



Jefferson Middle School

200 Fairbanks Road
Oak Ridge, Tennessee 37830-7030
Phone: 865.425.9301 ◆ Fax: 865.425.9339

Athletics Participation Requirements (2020-2021)

Dear Parents, Guardians, and Student-Athletes,

We are excited about your interest to be a student-athlete at Jefferson Middle School. We offer the following sports at JMS: Football, Basketball, Girls Volleyball, Track, Cross Country, and Cheer. Please complete the following requirements and submit them to the front office or your coach when they are complete. **This entire packet, as well as the online compliance form MUST be completed prior to participating in any tryouts or practices. Please understand, there are no exceptions to this policy in order for us to stay compliant with the TMSAA.**

All requirements, links to forms, and announcements by sport are also posted on our school website at <https://www.ortn.edu/jefferson/athletics/>

Step 1: Complete the **online compliance form** which includes information about concussions, sudden cardiac arrest, and emergency contact information.

- It is available at this link: <https://oakridgeathletics.com/athletic-training>

Step 2: Obtain a **physical** from your healthcare provider (forms are attached to this packet).

- *Both the online form and the physical must be dated after April 15, 2020 to be eligible for the 2020-2021 season.*
- *Oak Ridge Schools offers an annual free physical event at ORHS. Keep an eye out in the Spring for details.*

Step 3: Read and sign the Oak Ridge Schools COVID-19 Forms (attached to this packet).

Step 4: Bring your physical to the front office or your coach in order to participate in tryouts.

Thank you for your interest in participating in our athletics program at Jefferson Middle School. Please let us know if there are any questions or concerns.

Katie Bolling
JMS Athletic Director

Last Name

First Name

Sport(s) interested in playing

JEFFERSON MIDDLE SCHOOL
SPORTS INFORMATION AND PERMISSION FORMS

PARENTAL CONSENT & EMERGENCY TREATMENT

I/We give consent for the above named student to represent Jefferson Middle School in Athletics. It is understood that such activity involves the potential for injury. It is acknowledged that even with competent coaching, the use and care of good equipment, and the observance of rules, injuries are still a possibility. On rare occasions these injuries can be severe and lead to a disabling condition or death.

Permission is granted to Jefferson Middle School for the physicians, coaches and/or athletic trainers to render aid, treatment, medical or surgical care deemed reasonable and necessary to protect the health and well being of the above named individual.

PARENTS: Many hospitals and doctors will not treat a child without parental consent (unless a matter of life or death). It is required that you complete the information below so that if your child requires a visit to the hospital while under the supervision of the school, this will allow the hospital to treat the injury.

I have read and understand that I accept financial responsibility for any injury not covered by the school accident insurance or my hospitalization insurance. I further understand that it will be my responsibility to file claims for injuries received.

I/We have read the Field Trip policy with our student. Student will abide by all **JMS Field Trip rules**, making up any **class work missed**. It is understood that I will be **responsible for the loss or damage to personal property of others or injury to another person** caused by the above named student. It is also understood that the City of Oak Ridge and the Oak Ridge School System is responsible only for injuries that result from the negligence of their staff. Jefferson Middle School will **not be responsible** for the liability or insurance coverage of private or public carriers.

EMERGENCY INFORMATION

Student Name: _____ **Student Cell #:** _____

Upcoming Grade - **20** School Year: _____ Sex: M ___ F ___ Age: _____ Date of Birth: _____

1st Guardian Name: _____ Relationship: _____

Home Address: _____ Home #: _____

_____ Cell #: _____

Employed by: _____ Work #: _____

2nd Guardian's Name: _____ Relationship: _____

Home Address: _____ Home #: _____

_____ Cell #: _____

Employed by: _____ Work #: _____

ALLERGIES: _____

Parent / Guardian Signature (Consent statement authorization to treat)

Date

Student Signature

Date

Insurance Coverage Waiver

In order to participate in interscholastic athletics at Jefferson Middle School, each participant must be covered by an insurance policy; or Jefferson Middle School must have on file a statement signed by the parent/guardian indicating coverage under another health or hospitalization insurance policy. **Oak Ridge Schools do not carry a blanket student accident insurance policy.** You must apply for coverage if your child is not covered under another policy.

- ___ I am not covered under any other health or accident policy.
- ___ I am covered by another health insurance policy (such as Blue Cross-Blue Shield).

Name of Company: _____

Policy or Group #: _____

I understand that I accept financial responsibility for any injury not covered by the school accident or my hospitalization insurance. I further understand that it will be my responsibility to file claims for injuries received.

CoverKids offers free health coverage to uninsured children based on family income. There are two easy ways to apply. Visit TennCareconnect.gov to apply online or call 1-866-620-8864 to request an application.

Only interscholastic football for grades 9, 10, 11, and 12 requires the special premium for the fall and spring football program. All other sports are covered under the regular accident policy when the student has paid the premium.

FIELD TRIPS- ATHLETICS

Athletic trips are treated as any school-sponsored field trip. A student must abide by all **JMS Field Trip rules**, including any additional rules deemed necessary by the coach. Serious violations, i.e., theft, vandalism, alcohol, will result in school disciplinary action, including being banned from future field trips. A field trip violation could affect a student remaining on a team.

It is understood that on any authorized field trip, the student has the privilege and responsibility for making up any **class work missed**.

If the student behaves in a manner unsuitable for the coaches or chaperone, I agree **to provide transportation** for their return to Oak Ridge.

Jefferson Middle School will **not be responsible** for the liability or insurance coverage of private or public carriers.

■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

List past and current medical conditions. _____

 Have you ever had surgery? If yes, list all past surgical procedures. _____

 Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

 Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)			Yes	No
1. Do you have any concerns that you would like to discuss with your provider?				
2. Has a provider ever denied or restricted your participation in sports for any reason?				
3. Do you have any ongoing medical issues or recent illness?				
HEART HEALTH QUESTIONS ABOUT YOU			Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?				
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?				
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?				
7. Has a doctor ever told you that you have any heart problems?				
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.				

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)			Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?				
10. Have you ever had a seizure?				
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY			Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?				
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?				
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?				

BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

© 2019 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.

■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

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, e-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-enhancing supplement?
 - 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 (Q4–Q13 of History Form).

EXAMINATION		
Height:	Weight:	
BP: / (/)	Pulse:	Vision: R 20/ L 20/ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 		

^a Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

- Medically eligible for certain sports

- Not medically eligible pending further evaluation

- Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are 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 medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

COVID-19 DISCLAIMER

Due to the COVID-19 pandemic, the Oak Ridge Schools ("District") has been exploring different and reasonable ways to provide services to all students. The District has worked with state and local agencies, including our local health department, to draft and implement guidelines moving forward regarding cleaning, screening, social distancing, etc. Though the District and its agents will work hard to implement and abide by those guidelines, neither the guidelines themselves nor even guidance from the Centers for Disease Control and Prevention ("CDC") would allow the District to guarantee an environment that is entirely free of COVID-19 related risks.

By allowing your child to return to campus, however, you acknowledge and understand that your child's attendance will require him/her to physically interact with District staff members, other students, and even volunteers. As such, despite reasonable mitigation efforts on behalf of the District, physical interaction with the public at large may pose some unavoidable risks to you, your child, and your family due to the COVID-19 pandemic. With that, you further acknowledge and agree to the following:

- 1. Waiver and Release.** You hereby release and forever discharge and hold harmless the District and its agents from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from your child's return to campus and/or participation in activities associated with the District due to the COVID-19 pandemic. You understand that this release discharges the District from any liability or claim that you may have against the District with respect to any bodily injury, personal injury, illness, or other issue that may result from your child's return and/or participation, whether caused by the negligence of the District or its officers, directors, employees, or other agents, or by the negligence of others, or by the condition of the facilities or areas where District activities are being conducted.
- 2. Assumption of Risk.** You further understand that your child's return and/or participation may expose him/her and others to unavoidable COVID-19 community spread. As such, you hereby expressly and specifically assume the risk of injury or other harm, and also expressly release the District from all liability for injury, illness, or other issue resulting from or in any way related to your child's return or participation.

BY EXECUTING BELOW, YOU ACKNOWLEDGE HAVING READ AND UNDERSTOOD ALL OF THE ABOVE-TERMS AND CONDITIONS.

Child's Printed Full Name

____/____/2020
Date of Signing

Parent/Guardian Full Printed Name

Parent/Guardian Signature