

FIELDSTON SCHOOL ATHLETIC DEPARTMENT POLICIES

Fieldston offers students in Forms II-VI an extensive Varsity, Junior Varsity, and Middle School athletic program. Students who want to participate must meet standards in fitness, skills, attitude, and attendance. Fieldston varsity teams compete in the Ivy Preparatory School League. The Fieldston School Athletic Department has developed the following policies for students who participate on interscholastic teams. Parents are requested to support these policies and to help their child live up to these standards. Please read the material below and discuss it with your child. You both need to indicate your understanding of these policies by signing the attached form, and then have your child return it to his/her coach.

Participation in interscholastic athletics is an elective activity and a privilege. Coaches are committed to helping each athlete achieve his/her highest level of play. Each student-athlete must accept the responsibility that goes with being a member of a team. Since our teams represent the entire Fieldston School community, we have developed some standards and policies for varsity, junior varsity and middle school teams. Our athletes must believe in these policies and discipline themselves to uphold these standards, even if it means sacrificing one's personal pleasures for the good of his/her teammates.

WARNING: Participation in all athletics includes a risk of serious injury, permanent paralysis, or death.

Team Standards

In addition to regular school behavioral policies that are in effect at all times, athletes are expected to comply with the following departmental policies:

- Athletes must attend all practices and contests unless excused by the coach (teams practice and play after school, on Saturdays, and during some school vacations). Erratic attendance could be grounds for dismissal from the team.
- Students must arrive in school before noon or they will not be permitted to attend practice or play in a game on that day.
- Athletes must communicate in person if they are going to miss a practice or game. If they are absent from school, the coach must be made aware by the athlete or parent.
- If an athlete is excused for medical reasons, a note from a doctor must be given to the coach in order for the athlete to return to play.
- Athletes must demonstrate respect for fellow teammates, coaches, game officials and opponents. Inappropriate behavior and language will not be tolerated. Students may be suspended from teams for un-sportsmanlike or inappropriate behavior. Note: Fieldston abides by NYSAISAA rules and sanctions as they pertain to sportsmanship.

Transportation

Fieldston provides transportation to and from athletic contests. All students must travel with the team to contests. Parents may give permission for their child to travel home alone after the contest by completing the relevant information on the attached form.

Students may not drive their own vehicle to or from contests.

Uniforms

Fieldston School will provide uniforms for athletes on teams. Within five days after the season, athletes must return uniforms to Athletic Trainer. Students will be charged for uniforms that are not returned or their grades will be withheld.

Disciplinary Action

Violation of these policies may result in disciplinary action. Serious infractions may result in suspension, ranging from one contest to all contests remaining on the schedule, or dismissal from the team. The coach will first speak to the athlete about the problem and give him/her the opportunity to improve. If the situation remains unchanged, the Director of Athletics (Steve Bluth) will be notified. He will review the situation and, with the coach's approval and consultation with dean and principal, will take appropriate action.

FIELDSTON SCHOOL ATHLETIC PARTICIPATION FORM

Important notice: Prior to or on the day of the first practice, this athletic participation form must be completed by the parent, student and physician and on file with the athletic trainer. A current medical form must be on file with the school nurse. New participation forms must be filed for each season.

STUDENT-ATHLETE CONTRACT

I, _____ (please print) have read the Fieldston School Athletic Department Policies. I fully understand my role and responsibilities in maintaining these policies and standards. I acknowledge and assume the risks involved in athletic participation.

Student Signature _____ Date _____

PARENT/GUARDIAN PERMISSION TO PLAY INTERSCHOLASTIC ATHLETICS

Having read the Fieldston School Athletic Department Policies, I understand these policies and will help my child to fulfill his/her responsibility as an interscholastic team member. I, also, understand that Fieldston School carries medical insurance for injuries resulting from participation in school sports. This coverage is secondary coverage to the family's insurance policy.

I recognize that athletic injuries can and do occur and that emergency medical treatment may be necessary. Should school personnel be unable to contact me for my consent for emergency medical care for my child, I hereby consent in advance to such emergency or hospital care. I also recognize that all travel includes risk of serious injury.

I hereby, give my son/daughter, _____, permission to play on the _____ team for the _____ season. I do understand that there is a risk of serious injury, permanent paralysis, or death to my child while participating in athletics.

Parent/Guardian Signature _____ Date _____

PARENT/GUARDIAN PERMISSION FOR TRAVEL AND DISMISSAL

This is to advise you that all team members travel together to all away games by bus or van. No other travel arrangements will be permitted. Your child will also be required to return to Fieldston on the team bus unless you give your son/daughter specific permission as follows: (Please check appropriate boxes)

- My child may travel home from games unaccompanied, via public transportation (subway, bus, taxi). I understand that a faculty member will not always be present to hail or ride a taxi with students.
- My child may be picked up from events by either a parent or guardian.
- If the bus is travelling through Manhattan, my child may exit at a convenient cross street

I give my son/daughter permission to be dismissed directly from games/scrimmages as described above. I understand that he/she may be leaving these sites alone or with friends, and unaccompanied by an adult.

STUDENT EMERGENCY INFORMATION

Student Name: _____ **Form:** _____

Parent Signature: _____ **Date:** _____

Home Phone: _____

Parent/Guardian's Name & Work Phone: _____

Parent/Guardian's Name & Work Phone: _____

Emergency Contact: _____ **Phone:** _____

Family Doctor: _____ **Phone:** _____

PHYSICIAN'S AUTHORIZATION FOR ATHLETIC PARTICIPATION

I certify that on this date I examined _____ and find him/her physically able to Participate in the inter-scholastic sport of _____

Has this student ever had a concussion? YES NO Explain: _____

Does the student take any medication (prescribed &/or OTC)? Explain Include dosage, reason and frequency.

List any nutritional & / or performance enhancing supplements used:

Specifically during or after exercise, has the student experienced any of the following? **Circle** all that apply.

- | | | |
|------------------------|----------------------------|------------------------------------|
| Fainting / Passing out | Heat Stroke | Severe lightheadedness / Dizziness |
| Coughing / Wheezing | Excessive Bruising | Extreme shortness of breath |
| Chest Pain | Numbness/Tingling in _____ | |

Physician's Signature

Fieldston School
Interval Health History for Sports Participation

(Prior to the start of each sport season, a health history review for each student must be conducted unless the student received a full medical exam within 30 days of the start of the program)

Date: _____

Student Name: _____ **Age:** _____

Date of Birth: ___/___/___ **Grade:** _____

Current Sport: _____

Last Fieldston Sport Played: (year) _____

THE FOLLOWING MUST BE COMPLETED BY PARENT OR GUARDIAN

(NOTE: A “YES” response to any of these questions does not mean automatic disqualification from activity. However, it may require a review and approval by a physician before the student can participate.)

Please use the back of this form to elaborate on any “YES” responses.

Since your child’s last physical exam has he/she experienced any of the following?

(Please circle)

- | | | | |
|----|---|-----|----|
| 1. | Any injuries requiring medical attention? | YES | NO |
| 2. | Any illness lasting more than five (5) days? | YES | NO |
| 3. | Is he/she taking medication or under a physician’s care at this time? | YES | NO |
| 4. | Any feeling of faintness, dizziness or fatigue? | YES | NO |
| 5. | Any surgical procedures or fractures? | YES | NO |
| 6. | Any treatment in a hospital or emergency room? | YES | NO |
| 7. | Developed any allergies? | YES | NO |
| 8. | Any chronic disease? | YES | NO |

PARENTAL PERMISSION:

I, the undersigned, clearly understand these questions are asked in order to decide if my child can safely participate on the athletic team stated at the top of this form. The answers are correct as of this date and he/she has my permission to participate.

SIGNED: _____ **DATE:** _____