

Windsor Extracurricular Participation Packet

In order to participate in MSHSAA extra curricular activities at Windsor the following items must all be submitted to the Activities Office prior to any form of participation. All forms must be submitted to the Activities Office only, nothing will be submitted to any coaches, sponsors, or directors. Once everything is completed and turned in the student will receive a signed participation card then he/she will take that card to their coach, sponsor, or director and be allowed to participate in that season. If a student is going to participate in multiple seasons a student must pick up a new participation card from the Activities Offices prior to each season.

Completed Forms	Parent Check	Activities Department Check
MSHSAA Pre-participation Physical Evaluation Form - History Form		
MSHSAA Pre-participation Physical Evaluation Form - Physical Examination Form		
MSHSAA Pre-participation Physical Evaluation Form - Insurance Information		
MSHSAA Pre-participation Physical Evaluation Form - Parent/Student Signature on Concussion Materials		
MSHSAA Pre-participation Physical Evaluation Form - Emergency Contact Information		
MSHSAA Pre-participation Physical Evaluation Form - Student Agreement		
MSHSAA Pre-participation Physical Evaluation Form - Parent Permission		
Windsor High School Athlete Responsibility Acknowledgement		
Parent coach communication signed by parent and student		
Spectator Code of Conduct signed by parent		
Parent Pledge signed by parent		
Why We Play at Windsor/Gains beyond Winning signed by parent		
Medical Cards		



Commitment to Character: We Are Windsor



PRE-PARTICIPATION PHYSICAL EVALUATION



HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep a copy of this form in the chart for their records).

Date of Exam:			
Name:			Date of Birth:
Sex:	Age:	Grade:	School:
			Sport(s):
Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking:			
Do you have any allergies: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please identify specific allergy below:			
<input type="checkbox"/> Medicines:		<input type="checkbox"/> Pollens:	<input type="checkbox"/> Food: <input type="checkbox"/> Stinging Insects:

Explain "Yes" answers below. Circle questions you do not know the answer to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other:		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> A heart infection <input type="checkbox"/> High cholesterol <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other:		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males) or spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headaches, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with the doctor?		
FEMALES ONLY	Yes	No
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "Yes" answers here:

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.		
Signature of Athlete:	Signature of Parent(s) or Guardian:	Date:



PRE-PARTICIPATION PHYSICAL EVALUATION



PHYSICAL EXAMINATION FORM

Name:	Date of Birth:
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- Physician Reminders:**
- Consider additional questions on more sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplements?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
 - Consider reviewing questions on cardiovascular symptoms (Questions 5-14).

EXAMINATION

Height:	Weight:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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BP: / (/)	Pulse:	Vision: R 20/ L 20/	Corrected: <input type="checkbox"/> Yes <input type="checkbox"/> No
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MEDICAL

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span>height, hyperlaxity, myopia, MVP, aortic insufficiency) 		
Eyes/Ears/Nose/Throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph Nodes		
Heart* <ul style="list-style-type: none"> Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal pulse (PMI) 		
Pulses <ul style="list-style-type: none"> Simultaneous femoral and radial pulses 		
Lungs		
Abdomen		
Genitourinary (males only)**		
Skin <ul style="list-style-type: none"> HSV, lesions suggestive of MRSA, tinea corporis 		
Neurologic***		

MUSCULOSKELETAL

MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional <ul style="list-style-type: none"> Duck-walk, single leg hop 		

* Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam; **Consider GU exam if in private setting. Having third party present is recommended.
 ***Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

Cleared for all sports without restriction.

Cleared for all sports without restriction with recommendations for further evaluation or treatment for:

Not Cleared

Pending further evaluation For any sports For certain sports (please list):

Reason:

Recommendations:

I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of Physician (type/print):	Date:
Address:	Phone:
Signature of Physician (MD/DO/ARNP/PA/Chiropractor*):	

*NOTE: Please refer to the MSHSAA Sports Medicine Manual, Page 2.



PRE-PARTICIPATION PHYSICAL EVALUATION



If we cannot be reached and in the event of an emergency, we also give our consent for the school to obtain through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student, if he/she is injured in the course of school athletic activities. We authorize the release of necessary medical information to the physician, athletic trainer, and/or school personnel related to such treatment/care. We understand that the school may not provide transportation to all events, and permit / do not permit (CIRCLE ONE) my child to drive his/her vehicle in such a case.

To enable the MSHSAA to determine whether the herein named student is eligible to participate in interscholastic athletics in the MSHSAA member school, I consent to the release of the MSHSAA any and all portions of school record files, beginning with seventh grade, of the herein named student, specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), residence address of the student, academic work completed, grades received, and attendance data.

We confirm that this application for the above student to represent his/her school in interscholastic athletics is made with the understanding that we have studied and understand the eligibility standards that our son/daughter must meet to represent his/her school and that he/she has not violated any of them. We also understand that if our son/daughter does not meet the citizenship standards set by the school or if he/she is ejected from an interscholastic contest because of an unsportsmanlike act, it could result in him/her not being allowed to participate in the next contest or suspension from the team either temporarily or permanently.

I consent to the MSHSAA's use of the herein named student's name, likeness, and athletic-related information in reports of contests, promotional literature of the Association and other materials and releases related to interscholastic athletics.

We further state that we have completed that part of this certificate which requires us to list all previous injuries or additional conditions that are known to us which may affect this athlete's performance or treatment and we certify that it is correct and complete.

The MSHSAA By-Laws provide that a student shall not be permitted to practice or compete for a school until it has verification that he/she has basic health/accident insurance coverage, which includes athletics. Our son/daughter is covered by basic health/accident insurance for the current school year as indicated below:

Name of Insurance Company:	Policy Number:
Signature of Parent(s) or Guardian:	Date:

PARENT AND STUDENT SIGNATURE (Concussion Materials)

We have received and read the MSHSAA materials on Concussion, which includes information on the definition of a concussion, symptoms of a concussion, what to do if you have a concussion, and how to prevent a concussion.

Signature of Athlete:	Date:
Signature of Parent(s) or Guardian:	Date:

EMERGENCY CONTACT INFORMATION

Parent(s) or Guardian	Address	Phone Number
Name of Contact	Relationship to Athlete	Phone Number
Name of Contact	Relationship to Athlete	Phone Number



PRE-PARTICIPATION PHYSICAL EVALUATION



Missouri State High School Activity Association (MSHSAA) Eligibility and Authorization Statement

STUDENT AGREEMENT (Regarding Conditions for Participation)

This application to represent my school in interscholastic athletics is entirely voluntary on my part and is made with the understanding that I have studied and understand the eligibility standards that I must meet to represent my school and that I have not violated any of them.

I have read, understand, and acknowledge receipt of the MSHSAA brochure entitled "How to Maintain and Protect Your High School Eligibility," which contains a summary of the eligibility rules of the MSHSAA. (I understand that a copy of the MSHSAA Handbook is on file with the principal and athletic administrator and that I may review it in its entirety, if I so choose. All MSHSAA by-laws and regulations from the Handbook are also posted on the MSHSAA website at www.mshsaa.org).

I understand that a MSHSAA member school must adhere to all rules and regulations that pertain to school-sponsored, interscholastic athletics programs, and I acknowledge that local rules may be more stringent than MSHSAA rules.

I also understand that if I do not meet the citizenship standards set by the school or if I am ejected from an interscholastic contest because of an unsportsmanlike act, it could result in me not being allowed to participate in the next contest or suspension from the team either temporarily or permanently.

I understand that if I drop a class, take course work through Post -Secondary Enrollment Option, Credit Flexibility, or other educational options, this action could affect compliance with MSHSAA economic standards and my eligibility.

I understand that participation in interscholastic athletics is a privilege and not a right. As a student athlete, I understand and accept the following responsibilities:

- I will respect the rights and beliefs of others and will treat others with courtesy and consideration.
I will be fully responsible for my own actions and the consequences of my actions.
I will respect the property of others.
I will respect and obey the rules of my school and laws of my community, state, and country.
I will show respect to those who are responsible for enforcing the rules of my school and the laws of my community, state, and country.

I have completed and/or verified that part of this certificate which requires me to list all previous injuries or additional conditions that are known to me which may affect my performance in so representing my school, and I verify that it is correct and complete.

Signature of Athlete:

Date:

PARENT PERMISSION (Authorization for Treatment, Release of Medical Information, and Insurance Information)

Informed Consent: By its nature, participation in interscholastic athletics includes risk of serious bodily injury and transmission of infectious disease such as HIV and Hepatitis B. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. PARENTS, GUARDIANS, OR STUDENTS WHO MAY NOT WISH TO ACCEPT RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN MSHSAA- SPONSORED SPORT WITHOUT THE STUDENT'S AND PARENT'S/GUARDIAN/S SIGNATURE.

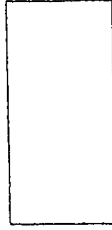
I understand that in the case of injury or illness requiring transportation to a health care facility, a reasonable attempt will be made to contact the parent or guardian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be transported via ambulance to the nearest hospital.

We hereby give our consent for the above student to represent his/her school in interscholastic athletics. We also give our consent for him/her to accompany the team on trips and will not hold the school responsible in case of accident or injury whether it be en route to or from another school or during practice or an interscholastic contest; and we hereby agree to hold the school district of which this school is a part and the MSHSAA, their employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever which may arise by or in connection with participation by my child/ward in any activities related to the interscholastic program of his/her school.

NAME _____

Last Name

First Name



Windsor Use Only

Grade

School attended last year if other than Windsor

WINDSOR HIGH SCHOOL ATHLETIC RESPONSIBILITY ACKNOWLEDGEMENT

Prior to participating in any practice or tryout session for any interscholastic sport, each student-athlete must:
1. Successfully pass a physical examination by a registered physician. The physical should be administered after February 1st of the previous school year and is valid for all sports for the present school year. The completed WHS Physical Form will remain on file in the Athletic Office.

- 2. Provide proof of basic accident insurance for the current school year.
- 3. Read and understand all aspects of this form, secure parent / guardian signatures, and return it with your physical form to the Athletic Office.
- 4. Read and understand the Windsor High School Code of Conduct form. (You may obtain a copy of this form in the Athletic Office.)

As a Windsor High School student-athlete representing Windsor High School and Windsor High School Athletics by participating voluntarily in interscholastic athletics, I agree to:

- 1. Abide by rules as stated in the Windsor High School Interscholastic Code of Conduct, Student Handbook, the coach's team rules, and the rules of the Missouri State High School Activities Association.
- 2. Conduct myself in an exemplary social manner at all times.
- 3. Be responsible for all athletic equipment issued to me throughout the season by caring for it during the season and returning such equipment at the conclusion of the season. I understand that I am responsible for the current replacement cost of any equipment that I have been issued that is lost or damaged and that amount is to be paid by the end of the season.
- 4. Refrain from the use of tobacco, alcohol or narcotics. Please refer to the Windsor High School Code of Conduct form for disciplinary actions which pertain strictly to student-athletes.

I acknowledge that I am exposing myself to the risk of injury, including but not limited to the risk of sprains, fractures and ligament and/or cartilage damage. I further understand this damage could result in temporary or permanent, partial or complete impairment regarding the use of my limbs, brain damage, paralysis or even death. Having been so cautioned or warned, it is still my desire to participate in athletics and do so with full knowledge and understanding of the risk of injury. I have read and understand the information stated above, as well as the information provided in the Windsor High School Code of Conduct. I have shared this information with my parent / guardian. I understand that as a student-athlete, I am representing Windsor High School and Windsor High School Athletics. I will conduct myself in an exemplary manner both on and off the field of competition exhibiting good sportsmanship, athletic and academic leadership and conviction. By signing below, I agree to follow all provisions as stated on this form.

Athlete Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

I have read and understand the guidelines expected of the student-athletes who participate at Windsor High School and will support those guidelines.

I hereby give consent for _____ to represent his/her school in interscholastic athletics. I also understand and agree to support all of the provisions of the Athletic Code. I give my consent for him/her to accompany the team on trips and will not hold the school responsible in case of accident or injury whether it be en route to or returning from another school or practice or an interscholastic contest. If I cannot be reached and in the event of an emergency, I also give consent for the school to obtain through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student if he/she is injured in the course of school athletic activities. I understand that the school may not provide transportation to all events, and my child may drive his/her vehicle in such a situation.

Parent/Guardian Signature _____

Date _____

HEADS*UP

CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **ATHLETES**

What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body.
- Can change the way your brain normally works.
- Can occur during practices or games in any sport or recreational activity.
- Can happen even if you haven't been knocked out.
- Can be serious even if you've just been "dinged" or "had your bell rung."

All concussions are serious. A concussion can affect your ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most people with a concussion get better, but it is important to give your brain time to heal.

What are the symptoms of a concussion?

You can't see a concussion, but you might notice **one or more** of the symptoms listed below or that you "don't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

What should I do if I think I have a concussion?

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach right away if you think you have a concussion or if one of your teammates might have a concussion.
- **Get a medical check-up.** A doctor or other health care professional can tell if you have a concussion and when it is OK to return to play.
- **Give yourself time to get better.** If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have another concussion. Repeat concussions can increase the time it takes for you to recover and may cause more damage to your brain. It is important to rest and not return to play until you get the OK from your health care professional that you are symptom-free.

How can I prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Use the proper sports equipment, including personal protective equipment. In order for equipment to protect you, it must be:
 - The right equipment for the game, position, or activity
 - Worn correctly and the correct size and fit
 - Used every time you play or practice
- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

If you think you have a concussion:
Don't hide it. Report it. Take time to recover.

It's better to miss one game than the whole season.

For more information and to order additional materials *free-of-charge*, visit: www.cdc.gov/Concussion.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



Parent / Coach Communication

All concerns should be brought to the coach/sponsor first

1. Students should bring any issue to coach/sponsor
2. If as a parent you need further clarification email/call set up a conference with coach/sponsor
3. If further resolution is needed set up an appointment with the athletic director

Do not confront a coach/administrator before, during, or after a contest

All meetings should include coach, parent, and, student

Why all parties including the student should be present at a meeting

A student should be present not to embarrass or intimidate the student but to get all information out in the open from all sides so there is no miscommunication. Another reason is that our goal is to produce quality adults, what better way than to let a child see how adults such as a parent and coach can sit down show respect to one another and work together to come to a resolution in a respectful adult manner. These meetings are the perfect opportunity to model how to have difficult conversations and work through them.

Talking to a coach

Remember that kids are kids they are still learning how to be a young man/woman and how to act in adult situations, kids tend to exaggerate, both when praised and when criticized. Temper your reaction, investigate, and talk to all parties involved before overreacting. Coaches are human too, and enjoy being treated with the same respect all humans do.

Remember that before a game or after a game is an inappropriate time to confront a coach. Things are most hectic before a game and after a game and emotions are high for players, coaches, and fans during those times. Any conversations had during these times of high emotions most likely will not produce positive results.

Playing Time

Remember in high school athletics playing time is not guaranteed to anyone, participation is a privilege not a right. Instead of demanding playing time ask what your child has to do to improve as an athlete. Please keep in mind a lot of things go into deciding playing time, work ethic, knowledge of position, execution of responsibilities, grades, attitude, competition at the position, etc, as well as the coaches responsibility to all the players to put the best team on the field.

In many cases high school athletics are the first situation where playing time is not guaranteed to all participants and many players may have to change habits learned on former teams to be successful. In these cases many high school coaches get a "bad rap" because they are the first coach in an athletes young career that is honest about what needs to be done to be successful.

Parent / Coach Communication

Appropriate

- o Mental/Physical treatment of your child
- o Ways to help your child improve
- o Behavior concerns
- o Ways your child can help contribute to the team

Inappropriate

- o Playing time
- o Team strategy
- o Play calling
- o Other students or athletes

Parent Signature _____

Student Signature _____

Windsor Spectator Code of Conduct

I Will:

DISPLAY GOOD SPORTSMANSHIP AT ALL TIMES

BE POLITE AND RESPECTFUL TO THOSE AROUND ME

BE A POSITIVE AND AN ENCOURAGING FAN AND PARTICIPATE IN CHEERS THAT SUPPORT ENCOURAGE AND UPLIFT THE KIDS

ACCEPT THAT BAD CALLS ARE PART OF THE GAME AND I WILL MODEL PROPER BEHAVIOR TO SHOW OUR KIDS HOW TO DEAL WITH SUCH ADVERSITY

REALIZE THERE ARE FOUR ROLES IN SPORTS: PLAYER, COACH, OFFICIAL, AND FAN. I AM A FAN AND WILL RESPECT THE OTHER ROLES

LET THE PLAYERS PLAY, COACHES COACH, AND OFFICIALS OFFICIATE

REMEMBER IT'S JUST A GAME, ENJOY THE COMPETITION, AND TO HAVE FUN SUPPORTING MY CHILD

UNDERSTAND THAT WATCHING IS A PRIVILEGE THAT CAN BE TAKEN AWAY

I Will Not:

CRITICIZE OR HARASS OFFICIALS, COACHES, AND PLAYERS FROM BOTH TEAMS DURING OR AFTER THE GAME

ENGAGE IN UNSPORTSMANLIKE BEHAVIOR THAT NEGATIVELY REFLECTS UPON MYSELF OR MY CHILD

BRING IN OR CONSUME ALCOHOL OR ILLEGAL SUBSTANCES TO THE EVENT

ENTER THE PLAYING SURFACE AT ANY TIME

APPROACH A COACH BEFORE OR AFTER THE GAME

I UNDERSTAND THAT WATCHING HIGH SCHOOL ATHLETICS IS A PRIVILEGE AND IF AT ANY TIME I DO NOT FOLLOW THE SPECTATOR CODE OF CONDUCT AND EXPECTATIONS I WILL BE SUBJECT TO REMOVAL FROM THE EVENT AND FACILITY

Parent Signature _____

WINDSOR C-1 PARENTS PLEDGE

AS THE PARENT OF A STUDENT ATHLETE AT WINDSOR I PLEDGE TO...

DISPLAY POSITIVE SUPPORT FOR ALL PLAYERS, COACHES, AND OFFICIALS AT EVERY GAME, PRACTICE, OR EVENT

MAINTAIN REALISTIC EXPECTATIONS, STAY POSITIVE, AND AVOID CRITICIZING MY CHILD AND OTHER CHILDREN'S PLAY

UNDERSTAND THAT SPORTS ARE FUN AND DO MY BEST TO KEEP SPORTS FUN FOR MY CHILD

UNDERSTAND JUST AS IT IS A PRIVILEGE TO PLAY HIGH SCHOOL ATHLETICS IT IS ALSO A PRIVILEGE TO WATCH

TO ACKNOWLEDGE THE ULTIMATE AUTHORITY OF THE COACH TO DETERMINE STRATEGY AND PLAYER SELECTION

TO PROMOTE MATURE RESPECTFUL AND POSITIVE BEHAVIOR FROM STUDENTS AND PARENTS DURING A CONTEST

RESPECT THE COACH, PLAYER, AND PARENT RELATIONSHIP AND FOLLOW THE CHAIN OF COMMAND WHEN TALKING WITH A COACH

MAKE SURE THAT MY CHILD KNOWS WIN OR LOSE I APPRECIATE HIS/HER EFFORT AND ARE NOT DISAPPOINTED IN HIM/HER

PLEDGE TO SET AN EXAMPLE FOR MY CHILD OF HOW TO ACT AND REACT IN ALL SITUATIONS

FOLLOW WINDSOR SPECTATOR CODE OF CONDUCT

AS A PARENT I ACKNOWLEDGE THAT I AM A ROLE MODEL. I WILL REMEMBER THAT HIGH SCHOOL ACTIVITIES IS AN EXTENSION OF THE CLASSROOM, OFFERING LEARNING EXPERIENCES AND LIFE LESSONS FOR THE STUDENTS. I ACCEPT MY RESPONSIBILITY TO BE A MODEL OF GOOD SPORTSMANSHIP THAT COMES WITH BEING THE PARENT OF A STUDENT ATHLETE. I PLEDGE TO UNDERSTAND THAT THE GOAL OF EXTRA CURRICULAR ATHLETES AT WINDSOR IS TO PRODUCE GAINS BEYOND WINNING FOR OUR KIDS, NOT HUNDREDS OF COLLEGE ATHLETES BUT MILLIONS OF QUALITY CITIZENS

Parent Signature _____

Windsor Activities: Commitment to Character

Why We Play: Gains Beyond Winning

Ask the question why do we play? What was the original reason we wanted our kids to play?

We Are Windsor

Our mission is to inspire our students by instilling pride and fostering success through character based life lessons. Our goal is to teach our students character and life lessons through participation in our programs and prepare them for life as an adult. Activities are an extension of the classroom where kids are taught our core values

Participating in our programs will provide opportunities that contribute to student growth and help equip them with tools to be a successful adult. Participating in our programs will provide opportunities to be part of once in a lifetime bonds and something special, scholarships, collegiate sports, etc... are a byproduct, less than 3% of Seniors across the nation participate yearly in college programs. The reason for participating in extracurricular activities is not to produce hundreds of college athletes but to produce millions of quality citizens.

We Are Windsor

Success is... Gains Beyond Winning and maximizing our students potential as young adults.

Only one team wins the state title in their respective divisions, if we don't win it then something must still be gained from the experience. What will that be? It must be a positive experience for our kids, where they learn character based life lessons that will help them later in life.

Participation is A Privilege Not a Right

Team**W**ork

Comm**I**tment

Persevera**N**ce

Discipline

Sport**S**manship

Acc**O**untability

PRide

Parent Signature _____

For Administrative Purposes Only

A.T.C received (date: _____)

In athletes electronic file (date: _____)

Fall Sports distribution/return: _____

Winter sports distribution/return: _____

Spring sports distribution/return: _____

LAST NAME _____ FIRST NAME _____

GRADE _____ BIRTHDATE _____

Home Phone (____) _____

Address _____ City _____ Zip _____

Parent/Legal Guardian with whom student lives:

1. _____ Relation _____ Cell Phone (____) _____
2. _____ Relation _____ Cell Phone (____) _____

Relatives/Neighbors to whom we can release your child:

1. _____ Relation _____ Cell Phone (____) _____
2. _____ Relation _____ Cell Phone (____) _____

PLEASE COMPLETE BOTH SIDES OF THIS CARD

Rev. 4/14

Windsor C-1 Athlete Health Questionnaire – Health History

<p>Has your child been diagnosed with any of the following?</p>				<p>Allergic to Medication? Yes No</p>	
Asthma	Yes	No	Name of Medication _____	Name of Medication _____	
			Will they have an inhaler with them to practice daily? Yes No		
			Do you want to provide an inhaler for the team med kit? Yes No		
Diabetes	Yes	No	Type _____ Year Diagnosed _____	Food Allergy? Yes No	
Heart Problems	Yes	No	Describe Problem _____	Name of Food(s) _____	
Migraines	Yes	No	Treatment/Medication _____	Epi Pen Yes No	
Seizure Disorder	Yes	No	Name of Medication _____	Other Allergies? Yes No	
Concussion	Yes	No	If yes, how many _____	Describe _____	
			Date of last one: _____	Epi Pen Yes No	
Other medical conditions not listed above: _____				Doctor's Name _____	
Other medications taken on a regular basis not listed above: _____				Doctor's Phone (____) _____	
Wear Glasses	Yes	No		Insurance Provider _____	
Wear Contacts	Yes	No	Do you want to provide a spare pair for the team med kit? Yes	Insurance # _____	
Hospitalization (in the past year) Yes No Reason _____					
Surgeries (in the past year) Yes No Type of Surgery _____					

Health information will be shared with the persons listed by the parent on the front of this card and with the school/coaching staff on a need to know basis. These cards will be reviewed by Mrs. Garms (district Athletic Trainer) and then provided to the above athletes in season coach to be kept with their medical kits. In case of emergency, the student may be transported by emergency medical services.

REQUIRED PARENT/GUARDIAN SIGNATURE _____

DATE _____