Fairfield Ludlowe High School Falcon Athletics

To: All 9th Graders interested in a fall sport

From: Mr. Schulz, Athletic Director

Date: July 2013

Re: Fall Sport Tryout Times and Places

Hi!

Welcome to Fairfield Ludlowe High School! We offer a total of 34 different athletic teams during the year for you to choose from.

To be eligible to participate in tryouts for a team, you will need to have a parent permission form completed and signed along with a current physical form. This physical form is only accepted if it is completed on the school-provided form. Please note, the physical form for all fall sports is due by Friday, August 16. Please keep a copy of all forms you hand in. We will have a meeting of all athletes interested in playing on a fall sports team (except football which starts on Wednesday, August 14) on Wednesday, August 21, at 6:00 p.m. in the café at FLHS. At this time all parent permission forms should be turned in if they have not been turned in already. If you are still away on vacation and cannot be there, your forms should be turned in ahead of time. Physicals handed in on Saturday, August 24, will not allow you to participate until Monday. The physical must be less than 13 months old to be accepted. The parent permission form may also be turned into the Main Office or given to the coach on the first day of tryouts. If the FLHS web page is not accessible yet, you will need to stop in to the Main Office to pick up forms if you do not already have them.

Below is a list of times and locations for the fall sports. Tryouts will continue on the Monday beyond the schedule printed below. Once school has started, shuttle buses will transport athletes to off-site athletic venues for practices and games. You can also call the athletic info line at 203-255-7247 for updates.

Freshmen Tryouts

Sport	Tryout Date	Report to:	Time
Football	August 14	Taft Field	5:00-8:00
	August 15 & 16	Taft Field	5:00-8:00
Girls' Soccer	August 24	Taft Field Bleachers First	8:00-11:00
	Ü	Practice Sturges Park	2:00-4:00
	August 25	Sturges Park	12:00-3:00
Boys' Soccer	August 24	RLMS	10:00-1:00
'	Ü	Taft Field	3:00-6:00
	August 25	Taft Field	2:00-5:00
Field Hockey	August 24	Taft Field	8:00-10:30
	J	Taft Field	1:00-3:00
	August 25	Taft Field	12:00-2:00
Girls' Volleyball	August, 24	Main Gym	9:00-11:30
,	August 25	Aux Gym	12:00-3:00
Cross Country	August 24	Taft Field Track	9:00-11:00
Girls' Swimming	August 26	Hunt Club	3:00-5:00

For game schedules go to Fairfieldschools.org and link to FLHS or go to FCIAC.net

This form must be filled out by parent or guardian and returned to the Athletic Office prior to tryouts

FLHS Falcons Athletics

The following form will be kept in the training room for emergency purposes for practice and games. Please fill out form completely. PLEASE PRINT CLEARLY

SPORT PARTICIPATING IN THIS SEASON:
STUDENTS NAME:
DATE OF BIRTH:
GRADE: HOMEROOM:
ADDRESS:
CELL PHONE: HOME PHONE:
PARENTS NAME
PARENTS E-MAIL: Please PRINT very NEATLY so it can be used for correspondence
EMERGENCY CONTACT (OTHER THAN PARENT PLEASE DENOTE RELATIONSHIP):
NSURANCE INFORMATION:
PRIOR INJURY/KNOWN MEDICAL CONDITIONS:
PRECEDED HOSPITAL

FAIRFIELD LUDLOWE HIGH SCHOOL ATHLETICS PARENTAL PERMISSION FORM

I give permission for my child to participate in high school athletics realizing that such activity involves the potential for injury which is inherit in all sports. I acknowledge that even with the best coaching, use of appropriate equipment and strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability or even death. I acknowledge that I have read and understand this warning.

Pa	arent or Guardian Signature		Date		
	Emergency In	formation	0.1.09		
rt		Ho			
ne					
•					
ent/Guardian	Home Telephone No.				
		Father's Business Tel. No.			
ily Physician		Preferred Hospital			
	end/relative)				
The Town of Fa policy provides been used. Athl available throug		Declaration trance for sports par nces only after other tregular student acc	ticipants. This insurance has ident insurance		

(must be returned to coach prior to participation)

FAIRFIELD LUDLOWE HIGH SCHOOL ATHLETICS Athletic Code

Our athletes have a responsibility to provide a positive image on the fields and courts, in the classroom, and in our community. Our athletes are expected to conduct themselves in accordance with this code. All athletes must sign this code prior to participation. The athletic code is a twenty-four hour rule and extends beyond the school day.

On the playing fields or lockeroom area: Fair play is expected at all times. No athlete will use profanity. An athlete will respect teammates, opponents, officials and spectators. Athletes shall conform to the behavioral norms of the school and act in a responsible manner with regards to the rules and regulations established in the Fairfield Ludlowe Student Handbook. Consequences will be exercised when needed.

In the classroom: A good athlete is also a good student and one who complies with all school rules and regulations. This means good attendance, participation, effort and behavior. An athlete must attend and partake in physical education classes. If a player is not prepared and does not partake on game day, that player will not be allowed to participate in that day's contest. An athlete cannot participate in practices or contest on days when s/he has not attended school.

The use of illegal substances: An athlete shall not use or have in possession any illegal substances (narcotics and alcohol). This is a twenty-four hour rule and extends beyond the school day. Failure to comply with this code will result in the following consequences:

First offense — A first offense will result in a two-week suspension from practices and games (excluding vacations where the team does not practice or play). The student athlete will be required to meet with the high school substance abuse coordinator prior to rejoining the team. Upon completion of the suspension, the athlete may apply for reinstatement through a reentry interview with the Athletic Director and coach.

Second offense – A second offense will result in removal of the student-athlete from the team for the remainder of the season.

Third offense – A third offense will result in removal of the student-athlete from all sports teams for the entire school year.

The use of tobacco products: An athlete shall not use or have in possession any tobacco products. This is a twenty-four hour rule and extends beyond the school day. Failure to comply with this code will result in a one-week suspension from practices and games (excluding vacations where the team does not practice or play).

The use of anabolic steroids, hormones and analogues, diuretics, and other performance enhancing substances are prohibited.

First Offense - A student-athlete who has been determined to have used, in or out-of-season, androgenic / anabolic steroids or other performance enhancing substances shall be declared ineligible for all CIAC-controlled activities for one hundred eighty (180) school days on each occurrence. The one hundred eighty (180) school day period of ineligibility commences on the day the CIAC Board of Control makes a determination.

Athletes failing to conform to meet the requirements of the contents of this Code of Conduct shall face disciplinary action. If an athlete becomes involved in an incident so as to bring adverse publicity to the athletic program, or if the athlete is engaged in conduct that may be considered harmful to him/her self, the team or school, the athlete may be suspended from their sport.

I have read the	Athletic Code for	Athletes and a	agree to adhere to	it while particip	ating in athleti	cs at Fairfield L	udlowe Hig	h
School.								

Athlete signature	Parent or guardian signature

SPORTS PARTICIPATION MEDICAL EXAMINATION

o the Health Care Provider – Please complete and sign

*Mandated Screening/Test under CT State Law

_____Date of Birth: _____Date of Exam: ____ Height:* Weight:* Normal | Abnormal Findings General Exam Blood Pressure:* Pulse: Appearance HCT/HGB:* Skin Urinalysis: Protein: Blood: Glucose: Heent Visual Acuity:* ____ Right ___ Left Respiratory Corrected to Right Left Cardiovascular Hearing:* Arrhythmia: Gross Dental:* Murmur: Abdomen Body Fat %
Cholesterol % Neurological Genitalia (hernia) Physical Maturity (Tanner Stage) 1 2 3 4 5 Last Tetanus Booster Date: hronic Disease Assessment* Last Measles(MMR) Booster Date: Asthma: mild moderate severe Varicella Disease Date OR exercise induced unclassified Varicella Immunization 1 Diabetes Type I Type II * TB: IN HIGH RISK GROUP YES NO DATE RESULTS TB TEST __ Seizure Disorder ___ Anaphylactic Reaction:__ food __ insect __ latex Other: Please specify Musculoskeletal Evaluation to include range of motion, strength, flexibility Normal Abnormal Findings Neck Spine Mod. Postural* Min. Slight Marked Shoulders Arms/Hands Hips Thighs Knees Ankles Feet Comments and Recommendations Medications eight loss/gain Special Equipment tengthening retching Bracing/Taping Comments inditioning (endurance) certify that on this date I have examined this student and that, on the basis of the examination requested by the school authorities d the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this dent to compete in supervised athletic activities except those listed: Telephone Provider Print or Stamp nature of Physician, RN, APRN, PA

	SI	orts Pa	erticipation	Health Rec	ord			d B	
This evaluation is to determine readiness for	sports partic	ipation. Th	nis must be com	ipleted by a paren	t and student befor	e being br	ought to t	he Doctor's office.	
Name:		Age:_	Sex:	School					
Address:	<u>_</u>]	Phone:		Grade:					
Name:Address:Sports being played (1)	(2)		(3)						
			Medical H	istory					
				t and parent/gu	ıardian)				
1.Do you have any allergies?(Drugs, Foo yes; List					No	ı			
2. Are you currently taking any drugs or							y)		
yes; List					fessional?	No			
yes; Explain 4. Have you ever been advised by a doctor	r not to na	rticipate i	n any enort?			_No			
yes; Explain	и посто ра	rnerpaie i	in any sport:			No			
5. Do you have any chronic conditions, d	isorders or	diseases?	Check those	applicable or	•	_ No			
Asthma Bleeding Hepatitis(liver disease) Hyperter	Disorders		Dia	betes	Epilepsy(Seiz	ures)			
Hepatitis(liver disease) Hyperter	sion(High E	Blood Presi	sure)Sic	kle Cell Anemia	Other				
Mononucleosis-Yr Kawasak	1 Disease		Dis	aomity (describe)_					
Please Check where applicable if you ha			of the followin	g:				Yes No	
Head injury, concussion, or been unconscious	Yes No		ırv or retinal de	tachment				103 140	
		. Lyc inju	Blurred visio	n or vision in one	eye only				
If yes, how many times Headaches more than once a week				or contact lenses					
Lack of feeling or numbness in any part of the	body	_		or impairment in					
Heat exhaustion or heat stroke			Tubes in ears False teeth, c	or perforated ear	arum				
Difficulty running ½ mile without stopping Chest pain, dizziness or passing out during ex	ercice —	-	Nose bleeds i					·	
Coughing, wheezing or gasping for breath					g time to stop bleed	ding			
with exercise or cold weather			when cut	-)	•	Ü			
Smoke cigarettes or chew tobacco		-		e than once a wee					
Heart problem, murmur or arrhythmia				dy bowel movem					
Family member with a heart attack under age	50			se or dark, brown					
Loss or gain of more than 10 lbs. in last year				kidneys or in ma	lies, two testicies				
Special diet for medical reasons		-	Rash or skin	rm pit or groin					
For female participants Absent or irregular monthly periods				or low back injury	or pain				
Disabling cramps with your menstrual peri	ods	-	, · •	3 ,	•				
Have you ever been hospitalized for med	ical or surg	ical reasc	ons?						
If yes, provide the following information				_					
Reason	Year				Hospital				
Please carefully list below any injury (ne	rve, muscle	e, bone or	r joint) that yo	ou have had whi	ch did not allow	you to p	articipate	in regular activ	ity
for a week or more.	,								
Injured Area Year		Side		Type			Resolve		
(knee, Hamstring, Neck, Shin, etc.)		(R/L)	(Fracture, Sp.	rain, Swelling, Pir	nched Nerve, etc.		Yes_	<u>No</u>	
	 -								
	_								
Student and Parent or Guardian: We hearby state that we have reviewed	1 41	iool bioto	ms and found	the information	on cumplied abo	ve to he	correct	to the best of c	1111
knowledge.	i this med	icai msic	ry and tound	i me miormano	лі заррпеа аво	VC 10 00	COTTCCT	to the bost of c	-
· ·· 6 ··									
G. 1 . G.	D-4-	-	Darrott/Caran	dian Signature		Date			
Student Signature SHM Vol. I Sec. 6 7/06	Date		raich/Onai	man oignaime		van			