Smart, Safe Schools

MIDDLE SCHOOL PARENT-ATHLETE HANDBOOK
2014-2015
### SCHOOL CALENDAR

#### NNPS 2014-2015

**APPROVED 3/18/14**

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<table>
<thead>
<tr>
<th>Month</th>
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<tr>
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<td>S M T W T F S</td>
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<td>October 2014</td>
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#### School Calendar Highlights:
- **July 2014:** Independence Day (11, 18, 25) Summer Hours
- **November 2014:** Teacher Work Day - Students do not report
- **December 2014:** Winter Break - Students do not report
- **March 2015:** Half Day Dismissal - Parent Conferences
- **April 2015:** Middle School Basketball Begins
- **May 2015:** Memorial Day
- **June 2015:** High School Graduations (Tentative)

### MARKING PERIODS

#### Interims

<table>
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<tr>
<th>Period</th>
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<td>Mar. 2</td>
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#### 9 Weeks Report Cards

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<td>Jan. 23</td>
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<tr>
<td>4</td>
<td>June 12</td>
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### Religious Observances

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

Additional notes on religious observances:
- Jewish observances begin the preceding day at sundown.
- **192 Teacher Days/181 Student Days (Includes one (1) inclement weather day)**
- All schools need to schedule at least one evening conference period in October.
- **NOTE:** If additional make-up days are necessary, they will be made up at the superintendent’s direction. For example, Teacher's Day may be designated as a make-up day, if needed. If the inclement weather day scheduled in 2014-15 is not used, then June 15, 2015 would be a student holiday and teacher workday.
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,

Michael Nichols
Program Administrator
Youth Development
NEWPORT NEWS MIDDLE SCHOOLS
2014-2015
SCHOOLS, SPORTS and
ASSISTANT PRINCIPALS and/or ATHLETIC DIRECTORS
IN CHARGE OF ATHLETICS

NORTH SCHOOLS:
DOZIER, GILDERSL EEVEE, PASSAGE & HINES

SOUTH SCHOOLS:
ACHIEVABLE DREAM, BOOKER T. WASHINGTON, HUNTINGTON & CRITTENDEN

FALL - TRACK

WINTER - VOLLEYBALL

SPRING - BASKETBALL

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<th>SCHOOL</th>
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<tr>
<td>Achievable Dream</td>
<td>Cathy Bacote</td>
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<tr>
<td>Crittenden</td>
<td>Sheila Patrick</td>
<td>591-4900</td>
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<tr>
<td>Dozier</td>
<td>Colleen Hunt</td>
<td>888-3300</td>
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<td>Gildersleeve</td>
<td>Pascal Barreau</td>
<td>591-4862</td>
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<td>Hines</td>
<td>Victor Guisao</td>
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<td>Huntington</td>
<td>Thomas Jackson</td>
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<td>Passage</td>
<td>Jaraun Ransome</td>
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<tr>
<td>Washington</td>
<td>Arva Davidson</td>
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Central Office Athletic Department

Michael Nichols
Program Administrator of Youth Development
283-7850

Belinda Langston
Student Athletic Specialist
591-4601
591-4683/fax
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<td>Volleyball - General Information</td>
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Basketball - Spring Season

Volleyball - Winter Season

Track - Fall Season
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!”
SPORTSMANSHIP STARTS LONG BEFORE
THE GAME AND CONTINUES LONG
AFTERWARDS

THAT’S MY GIRL
DOWN THERE

Please don’t curse that girl down there;
She is my daughter, you see;
She’s only just a girl you know,
She means the world to me.

I did not raise my daughter, dear fan,
For you to call her names;
She may not be a super-star
But these are middle school games.

You don’t know those girls down there,
They do the best they can;
They’ve never tried to lose a game,
They’re girls and you’re a fan.

This game belongs to them, you see,
You’re really just a guest,
They do not need a fan that gripes,
They need the very best.

If you have nothing nice to say,
Please leave the girls alone,
And, if you’re forgotten your manners,
Then please just stay at home.

So, please don’t curse those girls down there,
They’ll hustle ‘til they’re done,
And win or lose or tie, you see,
To us, they’re number one!

THAT’S MY BOY
DOWN THERE

Please don’t curse that boy down there;
He is my son, you see;
He’s only just a boy you know,
He means the world to me.

I did not raise my son, dear fan,
For you to call him names;
He may not be a super-star
But these are middle school games.

You don’t know those boys down there,
They do the best they can;
They’ve never tried to lose a game,
They’re boys and you’re a fan.

This game belongs to them, you see,
You’re really just a guest,
They do not need a fan that gripes,
They need the very best.

If you have nothing nice to say,
Please leave the boys alone,
And, if you’re forgotten your manners,
Then please just stay at home.

So, please don’t curse those boys down there,
They’ll hustle ‘til they’re done,
And win or lose or tie, you see,
To us, they’re number one!
VALUE OF ATHLETICS

What benefit will a player derive from participation in 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 above benefits.
MIDDLE SCHOOL TRACK
GENERAL INFORMATION

- Day of Activity: Monday and Wednesday
- Time of Practice: After School
- Meet Times: After School – North (Monday) 4:30 South (Wednesday) 4:30
- Admission: $1.00 All City Meet ONLY
- Supplies/Uniforms: Supplied by the athletic department
- Buses: Same procedure as last year
- Timers/Starter: Coaches at the Meet – (we have starter supplies in office)
- Security: One (1) security officer per meet (3 hrs)
- Score Recorder: One person from each school recording your teams’ scores
- Spikes: NO spikes will be worn for track practices or meets

The MEET:
- Open to all students in GOOD standing (grades, attendance, attitude, conduct, sportsmanship, etc.)
- Permission card must be completed for every athlete
- SECTIONAL COMPETITION EVENTS: 100M 200M 400M 800M 1600M 4X1 RELAY 4X4 RELAY
- There are a total of 28 possible running ‘slots’ per sectional meet (boys & girls each). The following standards must be maintained for all sectional meets:
  - Must use 4-6th grade entries, 8-7th grade entries in each sectional meet. Up to 16-8th grade entries may be used in each meet (you may use more 6th or 7th graders, but not more 8th graders in competition).
- Students may participate in any two events (see special provisions identified for 6th graders below).
- Sectional meets are comprised of either North or South Schools.
- All-City Meet is comprised of all 8 Middle Schools.
- During Sectional competition, schools may enter 4 individuals and 1 relay per event. There will be 2 heats run as finals for 100m, 200m & 400m events. Winners of each event will be determined by times. Each school will have a maximum of 2 participants per heat. There is a final (only) for the relay events. The 800 and 1600 will start with ‘waterfall’ starts and will also be final events.

ALL CITY MEET (In Event Order for 2012): 100 M (6th grade), 100 M (7th/8th), 1600 M (7th/8th), 4 X 100 M Relay (6th grade), 4 X 100 M Relay (7th/8th), 400 M (7th/8th), 800M (6th), 800 M (7th, 8th), 200 M (6th), 200 M (7th, 8th), 4 X 400 M Relay (7th, 8th).

- During the All-City Meet, schools may enter 3 individuals and 1 relay per event. There are a total of 23 possible running slots (boys & girls each) for the “regular” events and another 10 slots for the 6th graders. The following standards must be maintained for the All-City meet:
  - Must use at least 7-7th grade entries. With the All-City creation of 3 special races for 6th graders, you are not required to run 6th graders in the All-City meet!
  - There will be 3 heats with times identifying places (no finals heat) for 100m, 200m, 400m events. Each school may have one participant per heat. There is a final (only) for the relay events. The 800 and 1600 will start with ‘waterfall’ starts and are also run as finals.
  - During the All-City meet there will be additional events specifically designated for 6th graders. The events will be the 200m, 800m and 4 X 100m relay. Sixth grade students participating in ONLY the 6th grade events MAY participate in all three. 6th grade students participating in any of the “regular” meet events must adhere to the standard of two events (it may be one event in each, 6th grade and regular meet) or a 6th grader participating in both “regular” meet events would be prohibited from participating in the additional events specifically designed for the 6th graders.
- Students who wear glasses to participate in middle school sports are highly recommended to wear a sports band. Students who do not wear sports bands may be removed from the competition if in the eyes of the official; it constitutes a safety hazard (glasses falling off in competition and becoming an immediate tripping or slipping hazard). NNPS will not replace eyewear damaged during practices or games played in middle school athletics. This is consistent with our high school policies. Sports bands can be purchased at most sporting goods stores and in many eyewear locations locally.

Revised August 2013
MIDDLE SCHOOL VOLLEYBALL
GENERAL INFORMATION

- Day of Activity: Monday and Wednesday
- Time of Practice: After School
- Match Times:
  - North: 4:30
  - South: 4:30
- Admission: $1.00
- Supplies/Uniforms: Supplied by the athletic department
- Buses: Same procedure as track & basketball
- Officials: Bay Rivers Volleyball Association will supply officials
- Security: One (1) security officer per meet (up to 3 hrs)
- Timer: $20.00 per date (boys and girls)
- VHSL RULES: VHSL Volleyball Rules will apply

The MATCHES

- Open to all students in GOOD standing (grades, attendance, attitude, conduct, sportsmanship, etc.)
- Permission card must be completed for every athlete
- All matches will be best 2 of 3 to 25 points win by two, rally scoring system.
  - **Must use** minimum of 2 - 6th grade participants, 4 - 7th grade participants and 6 - 8th grade participants on a 12-15 person squad.
- Regular season matches are comprised of either North or South Schools.
- Each division will play 6 games- 3 home & 3 away, scheduled within their division in the regular season.
- The top two teams from each division will advance to the City-wide play-off.
- Ties will be broken comparing head-head, then # games won-lost % in head to head games, then won-lost % in all games in the division and finally by the beginning of the season draw.
- During the All-City Play-off, the North #1 seed will play the South #2 seed for each of the girls and boys teams and the South #1 seed will play the North #2 seed for each of the boys and girls teams. The winners of each will advance to a finals contest.

**Students who wear glasses to participate in middle school sports are highly recommended to wear a sports band. Students who do not wear sports bands may be removed from the competition if in the eyes of the official; it constitutes a safety hazard (glasses falling off in competition and becoming an immediate tripping or slipping hazard). NNPS will not replace eyewear damaged during practices or games played in middle school athletics. This is consistent with our high school policies. Sports bands can be purchased at most sporting goods stores and in many eyewear locations locally.**

Revised August 2013
MIDDLE SCHOOL BASKETBALL
GENERAL INFORMATION

- Day of Activity: Monday and Wednesday
- Game Times: North/4:30  South/4:30
- Supplies/Uniforms: Supplied by the athletic department
- Admission: $1.00 (everyone)
- Security: One (1) security officer per game (up to 3 hrs)
- Cheerleaders: Yes – up to each school

The Game

- Open to all students in GOOD standing (grades, attendance, attitude, conduct, sportsmanship, etc.) – (based on administrators/coaches decision).
- Permission/Emergency Card – when playing away games, coaches should take these cards with them (in handbook).
- Eight (8) minute quarters.
- Running clock except for (foul shooting, time outs and the last 30 seconds of each quarter the clock will stop on all whistles).
- Full court press - NO full court pressing anytime during the game when a team is up by 20 points.
- 2nd Half – running clock if a team is up by 20 points; clock will stop for time outs.
- Four (4) time-outs per game (two (2) - 1 minute and two (2) - 30 second timeouts).
- Ten (10) minute half-time.
- Three (3) minute overtime. The last 30 seconds of overtime, the clock will stop on all whistles.
- No players should be added after the 3rd game.
- All players are not required to play – coaches discretion.
- Should high school JV players be allowed to play? Yes
  - Ties – will be determined by draw (tournament) highest number wins draw
  - Draw will be done beginning of each school year (at the 1st meeting) and will be in effect for both basketball and volleyball for that particular school year.
- If a student is wearing glasses, they are required to have a sports band. They will be asked to leave the court and not return until properly equipped.
- Suggestion for minimum team membership – 6-8th graders; 4-7th graders; 2-6th graders - Teams may have more than 12 members.

Students who wear glasses to participate in middle school sports are highly recommended to wear a sports band. Students who do not wear sports bands may be removed from the competition if in the eyes of the official; it constitutes a safety hazard (glasses falling off in competition and becoming an immediate tripping or slipping hazard). NNPS will not replace eyewear damaged during practices or games played in middle school athletics. This is consistent with our high school policies. Sports bands can be purchased at most sporting goods stores and in many eyewear locations locally.

Revised  August 2013
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
SCHOOL CLOSING

Early Dismissal of Students
All after-school activities will be cancelled when the students are sent home during the day due to inclement weather, all after-school activities will be cancelled.

Schools Closed
When schools have closed due to inclement weather, all games, practices and activities will be cancelled and rescheduled for a later date. No students should be allowed in the building during the time schools are closed.

Team practices may be held if approved by the building principal with appropriate authorization from administration. These practices would be voluntary as no required practices can be called.

There will be no city school buses available when schools are closed or when schools close early due to inclement weather. This includes city activity buses.

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
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 non-medically 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 has 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. No activity while symptomatic</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 / light jog or jog-walk 10-20 minutes</td>
<td>Increase heart rate</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          |
| 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 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 - 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 - Plyometric workout: 10 yard bounding/10 medicine ball throws/10 vertical jumps x 3 - Non-contact, sport-specific drills</td>
<td>Exercise, coordination, and cognitive load</td>
</tr>
<tr>
<td>May begin resistance training</td>
<td></td>
<td></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>
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.

Best Regards,
**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.
FORMS

FOR

PARENTS TO

COMPLETE AND

RETURN TO THE

SCHOOL.
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
Middle School Athletics
Students in “Good Standing”

Once the final roster is determined, students will be monitored for academics, behavior, and attendance. Any negative drops in behavior, academics, or attendance during the season may result in the denial of practice time, suspension from meets or games, or removal from the team. We expect this contract to help student/athletes move forward positively academically, behaviorally, and athletically.

The Four Components of Good Standing

<table>
<thead>
<tr>
<th>Academics</th>
<th>Attendance</th>
<th>Behavior</th>
<th>Sportsmanship</th>
</tr>
</thead>
</table>

1.) Academics

*Being a Student/Athlete will always be the primary focus.*
- Completing homework is non-negotiable. All homework is to be completed. Multiple incomplete grades or “zeroes” can result in a student being not in good standing.
- Interim reports and other progress reports may be obtained from teachers.
- Unsatisfactory academic progress may cause a student to be not in good standing.

2.) Attendance

“When you miss school, you miss out!”
- You must be present in school the day of practice, meets, and games in order to participate.
- Being sent to ISS for being tardy can result in a student being not in good standing.
- Multiple unexcused absences can result in a student being not in good standing.

3.) Behavior

Exemplary behavior is expected from all students that represent our school both on and off the court or athletic field.
- ISS and OSS for referrals written will result in the player being not in good standing for the duration of the ISS or OSS assignment. This goes for bus referrals as well. Students will not participate in practice, games, or meets when not in good standing.
- Teams stay together while at games or meets. There is to be no traveling around a home team’s school while waiting for the start of a game. Stay together as a team during away games.

4.) Sportsmanship

*All Athletes will exhibit appropriate sportsmanship in all games and practices.* Poor sportsmanship includes the following:
- Arguing with coaches, referees, or officials
- Being ejected from a game or meet
- Receiving technical fouls for behavior on the court/during a game
- Taunting, belittling, “showboating” or “trash-talking” opposing players
- Communicating with spectators
- Any conduct that is detrimental to the team or to Middle School.

Students who are in violation of good sportsmanship will be not in good standing for the following week.

____________________________________  ________________
Student Signature                        Date

____________________________________  ________________
Parent Signature                         Date

THIS FORM (FRONT AND BACK) MUST BE COMPLETED AND RETURNED TO THE COACH BEFORE A STUDENT MAY PARTICIPATE.
NEWPORT NEWS PUBLIC SCHOOLS
PERMISSION FOR EMERGENCY CARE – MS 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
# NOTIFICATION OF INJURY

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit 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 & MAILED TO OUR OFFICE WITHIN 90 DAYS FROM THE DATE OF THE ACCIDENT

## PART I – ACCIDENT REPORT

<table>
<thead>
<tr>
<th>1A. Name of School</th>
<th>1B. Name of School District/Diocese/Association</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>2A. Name of Student (Last)</th>
<th>(First)</th>
<th>(Middle Initial)</th>
<th>2B. Social Security No.</th>
<th>2C. Grade</th>
<th>2D. Birthdate</th>
<th>2E. Sex</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>5A. Was the accident school-related?</th>
<th>5B. Is the accident covered under a catastrophic policy?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

6A. Did Accident Occur:
- a) while the claimant was supervised?
- b) during sponsored activity?
- c) during programmed hours?
- d) on activity premises?
- e) while traveling directly and uninterupted to or from home premises and school for regular school sessions or school sponsored and supervised activities?

<table>
<thead>
<tr>
<th>6B. a) Date of Accident</th>
<th>6C. Name of Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>b) Time</td>
<td></td>
</tr>
<tr>
<td>c) Place</td>
<td></td>
</tr>
</tbody>
</table>

| 6D. Name and Title of Supervisor |

<table>
<thead>
<tr>
<th>7A. Signature of School Officer</th>
<th>7B. Title</th>
<th>7C. Date</th>
</tr>
</thead>
</table>

## PART II – TO BE COMPLETED BY PARENT/GUARDIAN OR CLAIMANT (IF ADULT)

<table>
<thead>
<tr>
<th>1A. Name of Father/Guardian or Claimant (if adult)</th>
<th>1B. Social Security No.</th>
<th>1C. Address/City/State/Zip</th>
<th>1D. Phone Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>2A. Name of Mother/Guardian or Spouse (if adult)</th>
<th>2B. Social Security No.</th>
<th>2C. Address/City/State/Zip</th>
<th>2D. Phone Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>3A. Name of Father/Guardian’s or Claimant’s (if adult) Employer</th>
<th>3B. Address/City/State/Zip of Employer</th>
<th>3C. Phone Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>4A. Name of Mother/Guardian’s or Spouse’s (if adult) Employer</th>
<th>4B. Address/City/State/Zip of Employer</th>
<th>4C. Phone Number</th>
</tr>
</thead>
</table>

5A. List all Insurance Company(ies) under which the claimant is insured:
- 
- 
- 

<table>
<thead>
<tr>
<th>5B. Policy Number(s)</th>
<th>5C.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>Individual</td>
</tr>
</tbody>
</table>

| Medicaid | Individual | Group | Govt. |
| Medicaid | Individual | Group | Govt. |
| Medicaid | Individual | Group | Govt. |
| Medicaid | Individual | Group | Govt. |

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/Guardian or Claimant (if adult) ___________________________ 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 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.
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