

TRUMANSBURG CENTRAL SCHOOL
SPORTS CANDIDATE QUESTIONNAIRE

Name _____ Grade _____ Age _____

Date of Birth _____ Athletic Activity _____

PARENT/GUARDIAN SHOULD ASSIST IN FILLING OUT THIS FORM

Answer the following questions as accurately as possible.
(Explain "yes" answers below.)

SINCE YOUR LAST PHYSICAL EXAMINATION:

- | | | | |
|-----|---|-----|----|
| 1. | Are you presently taking any medications or pills? | Yes | No |
| 2. | Have you been hospitalized? | Yes | No |
| 3. | Do you have any allergies (medicine, bees)? | Yes | No |
| 4. | Have you ever passed out during exercise? | Yes | No |
| 5. | Have you ever been dizzy during or after exercise? | Yes | No |
| 6. | Have you ever had chest pain during or after exercise? | Yes | No |
| 7. | Has anyone in your family died of heart problems before age 50? | Yes | No |
| 8. | Have you ever been knocked out or unconscious? | Yes | No |
| 9. | Have you ever had a seizure? | Yes | No |
| 10. | Have you ever been dizzy or passed out in the heat? | Yes | No |
| 11. | Do you have trouble breathing or do you cough during exercise? | Yes | No |
| 12. | Do you wear glasses or contact lenses during PE or sports? | Yes | No |
| 13. | Have you sprained, dislocated or fractured a joint? | Yes | No |
| 14. | Are you taking any dietary supplements or sports supplements? | Yes | No |
| 15. | Have you had a concussion (s)? | Yes | No |

Explain "yes" answers from the above questions

Identify if you are allergic to:

| | | | |
|---------------|----------------|-------------|-----------------|
| ___ Aspirin | ___ Bee stings | ___ Codeine | ___ Food |
| ___ Ibuprofen | ___ Penicillin | ___ Plants | ___ Sulfa drugs |
| ___ Latex | Other _____ | | |

Please list any medications currently taking (including inhalers):

Student Signature Date Parent/Guardian Signature Date

MEDICAL RELEASE FORM

I give permission for my son/daughter _____ to
have any medical and/or surgical treatment necessary in the event of a sports injury
during the _____ school year.

Person carrying insurance _____

Health Insurance Company _____

Policy # _____

Signature _____ Date _____

Home Address _____ Phone #: _____

PARENT AND STUDENT PLEDGE FORM

NOTE: This form must be signed and returned to the Athletic Director in order for the student to be allowed to participate in practice sessions.

Student's Pledge:

I have read and understand the procedures and expectations of the Trumansburg Central School Athletic Handbook. I understand that I am signing a contract that states for the length of this contract that I will abide by it and be drug free. I pledge to honor all terms of the Trumansburg Central School's Code of Conduct and this contract and voluntarily sign this contract sheet.

Sport: _____ Level (Circle one) Varsity JV Modified

Date _____ Student's Signature: _____

Parent/Guardian Pledge:

We understand that as parents we play a vital role in the development of our child as a student athlete. Therefore, we agree to do the following: be a positive role model through our actions, be a "team fan" not a "my kid" fan, show respect for the opposing team, coaches, spectators and officials, talk to my child's coach in an appropriate manner, including the proper time and place when an issue of concern develops and understand that my child can have a positive experience at a game whether they win or lose the contest.

We have read and understand the procedures and expectations of the Trumansburg Central School District Athletic Handbook. We agree to help our child meet the terms of this contract. We further understand that the insurance coverage provided for by Trumansburg Central School is a secondary coverage and is not intended to cover the total cost of necessary medical treatment. We further give my/our permission for the student's name that appears on this form to participate in the sport as listed:

Date _____ Parent(s) Signature: _____

Coach's Pledge: I state that I have read and discussed the expectations with this student and pledge to help this student, throughout his/her sports season, meet the terms of this contract.

Date _____ Coach's Signature: _____



Trumansburg Central School Student-Athlete Code of Conduct

Athlete's Commitment

I understand that participating in high school athletics gives me a special opportunity to develop not only my physical conditioning and athletic skill, but also character traits that will serve me well in life. I therefore commit to strive for the following during the upcoming season:

Competence – *The knowledge and skill I need to train and effectively compete.*

- > To develop the skills necessary to participate competently in the sport.
- > To demonstrate knowledge of the rules of the sport.
- > To gain an appreciation for the strategies of the sport.
- > To demonstrate a level of physical conditioning and fitness sufficient to participate competently in the sport.
- > To develop a knowledge about health and nutrition and how they apply to athletic performance.
- > **To understand the need for abstaining from the possession, sale, distribution or use of alcohol, tobacco, illegal prescription drugs, performance enhancing or any other drugs.** I have also signed, with my parents, another form stating my intention to be “chemically free” during my sport season and understand the consequences for violations of the athletic code. Athletes who engage in any of the above mentioned behaviors will be subject to disciplinary action. Any athlete who attends a party or gathering where alcohol, tobacco or drugs are present may be subject to the same consequences.

Character – *My beliefs, attitudes and skills that support moral behavior and represent the positive values of Trumansburg Central School and the greater community of Trumansburg.*

- > To be dependable in fulfilling obligations and commitments.
- > To accept responsibility for consequences of actions and not to make excuses or blame others.
- > To strive to excel.
- > To be committed.
- > To persevere, give 100% effort and not give up in the face of setbacks.
- > To be honest.
- > To play by the rules of the sport and not cheat.
- > To control anger and frustration and refrain from displays of temper and bad language.
- > To accept losing and winning graciously, to congratulate opponents in a positive manner regardless of the outcome.

Civility – *Practicing behaviors that show respect and concern for others – treating them as I would want to be treated.*

- > To be compassionate and sensitive to others and to treat them respectfully regardless of individual differences. **To understand that subjecting someone to acts that are humiliating, indecent, painful or unsafe are considered hazing and will not be tolerated.** Athletes who engage in any of the above mentioned behaviors will be subject to disciplinary procedures as per the student code of conduct.
- > To refrain from “trash talk” and other put-downs of opponents and teammates.
- > To always show respect for others (Coaches, Officials, Captains, etc.) at practices and games.
- > To listen to and try to understand others.
- > To actively support teammates and others.

Citizenship– *Understanding that being part of a team is about my responsibility to my teammates, and not just about what's important to me.*

- > To be faithful to the ideals of the games including sportsmanship.
- > To keep commitments to my team.
- > To show team spirit, encourage others and contribute to good morale.
- > To put the good of the team ahead of my personal gain.
- > To work well with teammates to achieve team goals.
- > To accept responsibility to set a good example for teammates, younger athletes, fans and our school community.

My signature below indicates my commitment to the above and my willingness to live within the boundaries established within the Trumansburg Central School's Student Code of Conduct.

Date _____ **Athlete's Signature:** _____

Photograph/Video/Website Release

Check one

- YES**, I consent to the use of my child's name, photo, and or video image for the purposes of reporting on events in the classroom, contest winners, special presenters or special field trips/projects by the Trumansburg Central School District. I understand that special education students will not be identified as such without separate permission from parent/guardian.

- NO**, I do not want my child's name, photo, or video image used by the Trumansburg Central School District.

Student Name

School

Teacher

Parent/Guardian Signature

Address

Date
