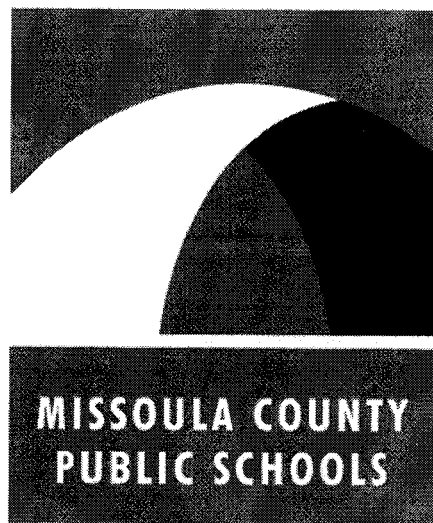
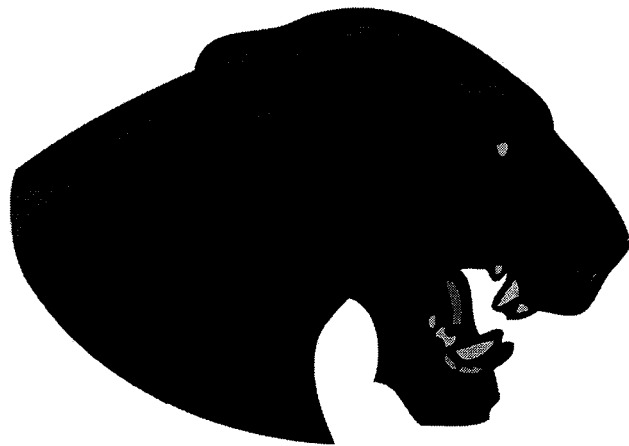
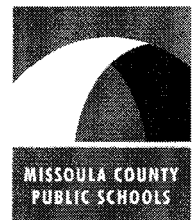
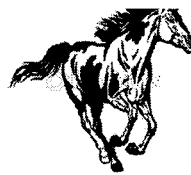


CS Porter Sports Forms

2024-2025



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MCSP Middle School Code of Conduct Student in Good Standing

The Board of Directors of the Missoula County Public Schools offers a variety of voluntary activities designed to enhance the classroom education of its students. Students who participate in extracurricular activities serve as ambassadors of the school district throughout the calendar year, whether away from or at school. Students who wish to exercise this privilege of participating in extracurricular activities must conduct themselves in accordance with the board policy and must refrain from activities that are illegal, immoral, unhealthy, or highly inappropriate. Participation in these activities is a privilege, conditioned upon meeting the eligibility criteria established by the board, administration, and individual activity coaches and sponsors. The activities director shall keep records of violations.

All MCPS Middle Schools follow the Student in-good-standing expectations for extracurricular events and activities. Any student who is not meeting these requirements during the season will not be allowed to participate.

ACADEMICS

Students in-good-standing earn passing grades (D or higher) in all classes.

The eligibility of students earning a failing grade in one or more subjects will be reviewed. Athletic Directors will check the grades of students periodically throughout the athletic season. They will use their best judgment to determine when these checks should occur.

- Students who are failing during a grade check will be ineligible for the next 5 days. During this time they are expected to attend practice but will not be allowed to participate in games or competitions.
- After 5 days a follow-up grade check will be conducted to determine eligibility. If a student has raised their grades they will be eligible to return to competition. If they have not raised all grades to passing they will be out for the next 5 days of competition.

ATTENDANCE

Students in-good-standing have prompt, regular attendance.

The eligibility of students who have missed five or more practices in one season will be ineligible for competition. If a student is absent on a game day and does not have a doctor's note for the absence they will not be allowed to play that day.

BEHAVIOR

Students in-good-standing abide by all expectations listed in the Middle School Behavior Criteria.

Any students who have received one major ODRs (Office Discipline Referral) in a season will be ineligible for one calendar week. If a student receives a second major ODR in a sports season they may be held out for the remainder of that season. Four minor ODRs equal one major ODR.

Students who receive a major safety-related ODR that results in a citation from law enforcement and/or out-of-school suspension may be ineligible to participate in school activities for the remainder of the year.

*Administrators reserve the right to adjust consequences at their discretion pending the determination of unique circumstances.

I have read the Middle School Activity Code of Conduct and understand the consequences for violating it.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

***Please sign and return to your coach with other required sports forms.**

Student Name _____ Grade _____ Sport _____

1. Season of Competition and Participation

The MCPS middle school athletic program is based on middle school philosophy and best practices. Since middle school students are at a time in their lives when they are changing rapidly physically, emotionally, socially, and intellectually, they all need to have the time to explore activities in a developmentally appropriate manner.

2. Parent Responsibilities

- Read, sign and return MCPS middle school athletic agreement/medical waiver.
- Athletic Agreement/Medical Waiver must be signed by parents or guardian and be on file before an athlete may begin practice.
- Participation Fee – The fee is \$30.00 per sport with a limit of \$90.00 per student and \$150.00 per family for the school year.
- Special note for cross country - This fee is \$40 to cover the cost to attend the Mountain West Cross Country Meet

3. Eligibility Requirements

- Students must be earning a passing grade in all subjects on a week to week basis. Grade checks are completed weekly to determine eligibility. Students who are ineligible one week may be eligible the next depending on classroom performance.
- During a week of ineligibility the student/athlete may practice.
- Student academic eligibility is subject to review based on IDEA and 504.

4. Activity Attendance

- Student absences for a documented legal, medical/dental, bereavement or school sponsored reason are exempt.
- Players absent from school or are serving an Out-of-School suspension on practice or game day are ineligible to participate.
- Athletes must participate in 80% of scheduled practices to play in competition. Athletes who do not attend regularly will be subject to loss of playing time.

5. Medical Concerns

Does your athlete have any medical concerns the coach needs to be aware of? _____

Is there a medical alert for your athlete identified in the school system? ____yes ____no

6. Parent/Guardian Code of Conduct

The essential elements of character building and ethics in athletics are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring and good citizenship. The highest potential of athletics is achieved when completion reflects these "six pillars of character".

Therefore I agree:

1. I will refrain from coaching my child or other players during games and practices.
2. I will respect the officials and their authority during games and will never question, discuss or confront coaches at the game field, and will take time to speak to coaches at an agreed upon time and place.
3. I will remember that student athletes participate to have fun and that the game is for youth, not adults.
4. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his or her performance.
5. I will demand that my child treat other players, coaches, officials, and spectators with respect regardless of race, creed, color, sex or ability.
6. I will promote the emotional and physical well-being of the student athletes ahead of any personal desire I may have for my own child to win.
7. I will not encourage any behaviors or practices that would endanger the health and well-being of the student athletes.
8. I (and my guest) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or sporting event.
9. I (and my guest) will not engage in any kind of unsportsmanlike conduct with any official, coach, player or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
10. I understand that any violation of this code of conduct will be cause for dismissal, suspension, or permanent expulsion from future athletic contests.

We have read this material, discussed it together, and agree to support the expectations and code of conduct listed above.



Print Student's Name	Grade	Teacher	Sport	Student's Signature
Signature of Parent or Guardian				Date

Missoula County Public Schools - Waiver

Missoula School District One must ask parents or guardians of those turning out for athletics to sign the waiver below or furnish a physician's release.

The waiver is meant for protection from claims by athletes who should not be playing because of existing physical defects not caused while participating in the school sponsored sports program, but which may be aggravated by it.

We recommend a physical examination for your child if any adverse medical history exists, particularly in heart or hernia cases. The District does not provide medical or hospital insurance. If this coverage is desired, it must be obtained by the parents or guardians.

In lieu of a physician's release for my child to participate in the school athletic program, I hereby release all people connected with the program from any and all medical claims. This waiver particularly includes any disorder, malady, or sickness that may be aggravated by strenuous activity whether said disorder is incurred during or previous to sport participation.

Player's Name	Grade	Teacher	Emergency Phone
Number/Cell			
Date	Parent or Guardian Signature		





Student-Athlete & Parent/Legal Guardian Concussion Statement

Because of the passage of the Dylan Steigers' Protection of Youth Athletes Act, schools are required to distribute information sheets for the purpose of informing and educating student-athletes and their parents of the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury. Montana law requires that each year, before beginning practice for an organized activity, a student-athlete and the student-athlete's parent(s)/legal guardian(s) must be given an information sheet, and both parties must sign and return a form acknowledging receipt of the information to an official designated by the school or school district prior to the student-athletes participation during the designated school year. The law further states that a student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from play at the time of injury and may not return to play until the student-athlete has received a written clearance from a licensed health care provider.

Student-Athlete Name: _____

This form must be completed for each student-athlete, even if there are multiple student-athletes in each household.

Parent/Legal Guardian Name(s): _____

We have read the *Student-Athlete & Parent/Legal Guardian Concussion Information Sheet*.

If true, please check box

After reading the information sheet, I am aware of the following information:

Student-Athlete Initials		Parent/Legal Guardian Initials
	A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	N/A
	If I think a teammate has a concussion, I should tell my coach(es), parents, or licensed health care professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a licensed health care professional to return to play or practice after a concussion.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms on the Concussion fact sheet.	

Signature of Student-Athlete

Date

Signature of Parent/Legal Guardian

Date



A Fact Sheet for **ATHLETES**

WHAT IS A CONCUSSION?

A concussion is a brain injury that:

- Is caused by a bump or blow to the head
- Can change the way your brain normally works
- Can occur during practices or games in any sport
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been "dinged"

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not "feel right"

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates might have a concussion.

- **Get a medical checkup.** A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.
- **Give yourself time to get better.** If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

HOW CAN I PREVENT A CONCUSSION?

Every sport is different, but there are steps you can take to protect yourself.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Use the proper sports equipment, including personal protective equipment (such as helmets, padding, shin guards, and eye and mouth guards). In order for equipment to protect you, it must be:
 - > The right equipment for the game, position, or activity
 - > Worn correctly and fit well
 - > Used every time you play

Remember, when in doubt, sit them out!



A Fact Sheet for PARENTS

WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs Observed by Parents or Guardians

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily • Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

Symptoms Reported by Athlete

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not “feel right”

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

Every sport is different, but there are steps your children can take to protect themselves from concussion.

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

- 1. Seek medical attention right away.** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
- 2. Keep your child out of play.** Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
- 3. Tell your child's coach about any recent concussion.** Coaches should know if your child had a recent concussion in ANY sport. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

Remember, when in doubt, sit them out!

Be Prepared

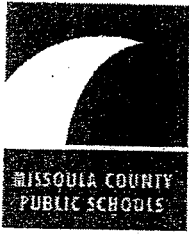
A concussion is a type of traumatic brain injury, or TBI, caused by a bump, blow, or jolt to the head that can change the way your brain normally works. Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be mild bump or blow to the head can be serious. Concussions can occur in any sport or recreation activity. So, all coaches, parents, and athletes need to learn concussion signs and symptoms and what to do if a concussion occurs.

SIGNS AND SYMPTOMS OF A CONCUSSION

SIGNS OBSERVED BY PARENTS OR GUARDIANS	SYMPTOMS REPORTED BY YOUR CHILD OR TEEN	
<ul style="list-style-type: none"> •Appears dazed or stunned •Is confused about events •Answers questions slowly •Repeats questions •Can't recall events prior to the hit, bump, or fall •Can't recall events after the hit, bump, or fall •Loses consciousness (even briefly) •Shows behavior or personality changes •Forgets class schedule or assignments 	<p><u>Thinking/Remembering:</u></p> <ul style="list-style-type: none"> •Difficulty thinking clearly •Difficulty concentrating or remembering •Feeling more slowed down •Feeling sluggish, hazy, foggy, or groggy <p><u>Physical:</u></p> <ul style="list-style-type: none"> •Headache or “pressure” in head •Nausea or vomiting •Balance problems or dizziness •Fatigue or feeling tired •Blurry or double vision •Sensitivity to light or noise •Numbness or tingling •Does not “feel right” 	<p><u>Emotional:</u></p> <ul style="list-style-type: none"> •Irritable •Sad •More emotional than usual •Nervous <p><u>Sleep*:</u></p> <ul style="list-style-type: none"> •Drowsy •Sleeps less than usual •Sleeps more than usual •Has trouble falling asleep <p><i>*Only ask about sleep symptoms if the injury occurred on a prior day.</i></p>

LINKS TO OTHER RESOURCES

- CDC –Concussion in Sports
 - o <http://www.cdc.gov/concussion/sports/index.html>
- National Federation of State High School Association/ Concussion in Sports
 - o www.nfhslearn.com
- Montana High School Association – Sports Medicine Page
 - o <http://www.mhsa.org/SportsMedicine/SportsMed.htm>



Parent Authorization to Participate and Record

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The District offers student clubs and extracurricular activities, events, and programs to the Student, including, but not limited to, curricular and co-curricular programs and clubs, sporting events, athletics, band, cheerleading as identified in the Student Handbook, and transportation and lodging to, from, and associated with these activities (collectively "Clubs and Activities").

Parental permission is required for the Student to participate in a Club or Activity. By signing this form, you give permission for your child to participate in the Club(s) and Activity(ies) identified by you and:

1. Represent the Student is fully capable of participating in the Club/Activity or Clubs/Activities and agree to disclose all known limitations to the District, including, but not limited to; medical conditions, physical limitations, and any other limitation known to the Student or the Parents.
2. Understand and acknowledge that the Student may not be skilled in one or all of the Clubs and Activities;
3. Understand and acknowledge that the Student is subject to all eligibility requirements adopted by the District for participation as well as any governing agency, including but not limited to the Montana High School Association;
4. Understand and acknowledge that engaging in any Activity may require a degree of skill and knowledge which the Student may not possess;
5. Understand and acknowledge that the Club or Activity in which the Student seeks to participate may require an audition or try-out to determine if the Student has the required skills/abilities to participate and that the Student may be "cut" from the Club or Activity through the audition/try-out process;
6. Understand and acknowledge that the District has informed us that certain risks are inherent in some Clubs and Activities and cannot be eliminated without destroying the unique character of the Club and/or Activity. These risks may include, but are not limited to; the inherent dangers related to sports, athletic events, hazards of traveling in and to areas without medical services or care, dangers due to the forces of nature (including, but not limited to, avalanches, lightning, fire, inclement weather, exposure, flooding), dehydration, falls, injury caused by malfunction or failure of any equipment, injury or sickness resulting from food, allergies, transportation accidents, and others;
7. Understand and acknowledge that the foregoing description of risks is incomplete, and these risks and other unlisted, unknown, or unanticipated risks may result in injury or death;
8. Understand and acknowledge that engaging in any Activity may require a participant to listen to any instructions, warnings, or risk assessments of the District, to ask for instruction or clarification whenever needed, and to follow instructions; and
9. Understand and acknowledge that the District may remove the Student from Activities for any breach of safety policies, or any conduct that the District deems unsafe.

You further acknowledge and consent to the Student being recorded by audio or video means by a school employee/representative/coach/advisor during participation in a Club or Activity for purposes of coaching or instruction.

The Student and Parents hereby consent to the Student participating in the Club(s) and Activity(ies) identified in spite of, and with full knowledge of, risks which may be associated with that Activity.

By signing this Agreement, the Student and Parents acknowledge they have carefully read and understand its contents.

Club(s) and/or Activity(ies) for which permission is given for the Student to participate:

_____ Student Name (Print)	_____ Student Signature	_____ Date
_____ Parent Name (Print)	_____ Parent Signature	_____ Date