



Roosevelt Middle School

Rough Rider Track & Field 2022

(Permission Form)



Dear Roosevelt Student-Athletes & Parents/Guardians:

Welcome to Roosevelt Rough Rider track and field! This year's coaching staff is really looking forward to an exciting, fun, and successful season for each of our athletes. **ALL OF THE FOLLOWING ITEMS MUST BE COMPLETED AND SUBMITTED TO THE ROOSEVELT OFFICE BEFORE THE STUDENT-ATHLETE WILL BE ALLOWED TO PRACTICE OR COMPETE WITH THE TRACK TEAM:**

1. **PERMISSION FORM (White) REQUIRED:**

This form is required each year. It outlines the 4J School District's athletic team rules and commits each athlete to keeping their grades above passing and behaving appropriately while at school, practices, and competitions.

2. **ANNUAL INTERVAL/MEDICAL HISTORY FORM (Green) REQUIRED:**

This form is required each year. It outlines the type of medical insurance the athlete has, including emergency contacts, and lists other pertinent information. **PROOF OF INSURANCE IS REQUIRED.** A low-cost accident insurance policy is available from Myers Stevens & Toohey at <https://www.myers-stevens.com/school-time-accident-plan/>.

3. **PHYSICAL EXAMINATION FORM (Pink) REQUIRED:**

State law requires that student-athletes complete physical exams every **TWO YEARS** when participating in athletics. Therefore, if the athlete's last sports physical examination occurred BEFORE May 26, 2020, a new one must be completed before any participation, either at practices or at meets, is permitted. Download the sports physical form from the O.S.A.A. website at (<https://www.osaa.org/docs/forms/PhysicalExamination-English2017.pdf>) or have your student pick up a copy in the Roosevelt office.

4. **PARTICIPATION FEE (check payable to Roosevelt) or approved scholarship REQUIRED:**

The cost for the season is \$100.00 per student-athlete. We ask that each family pay as much as they are able. Partial and full scholarships are available based upon individual/family need. **WE DO NOT WANT MONEY TO PREVENT ANYONE FROM PARTICIPATING!** Contact the school secretary (541-790-8544) for information about scholarship requests.

5. **ROUGH RIDER TRACK & FIELD PROGRAM SUPPORT FORM (Yellow) OPTIONAL:**

This form provides information regarding how parents/guardians can become involved during the upcoming season.

6. **PROGRAM ENDOWMENT OPTIONAL:**

Track and field is the only sport offered through the 4J School District for students at the middle school level. All participation fees go directly to the 4J School District to cover the cost of facility use and coaching stipends. Roosevelt is not allowed to use this money for our own program. **We will gladly accept any donations to help support our program and our student-athletes.** Donated funds are used to provide scholarships, purchase equipment and uniforms, and cover other miscellaneous expenses throughout the season. Please help us provide the best possible experience for your kids by providing a tax-deductible donation to the Roosevelt track & field team.

Track practices will most likely begin in April at 3:45pm in the Roosevelt big gym. The practice schedule will be available soon, but in past years, practice has been held daily. Practice is generally 3:45-5:00 or 5:30pm. The schedule for all dual meets, as well as the sub-district meet and district meet, will also be available from the school district soon.

Being part of the track team at Roosevelt is important in a variety of ways. First, it provides a healthy activity that many of our children need in our current world of technology and video games. Second, it teaches each athlete the importance of being part of a team. Finally, it gives our students a chance to connect and foster positive, supporting relationships with people, both students and staff, they may not normally interact with during the regular school day.

Please do not hesitate to call the school secretary (541-790-8544) if you have any questions about the upcoming season.

GO ROUGH RIDERS!!!



Roosevelt Middle School

Rough Rider Track & Field 2022

(Permission Form continued)



4J School District Athletic Team Rules:

1. Student-athletes are expected to follow all school rules and regulations at all times. Disruptive behavior, persistent tardiness to school and/or practice, truancy, and other violations of school regulations can be cause for disciplinary action.
2. Student-athletes are expected to exemplify the highest standard of good sportsmanship at all times.
3. To remain eligible and represent the school as a member of an athletic team, building and district polices and expectations, both academic and behavioral, must be adhered to by student participants.
4. Student-athletes who break rules will be subject to disciplinary action. Each infraction will be dealt with on a case -by-case basis. The nature of the infraction, as well as an athlete’s past behavior, will impact the severity of the consequence.
5. Coaches will be responsible for an initial decision relating to disciplinary action resulting from violations of team rules. Coaches will inform parents and conference with them upon request. Students and parents may appeal the coach’s disciplinary decision to the school’s principal or assistant principal. Any action resulting in suspension or removal from the team must be discussed with administration prior to enforcement.
6. Every team member is required to attend all practices unless a release is arranged in advance with the coaches. It is the **students’** responsibility to inform coaches if they are going to miss either a practice or competition for any reason.
7. Student-athletes who miss school, excused or unexcused (including suspensions), are not allowed to participate in after-school events, including track meets, on the same day. The only exception is if a student missed school due to a school-related activity such as a field trip.
8. Student-athletes who miss practice during the week, for whatever reason, should not expect to participate on the day of a competition. Participation will be up to the discretion of the coach in accordance with district, school, and team policy.
9. Student-athletes are responsible for keeping their equipment and uniforms clean, in good condition, and must return them promptly at the end of the season.
10. Loss or damage of issued equipment/uniforms due to negligence, will be the financial responsibility of the student-athletes and their parent(s) or guardian(s).
11. Student-athletes are to cooperate with coaches and custodians in keeping the locker rooms, gymnasium, and hallways clean and orderly before, during, and after practice.
12. Student-athletes must leave the building as quickly as possible after all practices and competitions. Students are not to loiter in the halls, create problems, or interfere with custodial work in any way.

I, _____ (print name), a member of the 2022 Roosevelt Track & Field Team, promise to be a positive role model, give my best effort, and do everything I can to attend each practice and competition during the season. I will follow the coaches’ directions to help me develop my maximum potential. I will positively encourage my fellow teammates at all times. Additionally, I will communicate with my coaches by informing them of soreness or pain, as well as discuss any strategies or concerns about races and/or field events.

My behavior at school, practices, and competitions will bring honor to me, my team, and Roosevelt Middle School. I will abide by the 4J School District Athletic Team Rules. Realizing that I am expected to behave in an appropriate manner, I shall not receive any “major” referrals during the season. I realize the importance of academics and athletics, and shall maintain passing grades in all of my classes throughout the season. Furthermore, I am making a season-long commitment to the athletes and coaches of the Roosevelt track and field program.

Name of Student-Athlete (Print)

Signature of Student-Athlete

Date

Name of Parent/Guardian (Print)

Signature of Parent/Guardian

Date



Roosevelt Middle School

Rough Rider Track & Field 2022

(Annual Interval/Medical History Form)



Student-Athlete's Name: _____

Grade: _____

Address: _____

Zip Code: _____

Date of Birth: _____

Student-Athlete Medical Information & Emergency Contact Information:

Parent/Guardian 1: _____

Phone Number: (____) _____

Email: _____

Parent/Guardian 2: _____

Phone Number: (____) _____

Email: _____

Emergency Contact If Parent/Guardian Cannot Be Reached _____

Relationship to Student-Athlete: _____

Phone Number: (____) _____

Preferred Hospital: _____

Primary Care Physician: _____

Past Medical Conditions (i.e. hospital, concussions, allergies, surgeries, fractures):

Current Medical Conditions (i.e. hospital, concussions, allergies, surgeries, fractures):

Medications/Supplements: _____

Contact Lenses: (Please Circle One) Hard Lens Soft Lens None

My student participates on sports teams identified as: (Please Circle One) Female Male

Any Additional Pertinent Health-Related Information:



Roosevelt Middle School

Rough Rider Track & Field 2022

(Annual Interval/Medical History Form continued)



Parent/Guardian Permission:

I want my student to have the privilege of participating in competitive school athletics. Therefore, _____ has my permission to compete in all sports approved by the Board of Education of Eugene School District 4J and to be transported according to the district transportation policy.

While I expect school authorities to exercise reasonable precautions to avoid injury, I understand there are risks of injury when participating in athletics and the District assumes no financial obligation for any injury that may occur. I am informed that students are responsible for all equipment owned by the school and issued to the student-athlete.

This consent to release a student-athlete’s health/medical information regarding an athletic injury, illness, or condition is vital for the certified athletic trainers to perform their duties and expertise in treatment, rehabilitation, and return to ‘competitive’ status of the student-athlete through standing orders prescribed by the attending physician. I authorize Dr. _____ and Dr. _____ (only if necessary) to communicate/release information with the certified athletic trainers and the student-athlete’s coaches about any medical/health condition as it relates to their ability to participate in sports and any written physician prescription or standing orders of treatment to be performed by the certified athletic trainers for the current school year.

Name of Parent/Guardian (Print)

Signature of Parent/Guardian

Date

Consent to Treat/Insurance Arrangements:

In the event of a medical emergency to my student, I give consent for emergency medical treatment to be given to my child if I or an additional-named parent/guardian/emergency contact am(is) not present for verbal consent for treatment. This consent extends to emergency medical personnel (i.e. EMTs and/or paramedics), physicians, nurses, certified athletic trainers, physical therapists, coaches, teachers, athletic directors, counselors, and principals that would be involved in the daily education, activities, and health of the student.

Please check one and provide name of insurance company and policy number (REQUIRED):

_____ My student is covered by the student insurance plan, as indicated below, for the 2021-2022 school year:

_____ 24 Hour _____ School-Time Plan _____ Student Health Care _____ Interscholastic Tackle Football Plan

_____ My student is fully covered by insurance carried by parent/guardian, and the school will not be liable for any injury that occurs during athletic activities or while traveling to/from activities.

Name of insurance company: _____

Policy Number: _____

Name of Parent/Guardian (Print)

Signature of Parent/Guardian

Date

(PLEASE NOTE: If your insurance status changes at any point prior to the end of the season, it is your responsibility to notify the school. Lapses in coverage are NOT allowed for any reason.)

HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the provider. The provider should keep this form in the medical record.)

Date of Exam: _____

Name: _____

Date of birth: _____

Sex: _____ Age: _____ Grade: _____ School: _____

Sport(s): _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Foods Stinging Insects

Explain "Yes" answers below. Circle questions you do not know the answers to.

GENERAL QUESTIONS		
1. When was the student's last complete physical or "checkup?" Date: Month/Year ____/____/____ (Ideally, every 12 months)	YES	NO
2. Has a doctor or other health professional ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical conditions? If so, please identify below.		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. 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 <input type="checkbox"/> Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected, or get tired more quickly than your friends or classmates during exercise?		
11. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		
12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?		
13. Does anyone in your family have a pacemaker, an implanted defibrillator, or heart problems like hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia?		

BONE AND JOINT QUESTIONS	YES	NO
14. Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice, game or an event?		
15. Do you have a bone, muscle or joint problem that bothers you?		
MEDICAL QUESTIONS		
16. Do you cough, wheeze or have difficulty breathing during or after exercise?	YES	NO
17. Have you ever used an inhaler or taken asthma medicine?		
18. Are you missing a kidney, an eye, a testicle (males), your spleen or any other organ?		
19. Do you have any rashes, pressure sores, or other skin problems such as herpes or MRSA skin infection?		
20. Have you ever had a head injury or concussion?		
21. Have you ever had numbness, tingling, or weakness, 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 someone in your family have sickle cell trait or disease?		
24. Have you, or do you have any problems with your eyes or vision?		
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 food?		
28. Have you ever had an eating disorder?		
29. Do you have any concerns that you would like to discuss today?		
FEMALES ONLY		
30. Have you ever had a menstrual period?	YES	NO
31. How old were you when you had your first menstrual period? _____		
32. How many periods have you had in the last 12 months? _____		

Explain "yes" answers here: _____

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

Signature of athlete _____ Signature of parent/guardian _____ Date _____

ORS 336.479, Section 1 (3) "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." Section 1(5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."

Form adapted from ©2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.

PHYSICAL EXAMINATION FORM

Date of Exam: _____

Name: _____

Date of birth: _____

Sex: _____ Age: _____ Grade: _____ School: _____

Sport(s): _____

EXAMINATION		
Height:	Weight:	BMI:
BP: / (/)	Pulse:	Vision R 20/ L 20/ Corrected <input type="checkbox"/> YES <input type="checkbox"/> NO
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/ears/nose/throat		
Lymph nodes		
Heart •Murmurs (auscultation standing, supine, with and without Valsalva)		
Pulses		
Lungs		
Abdomen		
Skin		
Neurologic		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		

- Cleared for all sports without restriction
 - Cleared for all sports without restriction with recommendations for further evaluation or treatment for:
 - Not cleared
 - Pending further evaluation
 - For any sports
 - For certain sports: _____
 - Reason: _____
- Recommendations: _____
- _____
- _____
- _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is 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 provider may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians). This form is an exact duplicate of the current form required by the State Board of Education containing the same history questions and physical examination findings. I have also reviewed the "Suggested Exam Protocol".

Name of provider (print/type): _____

Date: _____

Address: _____

Phone: _____

Signature of provider: _____

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(Parent Support Form - optional)



RMS Families...

There are many ways for you to help support the student-athletes participating in this year's track program:

Volunteers:

Volunteers are always needed. Each middle school in our district is responsible for running different events at the sub-district meet (usually in late April at a local high school) and district meet (usually in early May in either Eugene or Springfield). Examples of volunteer opportunities include race timers, finish line judges, and field event officials. Procedural instructions and training will be provided to anyone willing to volunteer. If you can donate your time at one or more of our scheduled meets, please mark the appropriate box(es) below. Any time you can give is greatly appreciated!

Coaching:

This season we hope more than 100 student-athletes will be participating in our program. With only 5-6 coaches furnished by the district, providing daily specialized instruction and specific coaching to our athletes in every event is challenging. The more coaches we have, the more guidance we will be able to provide to increase our athletes' chances to improve their skills and have fun this season. Even if you are only able to commit to helping out one practice per week, that can still have a tremendously positive impact on our program and the success of our athletes. Please mark below the appropriate box(es) of the event area(s) you might be willing to help with this season.

Meet Volunteers:

Each middle school is responsible for officiating various events at the sub-district and district meets to help make sure everything runs as smoothly as possible. For example, the sub-district meet will have four different middle schools attending with approximately 400 total athletes competing, so there will be a high need for volunteers at each field event and at the finish line.

If you are able to volunteer during one or both meets listed below, please indicate by completing each appropriate box:

4J Middle School Sub-District Meet date, time and location to be announced soon	
<u>PLEASE CIRCLE ONE ANSWER</u>	
Yes, I Can Help!	No, I'm Not Available
Area Of Assistance:	

4J Middle School District Meet date, time and location to be announced soon	
<u>PLEASE CIRCLE ONE ANSWER</u>	
Yes, I Can Help!	No, I'm Not Available
Area Of Assistance:	

Program Assistance/Coaching:

If you are able to help in any of the following areas during the upcoming season, please check the appropriate boxes:

Team Photography	
Relay Exchange Zone Judge	
Finish Line Timer/Place Picker	
Shot Put	
Discus	

High Jump	
Long Jump	
Distance	
Hurdles	
Sprints	

Parent/Guardian Name: _____

Student-Athlete Name: _____

Best way to contact you (Phone or E-Mail Address): _____

****If you are interested in helping with the track team, please email our volunteer coordinator, Laura Fuhriman, at fuhriman_l@4j.lane.edu/.**