

Omaha Public Schools Middle Level Activities Contract

Academic

1. At the start of each season and/or co-curricular activity, students' academic standing will be considered.
2. Grades will be evaluated weekly for all students involved in each sport.
3. If a student is in failing status for a class, the student will be mandated to receive academic intervention/support.
4. If the same student enters a second consecutive week in failing status, for the same class, the student will not be able to participate in competitions until the grade is in passing status.
5. If, after the two weeks of failing status and academic improvements have not been made, the student athlete may be dropped from the sport/activity.

Attendance

1. All student participants should be in attendance for the entire school day, on the day of a competition. Any student absent for any portion of the competition day must have contact from a parent/guardian explaining the cause of the absence, so that the absence can be documented correctly within Infinite Campus.
2. Students who are truant from school, or "skip" a class on the day of a competition, may be ineligible to compete/participate that day. Students with excessive tardies to school may be ineligible to compete/participate in activities at the discretion of the building administration.

Citizenship and Behavior

1. Student participants who are suspended from school are ineligible to attend practice or participate in competition/events on the dates of the suspension.
2. Student participants assigned to the Student Success Center (S.S.C.) or to Suspension After School (S.A.S.) may be ineligible to practice and/or compete on the date(s) of their S.S.C. or S.A.S. assignment(s).
3. Cooperation with staff members and the positive representation of Davis Middle School is essential. Students may be removed from any level of co-curricular activities if they fail to exhibit acceptable behavior.

Physical Exam, Insurance Coverage, Parent/Student Agreement

1. A physical examination is required for all students participating in practices and competition related to school athletics. The physical card provided by the Omaha Public Schools is recommended, however, it is not the only acceptable form. The signature of a licensed physician stating that a student is allowed to participate in a school competitive sports program is sufficient.
2. **Student must have insurance coverage to participate in inter-school athletics.**

I shall participate in the Athletic Benefit Injury Plan. Forms are available at the school.

I have accident injury coverage.

- Insurance Company _____
- Policy Number _____
- Preferred Primary Care/Practice & Phone # _____

I give my permission for the below named student to represent Davis Middle School and to practice, and/or participate in contests at the home school and accompany this team/group to other metro schools. I authorize the school to obtain, through a physician of its choice, any emergency medical care that may be reasonably necessary for this student in the course of the activity or travel. I also agree not to hold the school or anyone acting on its behalf responsible for any injury occurring to the below named student in the course of such activity or travel.

Student Name: _____

(Please Print)

Parent/Guardian Signature _____ Phone _____ Date _____

Address _____ City/State/Zip _____

Emergency Phone Number (between 3:00 and 6:00 p.m.) _____

Student Signature _____ Phone _____ Date _____

OMAHA PUBLIC SCHOOLS HEAD INJURY/CONCUSSION ACKNOWLEDGEMENT FORM

I understand there is a possibility that participation in any sport may result in a head injury and/or concussion. Furthermore, I have been provided with the *Omaha Public Schools Sports Medicine Advisory Committee Parent and Student Athlete Concussion Information and Fact Sheet* and understand the importance of reporting a head injury and/or concussion to parents, coaches and athletic training staff.

After reading the *Omaha Public Schools Sports Medicine Advisory Committee Parent and Student Athlete Concussion Information and Fact Sheet*, I am aware of the following information:

- A concussion is a brain injury, which I am responsible for reporting;
- A concussion can affect one's ability to perform everyday activities, affect reaction time, balance, sleep quality, and classroom performance;
- A student athlete will not be allowed to return to a game or practice until cleared by a physician or the OPS Athletic Training Staff;
- Following a concussion, the brain needs time to heal. There is an increased likelihood for a repeat concussion if the individual returns to play before symptoms have resolved;
- In certain instances, repeat concussion can cause permanent brain damage, even death; and
- At any point following a suspected concussion, any of the following individuals reserves the right to voice concern for the safety of a student athlete and prohibit he or she from returning to play: *physician, coach, student athlete, athletic trainer, parent.*

By signing below, I understand the importance of the statements above and have asked any, and all questions regarding the above statements. I further understand that I will not be allowed to participate in OPS athletics until this form is signed by a parent/guardian.

I hereby attest that I have read, fully understand, and will abide by the above statements.

Student Athlete Name(Print) _____

Student Athlete Signature _____ ***Date*** _____

Parent/Guardian Signature _____ ***Date*** _____

Parent Completion
OPS Pre-Participation Physical Exam
Supplemental Questions

<u>Cardiovascular Health</u>	Yes	NO
1. 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"/> High cholesterol <input type="checkbox"/> A Heart infection <input type="checkbox"/> Kawasaki Disease Other: _____		
2. Do you get light headed or feel more short of breath than expected during exercise?		
3. Do you get more tired or short of breath more quickly than your friends during exercise?		
4. Has any family member or relative died of heart problems or had an unexpected or unexplained death before age 50 (including drowning, unexplained car accident, or Sudden Infant Death Syndrome)?		
5. Does anyone in your family have hypertrophic cardiomyopathy, Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy, Long QT Syndrome, Short QT Syndrome, Brugada Syndrome, a catecholaminergic polymorphic ventricular tachycardia?		
6. Does anyone in your family have a heart problem, pace maker, or implanted defibrillator?		
7. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
<u>Bone and Joint Health</u>		
8. Do you have any bone, muscle, or joint injury that bothers you?		
9. Do any of your joints become painful, swollen, feel warm, or look red?		
10. Do you have any history of juvenile arthritis or connective tissue disease?		
<u>General Medical</u>		
11. Have you had a herpes or MRSA skin infection?		
12. Have you had any eye injuries?		