NCAA Courses on the NCAA Eligibility Center’s website ([www.eligibilitycenter.org](http://www.eligibilitycenter.org)). Only courses that appear on your school’s approved List of NCAA Courses will be used in the calculation of the core GPA. Use the list as a guide.
- The current **Division II** core GPA requirement is a minimum of 2.000. **Division II** core GPA required to be eligible for competition **on or after August 1, 2018,** is 2.200 (corresponding test-score requirements are listed on the Sliding Scale on Page No. 2 of this sheet).
- The minimum **Division II** core GPA required to receive athletics aid and practice as a partial qualifier **on or after August 1, 2018,** is 2.000 (corresponding test-score requirements are listed on the Sliding Scale on Page No. 2 of this sheet).
- Remember, the NCAA core GPA is calculated using NCAA core courses only.

<table>
<thead>
<tr>
<th>DIVISION II 16 Core Courses</th>
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<tbody>
<tr>
<td>3 years of English.</td>
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<tr>
<td>2 years of mathematics (Algebra I or higher).</td>
</tr>
<tr>
<td>2 years of natural/physical science (1 year of lab if offered by high school).</td>
</tr>
<tr>
<td>3 years of additional English, mathematics or natural/physical science.</td>
</tr>
<tr>
<td>2 years of social science.</td>
</tr>
<tr>
<td>4 years of additional courses (from any area above, foreign language or comparative religion/philosophy).</td>
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</table>
### DIVISION II COMPETITION SLIDING SCALE

**Use for Division II beginning August 1, 2018**

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<th>Core GPA</th>
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<th>ACT Sum</th>
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</thead>
<tbody>
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<td>3.300 &amp; above</td>
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<td>70 &amp; above</td>
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</tbody>
</table>

### DIVISION II PARTIAL QUALIFIER SLIDING SCALE

**Use for Division II beginning August 1, 2018**

<table>
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<th>Core GPA</th>
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</thead>
<tbody>
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<td>2.100</td>
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<td>64</td>
</tr>
<tr>
<td>2.075</td>
<td>790</td>
<td>65</td>
</tr>
<tr>
<td>2.050</td>
<td>800</td>
<td>66</td>
</tr>
<tr>
<td>2.025</td>
<td>810</td>
<td>67</td>
</tr>
<tr>
<td>2.000</td>
<td>820 &amp; above</td>
<td>68 &amp; above</td>
</tr>
</tbody>
</table>

For more information, visit the NCAA Eligibility Center website at [www.eligibilitycenter.org](http://www.eligibilitycenter.org).
FORMS

FOR

PARENTS TO

COMPLETE AND

RETURN TO THE

SCHOOL.
NOTIFICATION OF INJURY

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FORM MUST BE COMPLETED IN FULL

PART I – ACCIDENT REPORT

1A. Name of School
1B. Name of School District/Diocese/Association

2A. Name of Student (Last)                (First )            (Middle Initial) 2B. Social Security No. 2C. Grade 2D. Birthdate 2E. Sex

3. Nature of Injury (Please describe fully indicating what part of body was injured – e.g. broken arm, sprained ankle, etc.)

4. Describe how accident occurred. (Please provide all details.) MUST BE A BODILY INJURY DUE TO AN ACCIDENT.

5A. Was the accident school-related? ❑ Yes ❑ No   5B. Is the accident covered under a catastrophic policy? ❑ Yes ❑ No

6A. Did Accident Occur: Yes No
    a) while the claimant was supervised?
    b) during sponsored activity?
    c) during programmed hours?
    d) on activity premises?
    e) while traveling directly and uninterrupted to or from home premises and school for regular school sessions or school sponsored and supervised activities?

6B. a) Date of Accident 6C. Name of Activity
    b) Time
    c) Place

6D. Name and Title of Supervisor

7A. __________________________________________ 7B. _____________________________ 7C. ___________________
    Signature of School Officer          Title  Date

PART II – TO BE COMPLETED BY PARENT OR GUARDIAN

1A. Name of Father or Guardian
1B. Social Security No.  1C. Address/City/State/Zip of Father or Guardian 1D. Phone Number

2A. Name of Mother or Guardian
2B. Social Security No.  2C. Address/City/State/Zip of Mother or Guardian 2D. Phone Number

3A. Name of Father or Guardian's Employer
3B. Address/City/State/Zip of Employer 3C. Phone Number

4A. Name of Mother or Guardian's Employer
4B. Address/City/State/Zip of Employer 4C. Phone Number

5A. Father or Guardian's Insurance Company(ies)
5B. Policy Number(s)
5C. ❑ Individual ❑ Group ❑ Government
    ❑ Individual ❑ Group ❑ Government

6A. Mother or Guardian's Insurance Company(ies)
6B. Policy Number(s)
6C. ❑ Individual ❑ Group ❑ Government
    ❑ Individual ❑ Group ❑ Government

7A. All other Insurance Company(ies) under which the claimant is insured
7B. Policy Number(s)
7C. ❑ Individual ❑ Group ❑ Government
    ❑ Individual ❑ Group ❑ Government

Affidavit: I verify that the above information regarding insurance is accurate and complete. I understand that the intentional furnishing of incorrect information via the U.S. Mail may be fraudulent and violate federal laws as well as state laws.

______________________________                      ________________________________
Signature of Parent or Guardian          Date

Authorization: I hereby authorize any physician or hospital who has treated or attended to the above claimant to furnish the insurance company or its representative any information requested. A photocopy of this authorization is to be considered valid.

______________________________                      ________________________________
Signature of Insured (Parent or Guardian if claimant is under 18)          Date

SEE CLAIM INSTRUCTIONS ON THE BACK OF THIS FORM
CLAIM INSTRUCTIONS

Treatment must commence within 90 days from the date of the accident.

1. In case of an accident, notify the school/organization immediately.

2. Notify **ALL** treatment facilities (physician’s office, hospital, etc.) of this insurance coverage so that any invoices and/or Explanation of Benefits (EOB) can be sent directly from the medical facility to Tower Financial Group.

3. Have Part I and Part II completed on the Notification of Injury form. Do not leave any blank spaces or write “N/A” in any space. If either parent or guardian is uninvolved, deceased, unemployed, self-employed or disabled, please state so. If you are employed, but do not have insurance, please state “NO INSURANCE” and provide us with a statement from your employer that the claimant has no insurance. Otherwise, our office will submit an insurance questionnaire to your employer to be used as verification of no dependent coverage.

4. Attach any itemized bills to the claim form, along with any corresponding Explanation of Benefits (EOB) for each itemized bill. An itemized bill includes treatment rendered, the dates of the treatment, diagnosis codes, physician’s or hospital’s name, address and tax i.d. number. **Balance Due bills are not acceptable.** Be sure to attach any receipts for bills paid out-of-pocket. Otherwise, benefits will be paid to the provider of service. Please Note: Both an itemized bill and EOB (if applicable) must be submitted for claims to be considered for accident medical expense benefits.

5. Mail the Notification of Injury form, along with any other applicable correspondence to our office within 90 days from the date of the accident. Do not leave this form with the school, coach, hospital, physician, etc. Our address is **Tower Financial Group, 316 Office Square Lane, Suite 103, Virginia Beach, VA 23462.** If you need further assistance, feel free to contact Customer Service at **(757) 499-4488.** We will be happy to assist you.

If your medical coverage is under an HMO, PPO or similar plan, you must follow their requirements for obtaining benefits. Otherwise, our benefits may be reduced, where applicable, as stated in the policy provisions. This restriction does not apply in every state.
Athletic Participation/Parental Consent/Physical Examination Form

Separate signed form is required for each school year May 1 of the current year through June 30 of the succeeding year.

For School Year _______

PART I - ATHLETIC PARTICIPATION

(To be filled in and signed by the student)

PRINT CLEARLY

Name ________________________________________________________________________________________________________

Student I.D # ________________________________________________________________________________________________

Home Address __________________________________________________________________________________________________

City/Zip Code __________________________________________________________________________________________________

Home Address of Parents __________________________________________________________________________________________

City/Zip Code __________________________________________________________________________________________________

Date of Birth ____________________________ Place of Birth ______________________________________________________________

This is my ______ semester in __________________________ High School, and my ______ semester since first entering the ninth grade. Last

semester I attended __________________________ School and passed ______ credit subjects, and I am taking ______ credit subjects

this semester. I have read the condensed individual eligibility rules of the Virginia High School League that appear below and believe I am eligible to

represent my present high school in athletics.

INDIVIDUAL ELIGIBILITY RULES

To be eligible to represent your school in any VHSL interscholastic athletic contest, you--

• must be a regular bona fide student in good standing of the school you represent.
• must be enrolled in the last four years of high school. (Eighth-grade students may be eligible for junior varsity.)
• must have enrolled not later than the fifteenth day of the current semester.
• for the first semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may
be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the
immediately preceding year or the immediately preceding semester for schools that certify credits on a semester basis. (Check with
your principal for equivalent requirements).  May not repeat courses for eligibility purposes for which credit has been
previously awarded.
• for the second semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which
may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for
graduation the immediately preceding semester. (Check with your principal for equivalent requirements.)
• must sit out all VHSL competition for 365 consecutive calendar days following a school transfer unless the transfer corresponded
with a family move. (Check with your principal for exceptions.)
• must not have reached your nineteenth birthday on or before the first day of August of the current school year.
• must not, after entering the ninth grade for the first time, have been enrolled in or been eligible for enrollment in high school more
than eight consecutive semesters.
• must have submitted to your principal before any kind of participation, including tryouts or practice as a member of any school
athletic or cheerleading team, an Athletic Participation/Parental Consent/Physical Examination Form, completely filled in and
properly signed attesting that you have been examined during this school year and found to be physically fit for athletic competition
and that your parents consent to your participation.
• must not be in violation of VHSL Amateur, Awards, All Star or College Team Rules. (Check with your principal for clarification in
regard to cheerleading.)

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above-listed minimum standards, but also all other standards set by your League, district and school. If you have any question regarding your eligibility or are in doubt about the effect an activity might have on your eligibility, check with your principal for interpretations and exceptions provided under League rules. Meeting the intent and spirit of League standards will prevent you, your team, school and community from being penalized. Additionally, I give my consent and approval for my picture and name to be printed in any high school or VHSL athletic program, publication or video.

LOCAL SCHOOL DIVISIONS AND VHSL DISTRICTS MAY REQUIRE ADDITIONAL STANDARDS TO THOSE LISTED ABOVE.

Student Signature: ____________________________ Date: ____________________________

Providing false information will result in ineligibility for one year.
The pre-participation physical examination is not a substitute for a thorough annual examination by a student’s primary care physician.

**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.

<table>
<thead>
<tr>
<th>GENERAL MEDICAL HISTORY</th>
<th>Yes</th>
<th>No</th>
<th>MEDICAL QUESTIONS (cont)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has a doctor ever denied or restricted your participation in sports for any reason?</td>
<td>☐</td>
<td>☐</td>
<td>29. Do you have groin pain or a painful bulge or hernia in the groin area?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Do you currently have an ongoing medical condition? If so, Please identify: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections ☐ Other:</td>
<td>☐</td>
<td>☐</td>
<td>30. Have you had mononucleosis (mono) within the last month?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Have you ever spent the night in the hospital?</td>
<td>☐</td>
<td>☐</td>
<td>31. Do you have any rashes, pressure sores, or other skin problems?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Have you ever had surgery?</td>
<td>☐</td>
<td>☐</td>
<td>32. Have you ever had a herpes or MRSA skin infection?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. Have you had a history of juvenile arthritis or connective tissue disease?</td>
<td>☐</td>
<td>☐</td>
<td>33. Are you currently taking any medication on daily basis?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. Have you ever had an unexplained seizure?</td>
<td>☐</td>
<td>☐</td>
<td>34. Have you ever had a head injury or concussion? If so, date of last injury:</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. Does your heart race or skip beats during exercise?</td>
<td>☐</td>
<td>☐</td>
<td>35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. Has a doctor ever told you that you have (check all that apply): ☐ High Blood Pressure ☐ A heart murmur ☐ High cholesterol ☐ A heart infection ☐ Kawasaki disease ☐ Other:</td>
<td>☐</td>
<td>☐</td>
<td>36. Do you have headaches with exercise?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9. Has a doctor ever ordered a test for your heart? (For ex: ECG/EKG, echocardiogram)</td>
<td>☐</td>
<td>☐</td>
<td>37. Have you ever been unable to move your arms or legs after being hit or falling?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10. Do you get lightheaded or feel more short of breath than expected during exercise?</td>
<td>☐</td>
<td>☐</td>
<td>38. When exercising in heat, do you have severe muscle cramps or become ill?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>11. Have you ever had an unexplained seizure?</td>
<td>☐</td>
<td>☐</td>
<td>39. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>12. Has any family member or relative died of heart problems or an unexpected sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?</td>
<td>☐</td>
<td>☐</td>
<td>40. Have you had any other blood disorders?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>13. Does anyone in your family have a heart problem?</td>
<td>☐</td>
<td>☐</td>
<td>41. Have you had any problems with your eyes or vision?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>14. Does anyone in your family have a pacemaker or implanted defibrillator?</td>
<td>☐</td>
<td>☐</td>
<td>42. Do you wear glasses or contact lenses?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>15. Does anyone in your family have Marfan syndrome, cardiomyopathy, or Long O-T'?</td>
<td>☐</td>
<td>☐</td>
<td>43. Do you wear protective eyewear, such as goggles or a face shield?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?</td>
<td>☐</td>
<td>☐</td>
<td>44. Do you worry about your weight?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>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?</td>
<td>☐</td>
<td>☐</td>
<td>45. Are you trying to or has any professional recommended that you try to gain or lose weight?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>18. Have you had any broken or fractured bones or dislocated joints?</td>
<td>☐</td>
<td>☐</td>
<td>46. Do you limit or carefully control what you eat?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>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?</td>
<td>☐</td>
<td>☐</td>
<td>47. Do you have any concerns that you would like to discuss with a doctor?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>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?</td>
<td>☐</td>
<td>☐</td>
<td>48. What is the date of your last Tdap or Td(tetanus) immunization? (circle type) Date:</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>21. Have you ever had a stress fracture of a bone?</td>
<td>☐</td>
<td>☐</td>
<td>49. Do you have an allergy to medicine, food or stinging insects?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>22. Do you regularly use a brace or assistive device?</td>
<td>☐</td>
<td>☐</td>
<td>50. Have you ever had a menstrual period!</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>23. Do you currently have a bone, muscle, or joint injury that bothers you?</td>
<td>☐</td>
<td>☐</td>
<td>FEMALES ONLY</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>24. Do any of your joints become painful, swollen, feel warm, or look red?</td>
<td>☐</td>
<td>☐</td>
<td>51. Age when you had your first menstrual period: _______</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>25. Do you have a history of juvenile arthritis or connective tissue disease?</td>
<td>☐</td>
<td>☐</td>
<td>52. How many periods have you had in the last 12 months?__________</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**EXPLAIN “YES” ANSWERS BELOW:**

#_ _

#_ _

#_ _

#_ _

**MEDICAL QUESTIONS**

<table>
<thead>
<tr>
<th>MEDICAL QUESTIONS</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>26. Do you cough, wheeze, or have difficulty breathing during or after exercise?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>27. Do you have asthma or use asthma medicine (inhaler, nebulizer)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>28. Were you born without or are you missing a kidney, an eye, a testicle, spleen or any other organ?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

*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:

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BP</th>
<th>/</th>
<th>Resting Pulse</th>
<th>Vision R 20/</th>
<th>L 20/</th>
<th>Corrected</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Inhaler</th>
<th>Epinephrine</th>
<th>Glucagon</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics.

- CLEARED WITHOUT RESTRICTIONS
- CLEARED WITH FOLLOWING NOTATION:
  - Cleared AFTER documented further evaluation or treatment for: ________________________________

- Cleared for Limited participation (check and explain “reason” for all that apply): “Limited Until Date” when appropriate
  - Not cleared for (specific sports) Until Date: ________________
    - Reason(s): __________________________________________________________

- 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** ____________

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
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?____ List the emergency medication: ________________________________
Is student presently taking any other medication? ____________ If 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
I, the Parent/Guardian of ______________________, have read and fully understand the Newport News Concussion Policy and Return to Play Protocol. I also have reviewed and understand the short and long term effects of sports related concussions and are committed to ensuring the safety of this child.

____________________________________
Printed Name of Parent/Guardian

____________________________________
Parent/Guardian Signature

Date

____________________________________
Student Athlete Signature

Date

Revised May 2013
Newport News Public Schools
Statement of Student Responsibilities for Weight Room Use

1. No loitering.
2. No horse playing.
3. Follow designated work-out.
4. Only exercises from the approved list of exercises should be used (which should be developed by
   the strength coach).
5. All injuries should be reported immediately.
6. All free weight exercises should be spotted by a person or persons physically able to
   assist with the weight. "Do not bang weights."
7. All weight equipment should be checked by the athlete before using, make sure it is in working
   order and it is safe to use. Immediately report any equipment malfunctions to supervisor,
   attendant, or instructor.
8. Clothing appropriate to weight lifting should be worn: athletic shoes, socks, properly fitted shorts,
   t-shirt. Jewelry and loose fitting clothing are prohibited. Towels are allowed to wipe down
   equipment before use.
9. The athlete should warm-up before attempting lifts with heavy weights.
10. Lifting belts should be worn for any exercise that the back is not supported.
11. All weights should be returned to the racks when they are not in use. Do not remove weights
    from lifting area.
12. No food or drink is allowed in the weight room.
13. Clamps (collars) must be used on all free weight equipment.
14. No unattended personal equipment (books, book bags, clothing, etc.)
    should be left in the weight room.
15. No student athletes will be allowed in the weight room without proper
    adult (school) personnel.

Use of Proper weight lifting techniques is essential for student safety

STATEMENT OF UNDERSTANDING

I have read, been given an opportunity to ask questions about, had any questions answered, and
fully understand the student policies for weight room use. "Failure to observe these rules will
result in suspension of the use privilege of the Weight Room. I hereby voluntarily assume and
understand all risks and responsibilities associated with participation of Weight Room activities."

I understand that the policies are developed for my safety, however, they cannot prevent all
injuries in a weight room. I understand that weight lifting is a dangerous activity and injury can
occur.

STUDENT’S SIGNATURE: ____________________________  DATE: ____________
SCHOOL: ___________________________________________________________________

PARENTAL CONSENT

I have read and understand the above "Statement of Student Responsibilities" and understand the
potential risks of injury and the responsibilities of my child while participating in Weight Room
activities.

I hereby grant my permission for my child to participate in Weight Room activities. I also give
permission for my child to receive medical treatment in case of injury during these activities.

PARENT’S NAME: (PRINT) __________________________________________
PARENT’S SIGNATURE: ____________________________________________
DAYTIME PHONE: __________________________  EVENING PHONE: ____________
NAME AND TELEPHONE NUMBER OF PERSON TO CONTACT IN THE EVENT OF AN EMERGENCY
IF THE PERSON ABOVE IS UNAVAILABLE: __________________________________________
DATE: ________________
NEWPORT NEWS PUBLIC SCHOOLS
PERMISSION FOR EMERGENCY CARE – HS ATHLETICS

School _____________________________ Grade__________

Student’s Name _________________________________________________ Birthday ________________ Homeroom ________

Parent’s Name _________________________________________ Address ___________________________________________

Home Phone Number _______________________ Work Number ____________________ Cell Number ________________

Allergic to medication (specify type) __________________________________________________________________________

Has student been prescribed an inhaler / epipen? __________ Is student presently taking medication? __________ If so, what type? __________________________________________________________________________

Does the student wear contact lenses? __________________________________________________________________________

Please list date of last tetanus shot __________________________ any other medical problems __________________________________________________________________________

Insurance in addition to athletic insurance        Yes ______ (complete other side of this form)

IN CASE OF EMERGENCY, CONTACT

Name ____________________________________________ Relationship __________________________________________

Home Phone Number _____________________________ Work and/or Cell Number _____________________________________

Family Physician ______________________________________ Phone Number _____________________________________

In case of an emergency and I cannot be reached, the school has my permission to take my child to the emergency room of the nearest hospital and the hospital and its medical staff has my permission to provide treatment which a physician deems necessary for the well being of my child.

Date ____________________________ Parent’s Signature _____________________________________________________

ATHLETIC INSURANCE INFORMATION

Student’s Full Name _____________________________________________________________________

Name of Parent Who Carries Insurance ______________________________________________________

Name of Insurance Company ______________________________________________________________

Policy Number __________________________________________________________________________

I certify that the above named student athlete has the above health and accident insurance coverage in addition to the Newport News Public Schools athletic accidental medical coverage.

Date ____________________________ Parent’s Signature ____________________________________________

Revised 5/09
Thought on the Development of the Championship Attitude

If you have ever played on a Championship team, you know it is special. You may or may not know what it took to make it happen. You were there, you were a part of it, you were a player, you did your duty. Duty first, then comes honor. Getting the job done takes a team effort. It takes a 100% commitment on your part. You must become "ONE" --- ONE in purpose. When unity of WILL is set in motion all things are possible. It first takes VISION, you must create the vision of what it is you want to become and where you want to go. Champions play with a purpose, and stay focused on their purpose. The Champion is a valiant fighter, a defender, a supporter. A Champion is capable of winning first place, excelling over all others. The VISION must be accepted and agreed upon by all. One must start with oneself. It is one's attitude that must be changed. If you do not have the attitude of a Champion your performance lacks. Unity of purpose and effort is the most potent means to attain any desired end. "All for One and One For All", that is the rally cry. A Champion knows how many one is. A Champion knows that a team is one.

Champions have no fear of any opponent, they go forth with confidence. Champions know that confidence comes with the WILL to grow. Champions start where they are, find out what they need, develop a plan, and follow it through, persisting through difficulties and problems until they reach their goal. Champions know that achievement flows from clear intent and focused effort over time. You must have a plan. You must prepare for success. Champions take action. They know that ACTION is the touchstone of growth, they know that the purity of their intent is measured in their action. Champions take actions in the development of their growth. Champions create goals for themselves. They plan strategically and tactically. They know that the path to the gold is in their attention to detail. They have the vision to look at what can be, see it clearly, bringing every detail into focus. Champions make excellence a choice. Champions commit to a mission, a mission that matters. They know that lack of a passionate direction or aim to life causes lack of accomplishment. A Champion finds joy in what he does. A true Champion challenges himself and knows that winning comes with growth. A Champion knows what he wants to achieve and identifies the factors for success and begins with proper preparation. Champions develop the ability and determination to carry out their mission. A Champion knows that all true growth comes from within. A Champion knows there is no limitation in thought. Champions hold only good for all in mind and continually water it with firm expectation. A Champion makes things happen. A Champion takes action on the things around him to be more excellent.

Champions take time to think creatively. A Champion is solution oriented. Champions do not set limits for themselves, they set goals. A Champion steps bravely on the field of battle with the expectation of victory. A Champion rules his thoughts and action to doing the right thing. Champions always strive for improvement. A Champion plays with confidence and faith. A Champion knows what his duty is and performs resolutely. Champions are willing to take whatever faces them---be it pain or pleasure---loss or gain---victory or defeat---with their only concern being whether they have done their best. Champions function in a state of calm, a state of peace. Champions keep their eye keenly trained on their vision, their goal. Champions have an all absorbing interest in the success of the team. Champions know that imagination is the beginning of growth of all forms, and faith is the substance out of which they are formed. Champions have a confident expectation of achievement. Champions make things happen by their thoughts and actions. Champions know that progress is accomplished by increased attention, and by control and concentration of attention. Champions know that attention is developed by repeated exercise or habit.

by Robert G. Grenfell