

2017-2018 OTTO BOBCATS ATHLETICS PACKET

STUDENT NAME: _____

GRADE LEVEL: _____

***PLEASE DO NOT TEAR OUT THE PAPERS, EVERYTHING MUST BE READ, SIGNED AND TURNED IN AS A PACKET, AS WELL AS ALL RANK ONE DOCUMENTS ELECTRONICALLY SIGNED BEFORE YOUR CHILD CAN TRYOUT OR PARTICIPATE IN ATHLETICS.**

_____ 1. Rank One Information- Must be completed to tryout or participate in athletics.

_____ 2. PHYSICAL EXAMINATIONS- (must be completed if the following applies)

- If you are in the 7th grade
- No physical on file (new to Athletics as an 8th grader)
- Moved in from another district
- If you answered "yes" to questions 1-6 on the Medical History Form
(Medical History Form must be updated every year)

_____ 3. BEHAVIOR, CHARACTER, AND CLASSROOM EXPECTATIONS CONTRACT-
PLEASE REVIEW WITH YOUR CHILD

_____ 4. Apparel Contract

_____ 5. PISD GROOMING POLICY (BOYS ONLY)

If you have any questions, please feel free to call any of the coaches:

Girls Coach Office- 469-752-5346

Boys Coach Office- 469-752-5346

Contact information regarding packets

Coach Frazier: josh.frazier@pisd.edu

Jessica Lentz: jessica.lentz@pisd.edu

We look forward to having you in athletics! Go Bobcats!

East Side Pride!



Plano East Bound!



RANK ONE PRE-PARTICIPATION REQUIREMENTS CHECK LIST

Two forms will need to be turned into the coaches. They are the physical examination form and the medical history form (this form is required every year) Copies of these forms are attached or are available online to print at: <https://planoisd.rankonesport.com>

_____ Physical Examination (Required for incoming 7th, 9th and 11th grades.

_____ Medical History (Required for all grades)

Required forms below are available online.

You will need your child's school identification number to register.

Please register at: <https://planoisd.rankonesport.com>

_____ Emergency Card

_____ Travel and Participate as a Group for the Season

_____ UIL Acknowledgement of Rules

_____ UIL Parent and Student Notification/Agreement Form-Anabolic Steroid Use and Random Steroid Testing

_____ UIL Sudden Cardiac Arrest Awareness Form

_____ UIL Concussion Acknowledgement Form

_____ Guidelines for District Extracurricular Activities

_____ General Information and Eligibility Rules

_____ Accident Insurance Coverage

*******Your son/daughter will not be able to participate in athletics or even try out for a sport unless this is completed.*******

PREPARTICIPATION PHYSICAL EVALUATION – PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____ / _____ (____ / _____, ____ / _____)
brachial blood pressure while sitting

Vision: R 20/ _____ L 20/ _____ Corrected: ☐ Y ☐ N Pupils: ☐ Equal ☐ Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high athletic participation and again prior to first and third years of high school athletic participation. It **must** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. *** Local district policy may require an annual physical exam.**

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

☐ Cleared

☐ Cleared after completing evaluation/rehabilitation for: _____

☐ Not cleared for: _____ Reason: _____

Recommendations: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) _____ Date of Examination: _____

Address: _____

Phone Number: _____

Signature: _____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or games/matches.

PREPARTICIPATION PHYSICAL EVALUATION – MEDICAL HISTORY

2017

This **MEDICAL HISTORY FORM** must be completed **annually** by parent (or guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

Student's Name: (print) _____ Sex _____ Age _____ Date of Birth _____
 Address _____ Phone _____
 Grade _____ School _____
 Personal Physician _____ Phone _____
 In case of emergency, contact:
 Name _____ Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers in the box below**. Circle questions you don't know the answers to.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had prior testing for the heart ordered by a physician?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below:		
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weight more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many times? _____			18. Have you ever been diagnosed with or treated for sickle cell trait or cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
When was your last concussion? _____			<i>Females Only</i>		
How severe was each one? (Explain below)			19. When was your first menstrual period? _____		
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
Have you ever had numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Males Only</i>		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	20. Do you have two testicles? _____		
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	21. Do you have any testicular swelling or masses? _____		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>			
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>			
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>			
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>			
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>			

All individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.

****EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):**

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL.

Student Signature: _____ Parent/Guardian Signature: _____ Date: _____

Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches. **THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.**

For School Use Only:

This Medical History Form was reviewed by: Printed Name _____ Date _____ Signature _____

OTTO BOBCATS ATHLETICS CONTRACT

Athletes Name: _____

Dear Parents/ Guardians and Athletes,

This letter will help you and your athlete understand what is expected of them and what consequences exist if those expectations are not met. **It is a privilege, not a right, to participate in athletics. When behavior and expectations are not met, a form of discipline and/or loss of privileges may occur.**

Membership in athletics requires discipline, sacrifice, and hard work. Athletes agree to follow rules that hold them to higher standards. That's what makes athletes special.

If there are discipline or attitude problems in the classroom, athletics or any school function, the following actions may be taken:

1. Reminder conditioning will be issued (i.e.: running, push-ups, bear crawls, lunges, etc...).
2. A loss of athletic privileges will be determined if applicable.
3. If an attitude/discipline/behavior problem from the athlete persists, the Otto Athletic Department reserves the right to place athlete on **probation/ suspension** and/or a possible removal from Athletics.
4. Student-Athletes are on a 3-strikes program. If an athlete accumulates three infractions in athletics for serious offenses, they may be removed from the program.

As a member of the Otto Athletic Program each athlete will be expected to adhere to the following guidelines:

1. **Academics:** NO PASS, NO PLAY! **No exceptions.** A grade check will be conducted weekly, 2 days prior to the sporting event. If failing, it will be the athlete's responsibility to schedule tutorials and get the grade to passing by game day. They must schedule help/tutorials on their own time, not during practice. **If an athlete is failing on game day they may be subjected to not participate in the sporting event.**
2. **Parent/Doctor's Notes:** We will accept a parent's note for an athlete to sit out of practice due to an illness/injury for 3 days. After 3 days a note from a doctor will be required indicating the injury and anticipated inactivity. If after 3 days, we do not have a doctor's note, the athlete practices. **Athletes will still be required to dress if they have a parent/doctors note, and will be expected to participate in activities that do not affect the injury/illness.**
3. **Practice is Mandatory:** Unexcused absences from practice may result in loss of playing time and/or probation.
4. **Dual Sports:** Every student-athlete must participate in at least 2 sports.
5. **Absent from school/practice:** Notify the coaches prior to the absence via phone or email
6. **ISS/OSS/Special Programs:** Athletes assigned to ISS/OSS will not be able to participate in the upcoming game(s). ISS/OSS is an automatic write up in athletics. Admission to special programs will result in automatic removal from athletics.
7. **Attire/Grooming:** All athletes will be required to dress out daily in our issued workout clothes and appropriate shoes. **Boys:** see PISD Grooming Code Policy. **Girls:** hair pulled out of face, no jewelry.
8. **Equipment & Uniforms:** Athletes are responsible for replacement cost of any lost uniforms and equipment. **See apparel contract**
9. **Transportation:** All athletes must use school transportation to get to and from away games. All requests for an athlete to leave with a parent must be in writing, dated, and signed. The parent must identify him/herself to the coach prior to leaving with the athlete.
10. **Ride Arrangements:** Athletes need to be picked up at a reasonable time after practice/games. Failure to make the necessary arrangements will result in the loss of athletic privileges or removal from athletics.
11. **Locker Room:** The locker room must be kept clean, and all items locked in the athlete's locker to help prevent theft. **The OTTO Coaching Staff will not be responsible for lost or stolen items.**
12. **Bullying/Fighting/Stealing:** This will not be tolerated and result in loss of athletic privileges or removal from athletics.
13. **Illegal Offenses:** Negative choices associated with drugs, alcohol, arrests, etc outside of school may result in loss of privilege and/or removal from athletics.
14. **EOY Behavior (7th Only):** Negative behavior at the end of the school year as a 7th grader may result in automatic probation as an 8th grader or non-admission to athletics the following year.

The Otto Athletic Department has the right to suspend for a game(s), place on probation and/or dismiss student-athletes from athletics at any point for negative choices that compromise the integrity of the athletic program regardless of what stage they may be on in the 3 strike program.

I, _____ am COMMITTED to OTTO Athletic Program and my teammates.
Print Athletes Name (First and Last)

I am COMMITTED to helping my teammates be the best athlete and person they can be. I am COMMITTED to always displaying good character, win or lose, on or off the playing field, and in the classroom. **I accept any and all consequences should I violate any commitment or expectation, OR do anything that is detrimental to the team, myself, or the athletic program.**

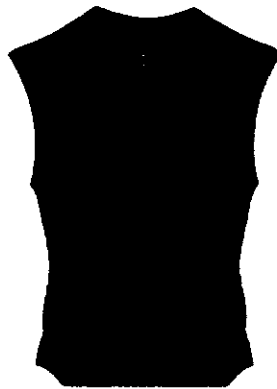
I have read and agree to the contract set forth by the Otto Athletic Program.

Athlete Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Apparel Contract

Your son/daughter will be required to dress out every day. We will provide the athletic apparel for the year in which your son/daughter will be responsible for. By signing below, you understand that if the items are lost or damaged, there is going to be a \$35 fee. Your son/daughter's schedule may be placed on hold for the next year until paid. If the fine is not paid, it may also affect their ability to participate in sports the next year, whether it be their 8th grade year or freshman year. This also applies to any other issued equipment or apparel for the sports they participate in.



***Girls apparel are no sleeveless, they will have short sleeves.**

Issued # _____

Parent Signature _____

Date: _____

Student Signature _____

Date: _____

**PISD ATHLETIC GROOMING CODE
FOR BOYS**

1. Hair should not extend from the head more than two inches or over the eyebrows. Hair should not be below the top of the collar of a normal dress shirt.
2. Sideburns should be trimmed and not extend below the lobe of the ear. Sideburns should be the same width from top to bottom.
3. Facial hair – the athlete shall be clean shaven.
4. Braiding of hair is permitted so long as the hair is without foreign matter (string, beads, etc.) and is pulled tight to the scalp and is in a straight line in contour with the scalp. Any hair that extends away from the scalp to make individual groups, strands, etc. will not be permitted. Bands may **only** be used to finish the braid and must be similar in color to the athlete's hair color and must be obscure.
5. Designs shall not be cut, dyed, or braided into the hair.
6. Hair will not be dyed an unnatural color.
7. Coaches shall have the discretion to evaluate other haircuts that may not be covered including ponytails, etc.
8. Dress – the athlete should be neatly dressed.
9. Athlete will not wear earrings at any time
10. Dress must be in keeping with school board policy (FNCA-local).

I have read and understand the above policy:

Parent Signature _____ Date _____

Athlete Signature _____