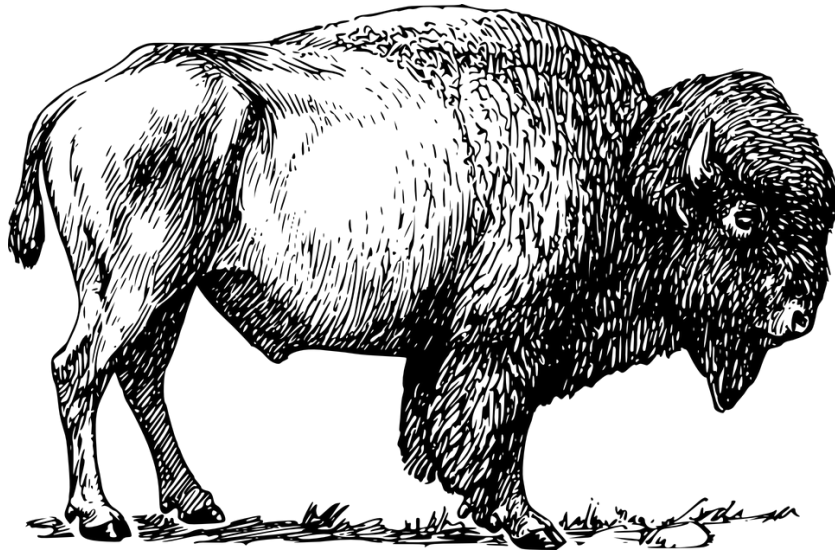


JEFFERSON COUNTY MIDDLE SCHOOL

1180 SE Kemper Way
Madras, OR 97741
541-475-7253
Fax: 541- 475-4825

ATHLETIC HANDBOOK 2020 – 2021

Document will be adjusted as new information becomes available for the current school year.



FORMS TO BE SIGNED & RETURNED PRIOR TO PARTICIPATION

- Ø School Sports Pre-Participation Examination (physical). This can be picked up when getting a physical at the doctor's office, at JCMS or this link [Physical form](#)
- Ø Emergency Release Card/ Interscholastic Sports Parent Approval Form (in this handbook)
- Ø Athletic Participation Agreement Form (last page of handbook)

JCMS ATHLETICS AND ACTIVITIES

I. Philosophy

JCMS Athletic Programs provide a safe, structured environment which allows individual students of diverse backgrounds and abilities a chance to belong. We believe that participation in athletics and school-sponsored activities provides a unique opportunity to fulfill many of the emotional, social and physical needs common to middle school youth. Participation on appropriately competitive athletic teams increases an individual's sense of personal worth, self-control, respect and fair play, which can carry over into daily problem solving situations throughout life. Coaches, teachers and parents have a shared responsibility to help guide, nurture and support youth in developing the confidence, skills and character that will help them learn to make good choices on and off the playing field. Cooperation, self-discipline, sportsmanship and a sense of personal satisfaction are taught in conjunction with the fundamental skills of the sport or activity during each season.

II. Programs:

JCMS provides the following current athletic programs at this time (11/9/20). The handbook will be adjusted as more information and sports are available.

6, 7 and 8 th grade Boys Basketball	Winter Sport (11/16 to 12/15)
6, 7 and 8 th grade Girls Basketball	Winter Sport (11/18 to 12/17)

6th, 7th & 8th Grade Boys - Mondays & Tuesdays from 3:30-5PM

6th, 7th & 8th Grade Girls - Wednesdays & Thursdays from 3:30-5PM

- Please do not arrive earlier than 3:30 pm and please plan to pick up your athlete promptly at 5:00 pm.
- Athletes should bring their own:
 - Mask- **To be worn at all times.** (Exception: to drink water)
 - Personal water bottle. No water fountains are available.

- T-shirt, shorts, & gym shoes (locker room not available)
- **All Athletes must have a current physical on file with the JCMS office in order to participate. These are valid for 2 years.**
- Before **each** day of practice, all athletes must complete the check-in. This will help us with contact-tracing, if necessary.
- Please note that spectators are **not** allowed at this point in time.
- ***Students will go home after in-person instruction that starts on 11/30 and are not allowed to wait at the school. They would need to return at 3:30 pm for practices.***

III. Contacts:

If you have any questions, comments or concerns regarding your child's team, please call JCMS @ 475-7253 and ask for your child's coach to call you as soon as they are available.

General concerns or questions may be addressed by the administration at 475-7253.

Sincerely,

Simon White
Principal

Brent Walsh
Assistant Principal

Walter Stahl
Athletic Director

IV. Athletic Policy and Procedures

1. Student-Athletes must have a current (2 year) **Pre-Participation Sports Physical** on file in the Athletic Coordinator's office prior to participation in any sport. Other required paperwork must be turned into the office or the coach prior to participation in a contest.
2. Athletes will not be allowed to participate in a new sport until all **equipment and uniforms** from prior sports have been returned, or proper restitution has been made. Uniforms are the responsibility of the athlete throughout the season and loss or damage will result in a fine.
3. Appropriate Behavior on and off the court/field is mandatory. Students must follow all school policies as outlined in the JCMS Student Handbook and JCSD policies regarding student conduct. A behavior violation may result in a temporary or permanent suspension from the team.
 - A. If a player displays inappropriate behavior to teammates, the other team and/or coaches while participating in a sport, that player may be removed from the team.
 - B. A student whose behavior receives a *behavior referral that results in detention (ISS, ASD, or Saturday School)* will not participate in the next scheduled game or contest. Students may or may not attend practice at the administrator's discretion. An absence will be considered unexcused and may result in appropriate consequences assigned by the coach.
 - C. A participant who has been dropped from the team for disciplinary reasons will not be allowed to participate in any other sport during that same season.

D. An athlete may not participate in or attend any event on a day when he/she is suspended out of school.

E. Athletes who are too sick or too injured to participate in physical education class are too sick or too injured for an athletic event that same day.

For More information and schedules please check our webpage:

<http://jcsd.k12.or.us/schools/jcms>

Like us on Facebook:

<https://www.facebook.com/Jefferson-County-Middle-School-598087483567625/>

Please keep us up to date on any changes impacting your child:

Address changes, absences, illness and medical.

Schedules and individual sports items will be handed out at parent meetings. Please attend.

JEFFERSON COUNTY MIDDLE SCHOOL 2020-2021

1180 SE KEMPER WAY, MADRAS, OREGON 97741

541.475.7253 FAX-541.475.4825

ATHLETIC PARTICIPATION AGREEMENT (must be turned in before a student can practice)

PLAYER NAME: _____ GRADE: _____ DATE: _____

SPORT my child can participate in (please check): Football Volleyball
 Cross County GBB BBB Wrestling Track

Athletic participation at JCMS is contingent on players following all the rules and procedures outlined in the Athletic Handbook AND any additional expectations that a coach has for a specific sport.

Players who fail to adhere to the rules and procedures are subject to disciplinary action and possible dismissal from the team.

It is therefore important that parents read through and assist their children in understanding all the rules of athletic participation and eligibility as outlined in the athletic handbook and the individual sports guidelines that coaches will provide each season.

This form must be signed by parents and athletes and be returned to the athletic coordinator before a student will be allowed to participate in a contest.

Other forms needed prior to participation include a current sports physical cleared and signed by a physician, an emergency medical release card signed by the parent, and any sport-specific guidelines that a coach hands out to players at the start of a new season.

Student Athletes are responsible for getting all forms home to be signed by parents and returned to the coach or Athletic Coordinator prior to participating in a contest.

Please read the athletic handbook and discuss the rules and procedures for participation, including attendance at school and practice, and grade eligibility requirements, with your child. Then sign the form below and have your child return it to his/her coach or turn into the athletic coordinator.

If you have any questions or concerns please call Walter Stahl @ 541.475.7253 or wstahl@509j.net

I have read and understand the rules and procedures for athletic participation at JCMS. By signing here, I agree to follow all rules and procedures and understand that my participation in athletics is subject to compliance with the rules and procedures as outlined in the athletic handbook. I understand that a coach may provide players with additional guidelines specific to a sport at the beginning of the season and that I must also adhere to those rules.

SIGNATURE OF PLAYER: _____ DATE: _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE: _____

JCSD EMERGENCY MEDICAL CARD 2020-21 (must be on file w/JCMS)

Student Name _____

Grade _____ DOB ____/____/____ Age _____

Parent/Legal Guardian _____

Parent/Legal Guardian Contact (Home #) _____

(Cell #) _____ (other #) _____

Parent/Legal Guardian EMAIL _____

Address _____ City _____ ZIP _____

Emergency Contact Person _____

Emergency Contact #'s _____

Allergies & Health Disorders _____

Current Medications _____

Insurance Carrier _____ Policy # _____

Family Doctor _____

Interim health Questions: has the child ever experienced any of the following:

Passed out or been Dizzy during exercise

Ever has a prolonged, unexplained viral illness

Had Chest pain During exercise

Student uses Medication (please list above)

Tires more quickly than friends/frequently

Ever been denied participation in sports

Has been told they have a heart murmur

Had injuries in the past year

Has palpitations/skipped beats of heart

Had surgery in the last year

Had baseline concussion training

Is currently under physicians care

Anyone in family passed away due to heart problems or suddenly before the age of 50

Has student or anyone in the family experienced seizures

Diabetic

If you know of any reason your child should not participate in a sport please list/explain:

I HEREBY CONSENT OF MY SON/DAUGHTER PARTICIPATING IN A CO-CURRICULAR SPORT DURING THE SCHOOL YEAR AS DIRECTED BY JEFFERSON COUNTY SCHOOL DISTRICT 509J. THE PARTICIPATION IN A SPORT THAT INVOLVES THE MOVEMENT OF THE HUMAN BODY CARRIES WITH IT THE POSSIBILITY OF INJURY THAT COULD LEAD TO DEATH OR PERMANENT DISABILITY. ALTHOUGH THIS IS EXTREMELY RARE IN MIDDLE SCHOOL ATHLETICS, THE POSSIBILITY ALWAYS EXISTS. I AM AWARE THAT THERE IS A RISK OF SERIOUS INJURY INVOLVED IN PARTICIPATING IN ATHLETICS AT **DISTRICT 509J** SCHOOLS.

IN CASE OF ILLNESS, ACCIDENT, OR EMERGENCY NECESSITATING, MEDICAL TREATMENT, I HEREBY AUTHORIZE THE ADVISOR OR COACH OF MY CHILD TO OBTAIN EMERGENCY MEDICAL TREATMENT. I ALSO RELEASE ANY LIABILITY OF ANY KIND WITH THE ACTIONS TAKEN IN GOOD FAITH BY THE SCHOOL DISTRICT PERSONNEL IN PROVIDING EMERGENCY MEDICAL TREATMENT. I FURTHER AGREE THAT SCHOOL DISTRICT PERSONNEL MAY SEEK THE NEAREST AVAILABLE TREATMENT FROM ANY PHYSICIAN OR MEDICAL FACILITY AS THEY DEEM BEST ABLE TO PROVIDE SAID TREATMENT IN THE BEST INTEREST OF MY CHILD.

I UNDERSTAND THAT ATHLETIC ACCIDENT INSURANCE IS NO LONGER A REQUIREMENT FOR PARTICIPATION IN JEFFERSON COUNTY SCHOOL DISTRICT 509J'S ATHLETIC PROGRAMS. I RECOGNIZE THAT IN CASE OF INJURY TO MY SON/DAUGHTER, THE COST OF TREATMENT, INCLUDING EMERGENCY TRANSPORTATION, IS MY RESPONSIBILITY AND NOT THE RESPONSIBILITY OF THE SCHOOL DISTRICT. JEFFERSON COUNTY SCHOOL DISTRICT 509J DOES NOT PROVIDE STUDENT INSURANCE. I FURTHER UNDERSTAND THAT IT IS STRONGLY RECOMMENDED THAT MY SON/DAUGHTER BE COVERED BY MEDICAL INSURANCE WHILE PARTICIPATING IN SCHOOL-SPONSORED ACTIVITIES.

I UNDERSTAND THAT STUDENT GRADES WILL BE CHECKED EVERY FRIDAY DURING THE SEASON. STUDENTS WITH MORE THAN ONE (1) FAILING GRADE (F) OF HAVING A GPA BELOW 2.0 WILL BE CONSIDERED ACADEMICALLY INELIGIBLE, AND WILL NOT BE ALLOWED TO PARTICIPATE UNTIL ACADEMICALLY ELIGIBLE. CONTINUED INELIGIBILITY COULD RESULT IN DISMISSAL FROM THE SPORT.

I HAVE RECEIVED, UNDERSTAND, AND AGREE TO THE TERMS OF THE STUDENT ATHLETIC HANDBOOK.

SIGNATURE OF PARENT/LEGAL GUARDIAN _____ DATE: _____