

Bosco System Catholic Schools

St. Joseph Attendance Center
PO Box 158
Raymond, Iowa 50667
319-233-5980

Immaculate Conception Center
PO Box 256
Gilbertville, Iowa 50634
319-296-1089

Don Bosco High School
PO Box 106
Gilbertville, Iowa 50634
319-296-1692

Athletic Covenant

Activities like sports are an opportunity and a privilege offered to our students in 6th, 7th, and 8th grades. We encourage participation in some kind of extracurricular activity for each student as another aspect of education that can help students learn valuable lessons about teamwork, effort, development of skills, work ethic, character, and social skills necessary for dealing with people in today's world.

We also encourage our students to keep the academic area as a priority while they explore their interest in other activities. For that reason, teachers evaluate each student athlete each week in the following areas:

1. Positive behavior/participation in class and class activities is expected. This includes those classes such as art, music, and physical education where class time is so important because they meet less often and are apt to involve a good deal of student participation.
2. All assignments (not just written work) should be completed on time, with the student having followed directions and done quality work. The student athlete should have no more than one late assignment per subject per week.
3. Quizzes and tests should be passed satisfactorily.

The Activities Director (AD) posts the list of middle school student athletes on Mondays. Each teacher reviews students' previous week's work, and give s a "√" to any student who is unsatisfactory by virtue of not meeting one of the expectations noted above. The teacher also sends an "Athletic Eligibility Parent Note" home with the student. On Tuesday, the AD will notify coaches of any ineligibilities. If a student receives a check in two or more subject areas, s/he will be ineligible for the next game/match at each level of competition in the next week (Wednesday through Tuesday).

If there is any breakdown in this process of communication, please discuss it with the student, teacher, or coach first, then the AD if necessary. Consult the principal if the situation is not resolved.

Ms. Julie Niemeyer, Principal

Revised 10/2008

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PLEASE SIGN AND RETURN

Parental Insurance Waiver

The Bosco System does not purchase accident insurance to cover injuries incurred by your child at school. We encourage all families to have accident coverage on their children prior to participation in any sports. The following parental insurance waiver must be completed and returned to school before your child may participate in any sports.

I (We) understand that accidents may occur in athletics even though normal safety precautions have been taken. I (We), the undersigned, feel I (we) have adequate insurance protection for our son/daughter, _____ while practicing or participating in interscholastic sports during the ____ - _____ school year, and I (we) give permission for our child to practice and compete in the interscholastic program.

Parent/Guardian Signature

Date

Athletic Covenant

Please sign and return this form. Keep the Athletic Covenant for your information and reference. Thank you for your concern and cooperation.

We have discussed and understand the information contained in the Athletic Covenant.

Parent/Guardian Signature

Date

Student Signature

Date

ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

ARTICLE VII 36.14(1) PHYSICAL EXAMINATION. Every year each student (grades 7-12) shall present to the student's superintendent a certificate *signed by a licensed physician and surgeon, osteopathic physician and surgeon, osteopath, advanced registered nurse practitioner (ARNP), physician's assistant or qualified doctor of chiropractic*, to the effect that the student has been examined and may safely engage in athletic competition.

This certificate of physical examination is valid for the purposes of this rule for one (1) calendar year. A grace period, not to exceed thirty (30) days, is allowed for expired certifications of physical examination.

QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (Please type or neatly print this information)

Name _____ Male ___ Female ___ Date of Birth _____ Grade _____

Home Address _____ Phone # _____

Parent's/Guardian's Name _____ Date _____

Family Physician _____ Phone # _____

HEALTH HISTORY (The following questions should be completed by the student-athlete with the assistance of a parent or guardian. A parent or guardian is required to sign on the back of this form after the physical examination is completed.)

- | Yes | No | <i>Has this student had any?</i> | Yes | No | <i>Has this student had any?</i> |
|-----------|-------|---|-----------|-------|----------------------------------|
| 1. _____ | _____ | Chronic or recurrent illness or injury? | 16. _____ | _____ | Asthma? |
| 2. _____ | _____ | Any illness lasting more than one (1) week? | 17. _____ | _____ | Epilepsy or other seizures? |
| 3. _____ | _____ | Rheumatic fever, mononucleosis? | 18. _____ | _____ | Diabetes? |
| 4. _____ | _____ | Hospitalizations (Overnight or longer)? | 19. _____ | _____ | Eyeglasses or contact lenses? |
| 5. _____ | _____ | Surgery, other than tonsillectomy? | 20. _____ | _____ | Dental braces, bridges, plates? |
| 6. _____ | _____ | Missing organs (eye, kidney, testicle)? | | | |
| 7. _____ | _____ | Allergy to medications, insects, food? | | | |
| 8. _____ | _____ | Seasonal allergies (hay fever)? | | | |
| 9. _____ | _____ | Problems with heart, blood pressure, cholesterol? | | | |
| 10. _____ | _____ | Racing of your heart or skipped heart beats? | | | |
| 11. _____ | _____ | Chest pain with exercise? | | | |
| 12. _____ | _____ | Frequent headaches, convulsions, dizziness, fainting? | | | |
| 13. _____ | _____ | Dizziness or fainting with exercise? | | | |
| 14. _____ | _____ | Concussion, unconsciousness, extremity numbness? | | | |
| 15. _____ | _____ | Heat exhaustion, heat stroke, or other heat related problems? | | | |

- | Yes | No | <i>Further History:</i> |
|-----------|-------|---|
| 29. _____ | _____ | Is there a history of family or genetic disease? |
| 30. _____ | _____ | Has any family member died suddenly at less than 40 years of age of causes other than an accident? |
| 31. _____ | _____ | Has any family member had a heart attack at less than 55 years of age? |
| 32. _____ | _____ | Are you uncomfortably short of breath after running ½ mile (2 times around a track) without stopping? |

Use this space to explain any of the above numbered YES answers or to provide additional information:

33. List all medications you are presently taking, including asthma inhalers, and the condition the medication is for:
A. _____ B. _____ C. _____

34. What is the most and least you have weighed in the past year? **Most** _____ **Least** _____

35. Year of last known: Tetanus (lockjaw) vaccination: _____ Meningitis vaccination: _____ HBV vaccination: _____

FOR WOMEN ONLY:

1. How old were you when you had your first menstrual period? _____
2. In the past year, what is the longest time you have gone between menstrual periods? _____

PHYSICAL EXAMINATION RECORD (To be completed by a licensed professional as designated in Article VII 36.14(1). *This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance examinations.*

Athlete's Name _____

Height _____ Weight _____ Pulse _____ Blood Pressure _____ Vision R 20/____ L 20/____

	NORMAL	ABNORMAL FINDINGS	INITIALS
1. Appearance (esp. Marfan's)	_____	_____	_____
2. Eyes/Ears/Nose/Throat	_____	_____	_____
3. Mouth & Teeth	_____	_____	_____
4. Neck	_____	_____	_____
5. Lymph Nodes	_____	_____	_____
6. Heart (Standing & Lying)	_____	_____	_____
7. Pulses (esp. femoral)	_____	_____	_____
8. Chest & Lungs	_____	_____	_____
9. Abdomen	_____	_____	_____
10. Skin	_____	_____	_____
11. Genitals - Hernia	_____	_____	_____
12. Musculoskeletal - ROM, strength, etc. (See questions 21-28)	_____	_____	_____
13. Neurological	_____	_____	_____

Comments regarding abnormal findings:

ATHLETIC PARTICIPATION RECOMMENDATIONS

_____ **FULL & UNLIMITED PARTICIPATION**

_____ **LIMITED PARTICIPATION** - May NOT participate in the following (checked):

- Baseball Basketball Cross Country Football Golf Soccer
 Softball Swimming Tennis Track Volleyball Wrestling

_____ **CLEARANCE PENDING DOCUMENTED FOLLOW UP OF** _____

_____ **NOT CLEARED FOR ATHLETIC PARTICIPATION**

 Licensed Medical Professional's Name (Printed) Date

 Licensed Medical Professional's Signature Phone

Parent's or Guardian's Permission and Release (Sign after the physical examination has been completed.)

I hereby give my consent for the above named student to engage in approved athletic activities as a representative of his/her school, except those activities indicated above by the licensed professional. I also give my permission for the team's physician, athletic trainer, or other qualified personnel to give first aid treatment to my son or daughter at an athletic event in case of injury.

 Typed or printed Name of Parent or Guardian Signature of Parent of Guardian

 Address (Street/PO Box, City, State, Zip) Phone Number