

Student Name: _____

**ATHLETIC PACKET
FALLON MIDDLE SCHOOL
2015-2016 SCHOOL YEAR**

Dear Parents and Athletes:

Congratulations on becoming a member of the Fallon Athletic Community! Fallon is proud to sponsor 12 girl's and boys sports programs in the TVAL, serving hundreds of middle school athletes.

We believe participation in school activities is an integral part of the overall educational experience for our students. Teamwork, communication, discipline and goal setting are a few of the many skills our students learn through their involvement in organized sports programs.

The athletic program is funded through a variety of sources, including Dublin Unified School District general fund, and the Fallon ASB. While Prop 30 prevented deeper (and devastating) cuts to education, the State continues to give us only 78% of our Prop 98 funding and all indications are that it will be some time before we get back to full funding.

We need your help. We are requesting parent donations to help us meet the continuing financial challenges we face. Any donation to help fund the program is greatly appreciated. All donations are strictly voluntary and all eligible athletic students will be allowed to participate in funded programs regardless of whether a donation is made. Without adequate funds, we cannot operate the athletic program at its current level. We would have to eliminate programs and serve fewer students.

On behalf of the students and staff at Fallon, we would like to take this opportunity to thank you for your continued support of the Fallon Athletic programs.

If you have any questions, please call Michelle Tomilloso or Eric Lamonica between the hours of 7:30 a.m. and 4:00 p.m.

Sincerely,

Michelle Tomilloso
Athletic Director
Ext. 6321

Eric Lamonica
Athletic Director
Ext. 6462

Sheryl Sweeney
Principal
Ext. 6301

Paul Faris
Asst. Principal
Ext. 6302

Kelly Zummo
Dean of Students
Ext. 6340

Please complete and return the attached Fundraising Participation Form by _____.

ATHLETIC PROGRAM SHORTFALL IS \$_____. By program, the amount per student we are short is:

Cross Country	\$15
7 th /8 th GR. Basketball	\$75
Wrestling	\$50
Girl's Volleyball	\$50

Boy's Volleyball	\$50
6 th GR. Basketball	\$25
Golf	\$150
Track & Field	\$25

Student Name: _____

ATHLETIC REQUIREMENT FORM

I (Parent/guardian) _____ give my student _____ the permission to tryout and partake in the following sports:

Cross Country Volleyball Basketball Wrestling Golf Track

I (student name) _____ will meet the following in order to Tryout/Participate:

1. I will maintain a GPA of 2.0 or better and have no more than one (1) "F" at the end of each grading period in order to be eligible to participate in athletics.
2. I must maintain satisfactory citizenship and attendance, including tardiness. If either is reported to be unsatisfactory, I will be subject to Disciplinary Action from my coach/AD and possible suspension from the team.
3. I will not miss practice or competition for any reason unless I contact my coach by 8:30 a.m. or leave a message in the mailbox. I understand that I may be suspended from the team if I do not ask permission to be excused from practice or competitions.
4. I understand that if **I DO NOT PARTICIPATE IN PE**, I must sit out that day of tryouts, practice or game.

Rules for Tryouts:

- 1) Physical Form must be on file in the office. (Physical exams must be from within the past calendar year)
- 2) Athletic Packet must be completed and on file in the office.
- 3) Listen carefully to the coach as he/she explains the process and procedures for tryouts.
- 4) Try outs are a competitive event and I will show good sportsmanship whether I make the team or not.
- 5) After the season is complete, I will wash and return the uniform within 1 week.

STUDENT SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____

Student Name: _____

FALLON MIDDLE SCHOOL ATHLETIC DEPARTMENT

Parent/Guardian Athletic Code of Conduct and Expectations

Interscholastic athletics are an integral part of the total educational program of FALLON MIDDLE SCHOOL. The goal and purpose of the athletic program is to teach the student athletes the meaning and understanding of sportsmanship, commitment, fairness, sacrifice, teamwork and hard work. Additional goals include knowing how to win and lose, increasing the knowledge of the sport, developing a healthy lifestyle and skill development. Listed below are the guidelines and expectations that we expect all parent/guardians to follow to ensure that our student athletes have a positive athletic experience. Parents/Guardians who fail to meet these expectations may be unable to attend future athletic contests.

- 1.) Abide by the FALLON MIDDLE SCHOOL and Tri Valley Athletic League (TVAL) Code of Conduct.
- 2.) Understand the ultimate purpose of athletics. It exists as an integral part of the total educational mission of the school and participation in athletics is a privilege and not a right.
- 3.) Avoid putting pressure on your child to start, score or be the star of the team. Do not force an unwilling child to participate in sports. Children should take part in organized sports for their own enjoyment.
- 4.) Show respect to everyone involved in the athletic programs, coaches, athletes, fans, other parents, officials, security, and administrators. Do not publicly question an official's judgment or integrity. Do not complain or argue about an official's calls during or after an athletic event.
- 5.) Serve as a good role model for the students, athletes, and other fans. Children often learn best by imitating a good example.
- 6.) Teach your child to live and play with class and to be a good sport. An athlete should be gracious in victory and accept defeat with dignity.

Complaints: Follow the chain of command when you have a concern. Your athlete should speak to the coach first. The next step would be for you to contact the coach in order to set up a meeting at a mutually convenient time. If you are not satisfied after meeting with the coach, please contact the athletic director to request a meeting to discuss your concerns.

I/WE AS THE GUARDIAN(S) OF _____ HAVE READ THE ATHLETIC DEPARTMENT PARENT CODE OF CONDUCT AND EXPECTATIONS DOCUMENT. I/WE UNDERSTAND THAT FAILURE TO ABIDE BY THIS DOCUMENT MAY RESULT IN NOT BEING ABLE TO ATTEND FUTURE ATHLETIC CONTESTS.

Guardian Signature _____ Date: _____
Print: _____

Guardian Signature _____ Date: _____
Print: _____

Student Name: _____

Fallon Middle School Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|---|--|
| <ul style="list-style-type: none"><input type="checkbox"/> Headache<input type="checkbox"/> "Pressure in head"<input type="checkbox"/> Nausea or vomiting<input type="checkbox"/> Neck pain<input type="checkbox"/> Balance problems or dizziness<input type="checkbox"/> Blurred, double, or fuzzy vision<input type="checkbox"/> Sensitivity to light or noise<input type="checkbox"/> Feeling sluggish or slowed down<input type="checkbox"/> Feeling foggy or groggy<input type="checkbox"/> Drowsiness<input type="checkbox"/> Change in sleep pattern | <ul style="list-style-type: none"><input type="checkbox"/> Amnesia<input type="checkbox"/> "Don't feel right"<input type="checkbox"/> Fatigue or low energy<input type="checkbox"/> Sadness<input type="checkbox"/> Nervousness or anxiety<input type="checkbox"/> Irritability<input type="checkbox"/> More emotional<input type="checkbox"/> Confusion<input type="checkbox"/> Concentration or memory problems (forgetting game plays)<input type="checkbox"/> Repeating the same question/comment |
|---|--|

Signs observed by teammates, parents and coaches include:

- | | |
|---|--|
| <ul style="list-style-type: none"><input type="checkbox"/> Appears dazed<input type="checkbox"/> Vacant facial expression<input type="checkbox"/> Confused about assignment<input type="checkbox"/> Forgets plays<input type="checkbox"/> Is unsure of game, score, or opponent<input type="checkbox"/> Moves clumsily or displays un-coordination<input type="checkbox"/> Answers questions slowly | <ul style="list-style-type: none"><input type="checkbox"/> Slurred speech<input type="checkbox"/> Shows behavior or personal changes<input type="checkbox"/> Can't recall events prior to hit<input type="checkbox"/> Can't recall events after hit<input type="checkbox"/> Seizures or convulsions<input type="checkbox"/> Any change in typical behavior or personality<input type="checkbox"/> Loses of consciousness |
|---|--|

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

Student Name: _____

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

Signature of athlete: _____ Signature of parent/guardian: _____

Fallon Middle School Athlete Information

_____ Student's Name	_____ Grade	_____ Date of Birth	Male <input type="checkbox"/>	Sex	<input type="checkbox"/> Female
_____ Parent's/Guardian's Name			_____ Parent's/Guardian's Name		
_____ Home Phone	_____ Cell or Work Phone	_____ Home Phone	_____ Cell or Work Phone		
_____ Address			_____ Address		
_____ City, ST ZIP Code			_____ City, ST ZIP Code		

Alternative Emergency Contacts

_____ Primary Emergency Contact		_____ Secondary Emergency Contact	
_____ Home Phone	_____ Cell or Work Phone	_____ Home Phone	_____ Cell or Work Phone
_____ Address		_____ Address	
_____ City, ST ZIP Code		_____ City, ST ZIP Code	

Medical Information

_____ Hospital/Clinic Preference			
_____ Physician's Name		_____ Phone Number	
_____ Insurance Company		_____ Policy Number	
_____ Allergies/Special Health Considerations		Medical Action Plan on file:	<input type="checkbox"/> YES <input type="checkbox"/> NO

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

Student Name: _____

SPECIAL INSTRUCTIONS FOR STUDENTS IN GRADES 6 – 12 WHO PLAN TO BECOME A MEMBER OF AN ATHLETIC, CHEER OR MUSIC PROGRAM

PLEASE COMPLETE THIS FORM AND RETURN IT TO THE SCHOOL OFFICE

Each member of a school athletic team shall be covered by an insurance policy for medical and hospital expenses resulting from accidental bodily injury. Pursuant to Education Code 32220, "member of an athletic team" also includes:

Members of school bands or orchestras, cheerleaders and their assistants, pompom girls, team managers and their assistants, and any student or pupil selected by the school or student body organization to directly assist in the conduct of the athletic event. Such members shall be covered only while they are being transported by or under the sponsorship or arrangement of the district or a student body organization, to or from a school or other place or instruction and the place at which the athletic event is being conducted.

Pursuant to Education Code 32221, the insurance shall provide the following coverage:

A group or individual medical plan with accidental benefits of at least two hundred dollars (\$200) for each occurrence and major medical coverage of at least ten thousand dollars (\$10,000), with no more than one hundred dollars (\$100) deductible and no less than 80 percent payable for each occurrence.

The insurance shall provide for coverage during the student's:

1. Participation in athletic events sponsored by the district or student body organization.
2. Participation in practice for an athletic event.
3. Transportation provided by the school district, or under its sponsorship, to and from the school and place for the athletic event.

The insurance required by Education Code 32221 shall not be required of those students who have insurance or a reasonable equivalent of health benefits provided them through other means.

As the parent/guardian of _____, who plans to participate in an athletic, cheer or music program, I understand that the District does not provide medical insurance for student injuries, but does make voluntary student insurance available. I have received the information on this program.

- The student named below is covered by medical insurance.
- The student named below needs medical insurance coverage. I have completed and mailed an application to Meyers-Stevens Company.
- The student named below needs medical insurance coverage and will participate in athletic events. I have completed and mailed an application form to Meyers-Stevens Company.

Student Name: _____

Address: _____

School: _____

Parent/Guardian Signature: _____