

Fairfield Ludlowe High School

Falcon Athletics

To: All 10th, 11th and 12th grade students interested in a fall sport
 From: Mr. Schulz, Athletic Director
 Date: July 2013
 RE: Fall Sport Tryout Times and Places



Hi!

Welcome back! Following are updates and reminders that you need to be aware of for trying out and participating in fall sports at FLHS.

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.

Tryout Schedule

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
		Practice Sturges Park	2:00-4:00
Boys' Soccer	August 25	Sturges Park	12:00-3:00
	August 24	RLMS	10:00-1:00
August 25		Taft Field	3:00-6:00
	Field Hockey	August 24	Taft Field
Taft Field			8:00-10:30
August 25		Taft Field	1:00-3:00
Girls' Volleyball	August 24	Taft Field	12:00-2:00
	August 24	Main Gym	9:00-11:30
	August 25	Main Gym	12:30-3:00
Cross Country	August 24	Main Gym	12:00-3:00
Girls' Swimming	August 24	Taft Field Track	9:00-11:00
	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):

INSURANCE INFORMATION: _____

PRIOR INJURY/KNOWN MEDICAL CONDITIONS: _____

PREFERRED 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.

Parent or Guardian Signature

Date

Emergency Information

Sport _____ Homeroom _____

Name _____ Birth Date _____ Grade _____

Address _____

Parent/Guardian _____ Home Telephone No. _____

Mother's Business Tel. No. _____ Father's Business Tel. No. _____

Family Physician _____ Preferred Hospital _____

Emergency Telephone No. (friend/relative) _____

Parent E-Mail Address: _____

Excess Medical Declaration

The Town of Fairfield provides accident insurance for sports participants. This policy provides excess coverage and commences only after other insurance has been used. Athletes are encouraged to obtain regular student accident insurance, available through the FLHS main office.

Is this student covered under any health/accident insurance or prepayable plan?

Yes _____ No _____

Name and address of Insurance Company

(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 lockerroom 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 agree to adhere to it while participating in athletics at Fairfield Ludlowe High School.

Athlete signature

Parent or guardian signature

(must be returned to coach prior to participation)

SPORTS PARTICIPATION MEDICAL EXAMINATION

to the Health Care Provider – Please complete and sign *Mandated Screening/Test under CT State Law

Name: _____ Date of Birth: _____ Date of Exam: _____

General Exam	Normal	Abnormal Findings
Appearance		
Skin		
Heart		
Respiratory		
Cardiovascular		
Arrhythmia:		
Murmur:		
Abdomen		
Neurological		
Genitalia (hernia)		
Physical Maturity (Tanner Stage) 1 2 3 4 5		

Height:* _____ Weight:* _____
 Blood Pressure:* _____ Pulse: _____
 HCT/HGB:* _____
 Urinalysis: ___ Protein: ___ Blood: ___ Glucose: _____
 Visual Acuity:* _____ Right _____ Left
 Corrected to _____ Right _____ Left
 Hearing:* _____
 Gross Dental:* _____

Body Fat _____ %
Cholesterol _____ %

Chronic Disease Assessment*

Yes No
 ___ Asthma: ___ mild ___ moderate ___ severe
 ___ exercise induced ___ unclassified
 ___ Diabetes ___ Type I ___ Type II

Last Tetanus Booster	Date: _____	Last Measles(MMR) Booster	Date: _____
HBV 1 _____	2 _____	3 _____	
Varicella Disease Date _____		OR	
Varicella Immunization 1 _____		2 _____	

* **TB: IN HIGH RISK GROUP** ___ YES ___ NO
TB TEST DATE RESULTS

___ Seizure Disorder
 ___ Anaphylactic Reaction: ___ food ___ insect ___ latex
 ___ Other: Please specify _____

Musculoskeletal Evaluation to include range of motion, strength, flexibility

	Normal	Abnormal Findings
Neck		
Spine		
Postural*		Min. ___ Slight ___ Mod. ___ Marked ___
Shoulders		
Arms/Hands		
Hips		
Thighs		
Knees		
Ankles		
Feet		

Comments and Recommendations

Weight loss/gain _____ Medications _____
 Lengthening _____ Special Equipment _____
 Stretching _____ Bracing/Taping _____
 Conditioning (endurance) _____ Comments _____

I certify that on this date I have examined this student and that, on the basis of the examination requested by the school authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities except those listed:

Signature of Physician, RN, APRN,PA _____ Telephone _____ Provider Print or Stamp _____

Sports Participation Health Record

This evaluation is to determine readiness for sports participation. This must be completed by a parent and student before being brought to the Doctor's office.

Name: _____ Age: _____ Sex: _____ School _____
 Address: _____ Phone: _____ Grade: _____
 Sports being played (1) _____ (2) _____ (3) _____

Medical History

(To be completed by student and parent/guardian)

1. Do you have any allergies? (Drugs, Food, Insect Stings, etc.)
 yes; List _____ No _____
2. Are you currently taking any drugs or medications including steroids or protein supplements (Daily or occasionally)?
 yes; List _____ No _____
3. Are you presently being treated for any condition by a physician or other health care professional?
 yes; Explain _____ No _____
4. Have you ever been advised by a doctor not to participate in any sport?
 yes; Explain _____ No _____
5. Do you have any chronic conditions, disorders or diseases? Check those applicable or... No _____

_____ Asthma	_____ Bleeding Disorders	_____ Diabetes	_____ Epilepsy (Seizures)
_____ Hepatitis (liver disease)	_____ Hypertension (High Blood Pressure)	_____ Sickle Cell Anemia	_____ Other _____
_____ Mononucleosis - Yr _____	_____ Kawasaki Disease	_____ Disability (describe) _____	

Please Check where applicable if you have or have had any of the following:

	Yes	No		Yes	No
Head injury, concussion, or been unconscious _____	_____	_____	Eye injury or retinal detachment _____	_____	_____
If yes, how many times _____			Blurred vision or vision in one eye only _____	_____	_____
Headaches more than once a week _____			Wear glasses or contact lenses _____	_____	_____
Lack of feeling or numbness in any part of the body _____			Hearing loss or impairment in one or both ears _____	_____	_____
Heat exhaustion or heat stroke _____			Tubes in ears or perforated ear drum _____	_____	_____
Difficulty running 1/2 mile without stopping _____			False teeth, caps or braces _____	_____	_____
Chest pain, dizziness or passing out during exercise _____			Nose bleeds for no reason _____	_____	_____
Coughing, wheezing or gasping for breath with exercise or cold weather _____			Bruising easily or taking a long time to stop bleeding when cut _____	_____	_____
Smoke cigarettes or chew tobacco _____			Diarrhea more than once a week _____	_____	_____
Heart problem, murmur or arrhythmia _____			Black or bloody bowel movements (stools) _____	_____	_____
Family member with a heart attack under age 50 _____			Kidney disease or dark, brown or bloody urine _____	_____	_____
Loss or gain of more than 10 lbs. in last year _____			Less than two kidneys or in males, two testicles _____	_____	_____
Special diet for medical reasons _____			Lump(s) in arm pit or groin _____	_____	_____
For female participants			Rash or skin problem _____	_____	_____
Absent or irregular monthly periods _____			Neck, spine or low back injury or pain _____	_____	_____
Disabling cramps with your menstrual periods _____					

Have you ever been hospitalized for medical or surgical reasons? _____

If yes, provide the following information:

<u>Reason</u>	<u>Year</u>	<u>Hospital</u>

Please carefully list below any injury (nerve, muscle, bone or joint) that you have had which did not allow you to participate in regular activity for a week or more.

<u>Injured Area</u> (knee, Hamstring, Neck, Shin, etc.)	<u>Year</u>	<u>Side</u> (R/L)	<u>Type</u> (Fracture, Sprain, Swelling, Pinched Nerve, etc.)	<u>Resolved</u>	
				<u>Yes</u>	<u>No</u>

Student and Parent or Guardian:

We hereby state that we have reviewed this medical history and found the information supplied above to be correct to the best of our knowledge.

 Student Signature Date Parent/Guardian Signature Date