

2014-15
VIRGINIA BEACH MIDDLE SCHOOL LEAGUE
ATHLETIC MANUAL

FOR PARENTS AND STUDENTS

The logo for the Virginia Beach Middle School League (VBM SL) is presented within a light blue rectangular border. The letters 'VBM SL' are rendered in a large, bold, italicized black font. Below this, the full name 'Virginia Beach Middle School League' is written in a smaller, bold, black sans-serif font, separated from the acronym by a thin horizontal line.

VBM SL
Virginia Beach Middle School League



VIRGINIA BEACH CITY PUBLIC SCHOOLS

A H E A D O F T H E C U R V E

**VIRGINIA BEACH CITY PUBLIC SCHOOLS
MIDDLE SCHOOL ATHLETIC PROGRAMS
2014-15**

	<u>Boys</u>	<u>Girls</u>	<u>Coed</u>
<i>First Nine Weeks</i>	<i>Football Soccer</i>	<i>Soccer</i>	<i>Cheerleading</i>
<i>Second Nine Weeks</i>	<i>Basketball</i>	<i>Basketball</i>	
<i>Third Nine Weeks</i>	<i>Wrestling</i>	<i>Volleyball</i>	
<i>Fourth Nine Weeks</i>	<i>Baseball Track</i>	<i>Field Hockey Softball Track</i>	

**VIRGINIA BEACH CITY PUBLIC SCHOOLS
VIRGINIA BEACH, VIRGINIA**

Dr. Aaron C. Spence, Division Superintendent
Dr. Sheila S. Magula, Deputy Superintendent
Dr. George Parker, Assistant Superintendent, Secondary Schools, Dept. of School Leadership
Dr. Maynard Massey, Executive Director of School Administration, Dept. of School Leadership
Cheryl Woodhouse, Executive Director of Middle Schools, Dept. of School Leadership
Michael B. McGee, Director Office of Student Leadership

Student Activities

MaryAnn Lafler, Coordinator of Student Leadership
James Long, Coordinator of Student Activities
David Rhodes, Coordinator of Student Activities

MIDDLE SCHOOL LEAGUE OFFICERS AND CHAIRPERSONS

2014-15 Middle School League Officers

Chairman	Mr. John Parkman	Landstown Middle School
Vice-Chairman	Ms. Christy McQueeney	Brandon Middle School
Secretary/Treasurer	Dr. D. Alex Bergren	Princess Anne Middle School

2014-15 Middle School League Standing Committee Chairpersons

Academic Challenge	Ms. Michelle Koral	Landstown Middle School
Baseball	Mr. Patrick Mackey	Brandon Middle School
Basketball	Mr. Zeb Clark	Princess Anne Middle School
Cheerleading	Ms. Kathy Keough	Corporate Landing Middle School
Debate	Mr. Justin Shaw	Kemps Landing Magnet School
Field Hockey	Ms. Sherry White	Great Neck Middle School
Football	Mr. Randy Sparling	Salem Middle School
Forensics	Mrs. Ellen Hundley Mrs. Kathy Keough	Lynnhaven Middle School Corporate Landing Middle School
One-Act Play	Mr. Zeb Clark	Princess Anne Middle School
Soccer	Ms. Ellen Hundley	Lynnhaven Middle School
Softball	Mr. Drew Wynn	Bayside Middle School
Track	Ms. Julie Spurgeon Ms. Patricia Wydra	Larkspur Middle School Plaza Middle School
Volleyball	Ms. Lisa Spain	Kempsville Middle School
Wrestling	Mr. Chris Felton Mr. John Fox Mr. Randy Sparling	Independence Middle School Virginia Beach Middle School Salem Middle School

VIRGINIA BEAH CITY PUBLIC SCHOOLS

MIDDLE SCHOOLS

Bayside Middle School
965 Newton Road, 23462
Phone: 648-4400

Principal: Dr. Paula Johnson
Student Activities Coordinator: Mr. Drew Wynn

Bayside 6th Grade Campus
4722 Jericho Road, 23462
Phone: 648-4440

Principal: Dr. Joy Byrd-Bulter

Brandon Middle School
1700 Pope Street, 23464
Phone: 648-4450

Principal: Ms. Christy E. McQueeney
Student Activities Coordinator: Mr. Patrick Mackey

Corporate Landing Middle School
1597 Corporate Landing Pkwy, 23454
Phone: 648-4500

Principal: Mr. Freddie P. Alarcon, Jr.
Student Activities Coordinator: Ms. Kathy Keough

Great Neck Middle School
1848 North Great Neck Rd, 23454
Phone: 648-4550

Principal: Dr. Eugene F. Soltner
Student Activities Coordinator: Ms. Sherry White

Independence Middle School
1370 Dunstan Lane, 23455
Phone: 648-4600

Principal: Mr. Carey Manugo
Student Activities Coordinator: Mr. Chris Felton

Kemps Landing Magnet School
4722 Jericho Road, 23462
Phone: 648-4650

Principal: Dr. Kelly Hedrick
Student Activities Coordinator: Mr. Justin Shaw

Kempsville Middle School
860 Churchill Drive, 23464
Phone: 648-4700

Principal: Dr. Patti T. Jenkins
Student Activities Coordinator: Ms. Lisa Spain

Landstown Middle School
2204 Recreation Drive, 23456
Phone: 648-4750

Principal: Mr. John Parkman
Student Activities Coordinator: Ms. Michelle Koral

Larkspur Middle School
4696 Princess Anne Rd, 23462
Phone: 648-4800

Principal: Mr. Matt Delaney
Student Activities Coordinator: Ms. Julie Spurgeon

Lynnhaven Middle School
1250 Bayne Drive, 23454
Phone: 648-4850

Principal: Dr. Violet B. Hoyle
Student Activities Coordinator: Ms. Ellen Hundley

Plaza Middle School
3080 S. Lynnhaven Road, 23452
Phone: 648-4900

Principal: Mr. Rodney Joe Burnsworth
Student Activities Coordinator: Ms. Beth Wydra

Princess Anne Middle School
2509 Seaboard Road, 23456
Phone: 648-4950

Principal: Dr. D. Alex Bergren
Student Activities Coordinator: Mr. Zeb Clark

Renaissance Academy
5100 Cleveland Street
Phone: 648-6000

Principal: Ms. Kay L. Thomas
Student Activities Coordinator: Mr. Shawn McMahon

Salem Middle School
2380 Lynnhaven Parkway, 23464
Phone: 648-5000

Principal: Dr. James J. Smith
Student Activities Coordinator: Mr. Randy Sparling

Virginia Beach Middle School
600 25th Street, 23451
Phone: 648-5050

Principal: Dr. Sandra Brown
Student Activities Coordinator: Mr. John Fox

VIRGINIA BEACH MIDDLE SCHOOL LEAGUE ATHLETIC MANUAL FOR PARENTS AND STUDENTS

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INTRODUCTION

The purpose of the Virginia Beach Middle School Athletic Manual is to inform parents of policies set forth governing athletics and individual athletes at each school.

Included in this manual is information concerning:

1. Participation expectations
2. Sportsmanship Guidelines and Values
3. Parent/Coach Communication
4. Insurance
5. Athletic Training
6. The Athletic Participation/Parental Consent Physical Examination Form of the VBMSL
7. Impact/Concussion Information
8. Grading Scale
9. 2.0 Mandate for Interscholastic Activities
10. Collegiate Eligibility Requirements
11. Team Policy and Sport Specific Information
12. The Parental Statement of Understanding

Each school traditionally hosts a preseason meeting for parents, which begins with a description of insurance information, the athletic training program, the Athletic Participation/Parental Consent/Physical Examination Form of the VBMSL, middle school and collegiate eligibility requirements, and Virginia Beach core courses. Information about each sport and specific team policies is then discussed.

If you have any questions concerning this manual or the preseason meeting, please contact the student activities coordinator at your school or the Virginia Beach City Public School Office of Student Activities at 263-2030.

VIRGINIA BEACH MIDDLE SCHOOL LEAGUE PARTICIPATION EXPECTATIONS

The Virginia Beach Middle School League would like to encourage its fans and participants to follow the expectations below to help ensure that the athletic experience is a positive one for all involved.

THE PARTICIPANT SHOULD:

1. RESPECT THE GAME by being courteous and showing respect for opponents, officials, coaches and fans.
2. UNDERSTAND AND OBSERVE THE RULES of the game and the standards of eligibility.
3. RESPECT THE INTEGRITY AND JUDGMENT OF OFFICIALS and accept their decisions without question.
4. RESPECT THE FACILITIES OF THE HOST SCHOOL and the trust entailed in being a guest.
5. RETAIN HIS/HER COMPOSURE AT ALL TIMES. Play hard but with self control.
6. BE MODEST IN VICTORY AND GRACIOUS IN DEFEAT.
7. PLAY YOUR BEST regardless of discouragement. A true competitor does not give up, nor does he/she embarrass or humiliate the opponent.
8. SET A HIGH STANDARD as a representative of the school, both in competition and in the classroom.
9. PLAY FOR THE LOVE OF THE GAME.

THE SPECTATOR SHOULD:

1. BE AN ENTHUSIASTIC SUPPORTER, cheering for his/her team, not against the opposing team.
2. RESPECT THE GAME. This includes showing respect for participants, officials, coaches, and other spectators.
3. BE MODEST IN VICTORY AND IN DEFEAT.
4. RECOGNIZE THAT THE PRIMARY PURPOSE of interscholastic competition is to promote the physical, mental, moral, social and emotional well-being of the players.
5. REALIZE THAT HE/SHE REPRESENTS THE SCHOOL just as a member of a team and has the same obligation to be a true sportsman.

Virginia Beach City Public Schools Sportsmanship Guide

A Guide for Athletes, Coaches, and Parents

Participation in co-curricular activities is a privilege. As representatives of Virginia Beach City Public Schools, student athletes are expected to conduct themselves in a manner that meets the highest standards at all times.

It is the goal of Virginia Beach City Public Schools to provide all students with opportunities to engage in athletic activities that enrich their education and further develop the core values of respect, responsibility, fairness, trust, and good citizenship.

Engaging in planned instruction teaches good sportsmanship and proper behavior. It is the responsibility of the administration, staff, coaches, parents, and the community at large to create a climate that fosters the development of these behaviors. This is accomplished by encouraging and modeling positive and appropriate behavior within the sporting environment while, at the same time striving for excellence.

Expectations for the behavior of athletes, coaches, and spectators at athletic contests, practices, and events are outlined below:

Athletes

Athletes are required to meet the following expectations:

- (1) Be courteous to visiting teams and officials.
- (2) Play hard and to the limit of your ability, regardless of discouragement. True athletes do not give up nor do they argue, cheat, or taunt opponents.
- (3) Retain composure at all times and never leave the bench or enter the playing field/court to engage in a fight.
- (4) Be modest when successful and be gracious in defeat. A true competitor does not offer excuses.
- (5) Maintain a high degree of physical fitness by conscientiously observing team and training rules.
- (6) Demonstrate loyalty to the school by maintaining a high scholastic standing and by participating in or supporting other school activities.
- (7) Play for the love and honor of the game.
- (8) Understand and observe the rules of the game and the standards of eligibility.
- (9) Respect the integrity and judgment of officials and accept their decisions without question.
- (10) Respect the facilities of the host school and demonstrate the behavior expected of guests.

Coaches

Coaches are required to meet the following expectations:

- (1) Exemplify behavior that is representative of the educational staff of the school and a credit to the teaching profession.
- (2) Demonstrate high ideals, good habits and desirable attitudes in personal behavior and demand the same standards of your players. Make sportsmanship priority #1.
- (3) Emphasize to players and bench personnel the importance of proper sideline behavior and the necessity of restraining from entering the playing field/court.
- (4) Recognize that the purpose of competition is to promote the physical, mental, social, and emotional well-being of individual players and that the most important values of competition are derived from playing the game fairly.
- (5) Be a modest winner and a gracious loser.
- (6) Maintain self-control at all times, accepting adverse decisions without public display of emotion or of dissatisfaction with the officials.

- (7) Cooperate with the school administration in the planning, scheduling, and conduct of sports activities.
- (8) Employ accepted educational methods in coaching, giving all players an opportunity to use and develop initiative, leadership, and judgment.
- (9) Pay close attention to the physical condition and well being of players, refusing to jeopardize the health of an individual for the sake of the team.
- (10) Teach athletes that it is better to lose fairly than win unfairly.
- (11) Demonstrate integrity. Do not allow gambling, profanity, abusive language, or similar violations.
- (12) Refuse to criticize an opponent, an official, or others associated with sports activities.
- (13) Properly supervise student athletes under your immediate care and specifically observe a coach's responsibilities during events off school grounds.

Parents/Spectators

Parent/Spectators are required to meet the following expectations:

- (1) Realize that you represent the school and community and, therefore, have an obligation to be a true sportsman, encouraging through positive behavior the practice of good sportsmanship by others.
- (2) Recognize that good sportsmanship is more important than victory by approving and applauding good team play, individual skill, and outstanding examples of sportsmanship and fair play exhibited by either team.
- (3) Recognize that since the primary purpose of interscholastic athletics is to promote the physical, mental, moral, social, and emotional well being of the players, victory or defeat are of secondary importance.
- (4) Treat visiting teams and officials as guests, extending to them every courtesy.
- (5) Be modest in victory and gracious in defeat.
- (6) Respect the judgment and integrity of officials, realizing that their decisions are based upon game conditions.

Athlete/Parent/Coach Communication

Virginia Beach City Public Schools encourages open communication among athletes, parents, and coaches. Both athletes and parents are urged to discuss their concerns with the coach in the appropriate setting and at the appropriate time.

Appropriate concerns to discuss with the coach include issues of mental and physical well being, strategies for improving individual performance, and issues of behavior.

Issues not appropriate for a parent to discuss with the coaches include playing time, starting positions, team strategy, play calling, and other athletes.

Conflict Resolution

It is desirable for conflicts to be resolved by an athlete with his/her coach. Occasionally, however, situations arise where conflicts are not able to be resolved through this interaction and the assistance of the student activities coordinator and/or principal is needed.

Spectator Conduct

The Virginia High School League requires school districts to monitor spectator behavior at all school sponsored activities. Accordingly, an event supervisor(s) may request any person involved in misconduct to leave the premises and may contact the police for assistance. The school has the authority to suspend individuals from attending all school sponsored activities for spectator misconduct. Virginia Beach City Public Schools appreciates positive support from all spectators.

PARENT/COACH COMMUNICATION

Parent Coach Relationship

Both parenting and coaching are extremely difficult vocations. By establishing an understanding of each position, we are better able to accept the actions of the other and provide a greater benefit to student athletes. As parents, when your children become involved in our program, you have the right to understand what expectations are placed on your child. This begins with clear communication from the coach of child's program.

Communications You Should Expect from Your Child's Coach

1. Philosophy of the coach
2. General expectations
3. Locations and times of all practices and contests
4. Team requirements, special equipment, strength and conditioning programs
5. Procedure if your child is injured during participation
6. Team rules, guidelines, and consequences for infractions
7. Lettering criteria
8. Team selection process

Communication Coaches Expect From Athletes/Parents

1. Concerns related to your child's general welfare
2. Notification of any schedule conflicts in advance
3. Notification of illness or injury as soon as possible

Appropriate Concerns to Discuss With Coaches

1. Ways to help your child improve
2. Concerns about your child's behavior

It is very difficult to accept your child not playing as much as you hope. Coaches are professionals. They make decisions based on what they believe to be the best for all student athletes involved. As you have seen from the previous list, certain things can be and should be discussed with your child's coach. Other things, such as those listed below, must be left to the discretion of the coach:

1. Playing time
2. Team strategy
3. Play calling
4. Other student athletes

There are situations that might require a conference between the coach and player, or coach and parent. These conferences are encouraged. It is important that all parties involved have a clear understanding of the other person's position.

PARENT/COACH COMMUNICATION (cont.)

If You Have a Concern to Discuss With a Coach

1. Call the coach to set up an appointment.
2. If the coach cannot be reached, call the student activities coordinator to help set up the meeting for you.
3. Please do not attempt to confront a coach before or after a contest or practice. These can be emotional times for both the parent and coach. Meetings of this nature usually do not promote positive resolutions.

The Next Step

What can a parent do if the meeting with the coach did not provide a satisfactory resolution?

1. Call and set up an appointment with the student activities coordinator to discuss the situation.
2. At this meeting the appropriate next step can be determined.

Parent Code

1. Be a positive role model through your own actions to make sure your child has the best athletic experience possible.
2. Be a “team fan”, as well as a “my kid” fan.
3. Weigh what your children say; they might slant the truth to their advantage.
4. Show respect for the opposing players, coaches, spectators, and support groups.
5. Be respectful of all officials’ decisions.
6. Praise student athletes in their attempts to improve themselves as students, as athletes, and as people.
7. Gain an understanding and appreciation for the rules of the contest.
8. Recognize and show appreciation for an outstanding play by either team.
9. Help your child learn that success is oriented in the development of a skill and should make a person feel good about themselves, win or lose.
10. If you as a parent have concern, take time to talk with coaches in an appropriate manner including proper time and place. Be sure to follow the designated chain of command.
11. Please reinforce our drug and alcohol-free policies by refraining from the use of any controlled substance before and during athletic contests.
12. Remember that a ticket to a school athletic event is a privilege to observe the contest.

Be sensible, responsible, and keep your priorities in order. Participating on a Virginia Beach Middle School League team is a wonderful opportunity for your child to grow physically, socially, and emotionally.

INSURANCE

Adequate insurance coverage for an athlete is the responsibility of the parent or guardian. The school system purchases accident insurance for students for coverage while they are involved in secondary school interscholastic athletic activities. The insurance plan includes only those sports, which are under the supervision of the Virginia Beach Middle School League. It does not include sports clubs offered by individual schools.

It must be clearly understood that no accident insurance plan is comprehensive. It is certainly possible that a child could be seriously injured resulting in sizeable medical costs for which parents are responsible. Serious injury could include, but is not restricted to, loss of bodily function, loss of organs or limbs, paralysis, and even death.

The school system is again offering \$100.00 deductible insurance coverage without a premium cost to the parent.

Insurance information outlined on the following five pages is an attempt to briefly describe the insurance plan. It is not a copy of the policy.

2014-15 SECONDARY SCHOOLS ATHLETIC ACCIDENT INSURANCE PLAN HIGHLIGHTS

COVERAGE for accidents while participating in secondary school athletics. Travel is also covered, according to policy limits and limitations listed on the next page, when the student is going directly and uninterruptedly to or from conditioning, practice or competition.

FULL EXCESS WITH \$100 DEDUCTIBLE – After a \$100 deductible per incident, benefits are payable up to the applicable maximum for covered expenses that are not recoverable from another plan providing medical expense benefits. If the insured is not covered by another plan providing medical expense benefits, after a \$100 deductible is met, benefits are then payable according to policy limits and limitations.

INPATIENT HOSPITAL SERVICES	COINSURANCE PERCENTAGE
Hospital's most common charge for semi-private room & board (or room and board in an intensive care unit)	70% Usual and Customary (U&C)
Hospital ancillary services (including, but not limited to, use of the operation room)	70% U&C
OUTPATIENT HOSPITAL SERVICES	
Hospital emergency room or ambulatory medical center	70% U&C up to max \$2,000
Laboratory test	70% U&C
Radiological procedures	70% U&C
PHYSICIAN SERVICES (INPATIENT OR OUTPATIENT)	
Services of a Physician (a licensed practitioner of the healing arts acting within the scope of his or her license who is not 1) insured; 2) an immediate family; or 3) retained by the Policyholder)	70% U&C
Anesthetics and the administration of anesthetics	70% U&C
Physical therapy	70% U&C except that an office visit connected with any such service is payable up to \$50 per visit up to a max of 5 visits
ADDITIONAL SERVICES	
Registered Nurse Services or Licensed Practical Nurse	70% U&C
Ambulance service to or from a hospital	70% U&C up to max \$800
Rental of durable medical equip/artificial limbs, artificial eyes or other prosthetic appliances	70% U&C
Medicines or drugs administered by a physician or that can be obtained only with a physicians' written prescription	70% U&C
Artificial eyes or other prosthetic appliances	70% U&C
Repair or replacement of sound natural teeth damaged or lost as a result of injury	70% U&C up to max \$500
Deferred Dental	70% U&C up to \$600
Accidental Death Benefit	Max Amount: \$15,000
Accidental Dismemberment Benefit	Max Amount: 30,000

EXCLUSIONS AND LIMITATIONS

The policy does not cover any loss as a result of:

1. treatment rendered by a family member or a person retained by you or the school.
2. charges which the insured would not have to pay if he/she did not have insurance or are in excess of usual and reasonable expenses.
3. any injury that is intentionally self-inflicted; war or any act of war; taking part in a riot.
4. any injury that is caused by (a) flying in aircraft, except as a fare paying passenger; (b) flying in an ultra-light, hang-gliding, parachuting, or bungie-cord jumping; (c) flying in a space craft or any craft designed for navigation above the earth's atmosphere; (d) travel in or upon a snowmobile or any two or three wheeled motorized vehicle or any off road motorized vehicle not requiring licensing as a motor vehicle; or (e) any accident where the insured is the operator and does not possess a current and valid motor vehicle operator's license.
5. an injury for which the insured is covered under Worker's Compensation or Employer's Liability Laws.
6. the insured's participation in a felony.
7. an injury caused by drug addiction or the result of being intoxicated.
8. a sickness or disease or diagnostic test or treatment, except infection which occurs directly from an accidental cut or wound, or ingestion of contaminated food.
9. expenses incurred in connection with cosmetic surgery or procedures unless required by an injury.
10. that part of medical expenses payable by any automobile insurance policy without regard to fault (does not apply in any state that prohibits such limitation).
11. an injury resulting from participation in or practice in any activity, which is not supervised and sponsored by the policyholder.

DEATH, DISMEMBERMENT OR LOSS OF SIGHT BENEFIT

When a covered injury results in any one of the following losses within 365 days after the date of accident, additional benefits will be paid for the loss of: life-\$15,000; dismemberment of two limbs or eyes-\$30,000; or single dismemberment-\$15,000. If more than one loss results from any one accident, only one amount, the largest, will be paid.

PROCEDURE FOR MAKING A CLAIM

The contact person(s) for insurance claims will be identified at the preseason meeting. Parents must make sure they follow the procedure listed below to help expedite payment by the insurance company:

- STEP 1: Pick up the claim form from the contact person at your child's school.
- STEP 2: Fill out parts 1 and 2. The parent or guardian must complete Part 2 and must sign the authorization and affidavit in Part 2.
- STEP 3: Take the claim form to the individual who was supervising the activity or the contact person for verification as a legal injury.
- STEP 4: The claimant will then take the claim form to the attending provider of services for his medical report. The claimant must send the original claim form to Tower Financial. To activate the claim, page 2 of the form must be filled out or an itemized statement from the provider of services, must be attached. Mail the claim form with any attachments to:

Tower Financial
316 Office Square Lane
Suite 103
Virginia Beach, Va. 23462
757-499-4488 (fax) 499-1522

- STEP 5: Submit all subsequent bills and keep a copy of all records sent to the insurance company.

Any questions pertaining to the filing procedure can be answered by the contact person at your child's school, the Virginia Beach City Public Schools Student Activities Office or a representative of Tower Financial.

IMPORTANT:

- 1. Treatment for any injury must be received and claim form filed within 90 days of the date of injury!**
The benefit period for the secondary school athletic accident plan is 2 years from the date of injury.
- 2. When another plan providing medical expense benefits to an insured is an HMO, PPO, or similar arrangement** for provision of benefits or service and the insured does not use the facilities or services of the HMO, PPO, or similar arrangement for provision of benefits or services, the medical benefits otherwise payable under **this policy shall be reduced by 50%**. This limitation shall not apply to emergency treatment required within 24 hours after an accident when the accident occurs outside the geographic area served by the HMO, PPO, or similar arrangement for provision of benefits or services.
- 3. Treatment at an Urgent Care Facility** is considered a physician visit which is not covered under the outpatient emergency room benefit.

**NATIONAL UNION FIRE
INSURANCE COMPANY**
MAIL CLAIM FORM TO:
TOWER FINANCIAL GROUP
316 OFFICE SQUARE LANE, STE. 103
VIRGINIA BEACH, VA 23462
Phone (757) 499-4488
Fax: (757) 499-1522

NOTIFICATION OF INJURY

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Reference Number

FOR OFFICE USE	
Policy Number	
Coverage Code	

FORM MUST BE COMPLETED IN FULL & MAILED TO OUR OFFICE WITHIN 90 DAYS FROM THE DATE OF THE ACCIDENT

PART I – ACCIDENT REPORT					
1A. Name of School			1B. Name of School District/Dioocese/Association		
2A. Name of Student (Last)		(First)	(Middle Initial)	2B. Social Security No.	2C. Grade
			2D. Birthdate	2E. Sex	
3. Nature of Injury (Please describe fully indicating what part of body was injured – e.g. broken arm, sprained ankle, etc.)					
4. Describe how accident occurred. (Please provide all details.) MUST BE A BODILY INJURY DUE TO AN ACCIDENT.					
5A. Was the accident school-related? <input type="checkbox"/> Yes <input type="checkbox"/> No			5B. Is the accident covered under a catastrophic policy? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6A. Did Accident Occur:		Yes	No	6B. a) Date of Accident	
a) while the claimant was supervised?		<input type="checkbox"/>	<input type="checkbox"/>	6C. Name of Activity	
b) during sponsored activity?		<input type="checkbox"/>	<input type="checkbox"/>		
c) during programmed hours?		<input type="checkbox"/>	<input type="checkbox"/>		
d) on activity premises?		<input type="checkbox"/>	<input type="checkbox"/>		
e) while traveling directly and uninterruptedly to or from home premises and school for regular school sessions or school sponsored and supervised activities?		<input type="checkbox"/>	<input type="checkbox"/>	6D. Name and Title of Supervisor	
7A. _____		7B. _____		7C. _____	
Signature of School Officer		Title		Date	

PART II – TO BE COMPLETED BY PARENT/GUARDIAN OR CLAIMANT (IF ADULT)

1A. Name of Father/Guardian or Claimant (if adult) <input type="checkbox"/> None		1B. Social Security No.		1C. Address/City/State/Zip		1D. Phone Number	
2A. Name of Mother/Guardian or Spouse (if adult) <input type="checkbox"/> None		2B. Social Security No.		2C. Address/City/State/Zip		2D. Phone Number	
3A. Name of Father/Guardian's or Claimant's (if adult) Employer <input type="checkbox"/> None			3B. Address/City/State/Zip of Employer			3C. Phone Number	
4A. Name of Mother/Guardian's or Spouse's (if adult) Employer <input type="checkbox"/> None			4B. Address/City/State/Zip of Employer			4C. Phone Number	
5A. List all Insurance Company(ies) under which the claimant is insured <input type="checkbox"/> None			5B. Policy Number(s)		5C.		
_____			_____		<input type="checkbox"/> Medicaid <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Govt.		
_____			_____		<input type="checkbox"/> Medicaid <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Govt.		
_____			_____		<input type="checkbox"/> Medicaid <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Govt.		
_____			_____		<input type="checkbox"/> Medicaid <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Govt.		
_____			_____		<input type="checkbox"/> Medicaid <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Govt.		

Affidavit: I verify that the above information regarding insurance is accurate and complete. I understand that the intentional furnishing of incorrect information via the U.S. Mail may be fraudulent and violate federal laws as well as state laws.

Signature of Parent/Guardian or Claimant (if adult) Date

Authorization: I hereby authorize any physician or hospital who has treated or attended to the above claimant to furnish the insurance company or its representative any information requested. A photocopy of this authorization is to be considered valid.

Signature of Insured (Parent or Guardian if claimant is under 18) Date



11
SEE CLAIM INSTRUCTIONS ON THE BACK OF THIS FORM

CLAIM INSTRUCTIONS

Treatment must commence within 90 days from the date of the accident.

1. In case of an accident, notify the school/organization immediately.
2. Notify **ALL** treatment facilities (physician's office, hospital, etc.) of this insurance coverage so that any invoices and/or Explanation of Benefits (EOB) can be sent directly from the medical facility to The Maksin Group.
3. Have Part I and Part II completed on the Notification of Injury form. Do not leave any blank spaces or write "N/A" in any space. If either parent or guardian is uninvolved, deceased, unemployed, self-employed or disabled, please state so. If you are employed, but do not have insurance, please state "NO INSURANCE" and provide us with a statement from your employer that the claimant has no insurance. Otherwise, our office will submit an insurance questionnaire to your employer to be used as verification of no dependent coverage.
4. Attach any itemized bills to the claim form, along with any corresponding Explanation of Benefits (EOB) for each itemized bill. An itemized bill includes treatment rendered, the dates of the treatment, diagnosis codes, physician's or hospital's name, address and tax i.d. number. Balance Due bills are not acceptable. Be sure to attach any receipts for bills paid out-of-pocket. Otherwise, benefits will be paid to the provider of service. Please Note: Both an itemized bill and EOB (if applicable) must be submitted for claims to be considered for accident medical expense benefits.
5. Mail the Notification of Injury form, along with any other applicable correspondence to our office within 90 days from the date of the accident. Do not leave this form with the school, coach, hospital, physician, etc. Our address is **Tower Financial Group, 316 Office Square Lane, Suite 103, Virginia Beach, VA 23462**. If you need further assistance, feel free to contact Customer Service at **(757) 499-4488**. We will be happy to assist you.

If your medical coverage is under an HMO, PPO or similar plan, you must follow their requirements for obtaining benefits. Otherwise, our benefits may be reduced, where applicable, as stated in the policy provisions. This restriction does not apply in every state.

MIDDLE SCHOOL ATHLETIC TRAINING PROGRAM

Parents allowing their children to participate in middle school athletics accept the risk of injury. To help minimize the risk and to manage injuries when they occur, each school will have access to a certified athletic trainer from The Children's Hospital of the King's Daughters Sports Medicine Program.



Athletic Trainers (ATCs) are allied health professionals, and each is licensed by the Virginia Board of Medicine. In order to become an ATC, one must graduate from a college or university with an accredited athletic education program with a bachelors or masters degree and then pass a comprehensive national board examination. In order to maintain their certification, an ATC must complete continuing education requirements to enhance their knowledge and practice in sports medicine.

There are six domains to athletic training in which ATCs are educated and practice:

1. Prevention of Athletic Injuries
2. Clinical Evaluation and Diagnosis
3. Immediate Care
4. Treatment, Rehabilitation, and Reconditioning
5. Organization and Administration
6. Professional Development and Responsibility

Athletic Trainers are an important link in the health care delivery system. The ATC serve as a liaison between athletes, parents, coaches, physicians, allied health professionals, student activities coordinators, and administrators to facilitate healthy participation in interscholastic athletics. *Please note that the athletic trainer is not required to be present at all practices, but is available via phone.*

For more information:

www.chkd.org/Our-Services/Programs-and-Clinics/Sports-Medicine-Program

www.nata.org/athletic-training

www.bocatc.org

Athletic Participation/Parental Consent/Physical Examination Form

Separate examination is required for each school year **May 1** of the current year through **June 30** of the succeeding year.

For School _____
Year _____

PART I - ATHLETIC PARTICIPATION

(To be filled in and signed by the student)

Male _____
Female _____

Name _____ Student I.D. # _____
(Last) (First) (Middle Initial)

Home Address _____

City/Zip Code _____

Home Address of Parents _____

City/Zip Code _____

Date of Birth _____ Place of Birth _____

This is my _____ semester in _____ Middle School, and my _____ semester since first entering the sixth grade. Last semester I attended _____ Middle School and passed _____ subjects, and I am taking _____ subjects this semester. I have read the condensed individual eligibility rules of the Virginia Beach Middle School League that appear below and believe I am eligible to represent my present middle school in athletics.

INDIVIDUAL ELIGIBILITY RULES

Attention Athletes! To be eligible to represent your school in any interscholastic contest you:

- must be a regular bona fide student in good standing of the school you represent
- must have been promoted to sixth grade or must have passed five subjects in a school year preceding the present one
- must have passed at least five subjects the previous semester and must be currently taking no less than five subjects
- must have achieved a 2.0 grade point average in the semester preceding participation in an activity
- must not have reached your fifteenth birthday on or before the first day of August of the current school year
- must have been in residence at your present middle school during the entire semester immediately preceding the one in which you desire to participate unless your transfer follows the transfer guidelines as established by the Virginia Beach Middle School League
- Upon transferring from another middle school, must participate at the attendance zone school in which a parent or guardian has physical custody of you.
- **FOR ALL STUDENTS WHOSE FIRST YEAR IN MIDDLE SCHOOL WAS AFTER THE 2006-07 SCHOOL YEAR:** must not have been enrolled in middle school for a period of more than six consecutive semesters, beginning with the semester in which he/she was enrolled for the first time in the sixth grade. The six consecutive semesters shall be counted continuously from that point, regardless of whether or not he/she remains continuously enrolled.
- **FOR ALL STUDENTS WHOSE FIRST YEAR IN MIDDLE SCHOOL WAS PRIOR TO THE 2007-08 SCHOOL YEAR:** must not have participated in the same activity more than (3) seasons while enrolled in grades six, seven, and eight. This rule applies to transfer students as well.
- must not have participated in more than the allowable number of contests in the sport you wish to play (six (6) regular season middle school contests in football or track, or eight (8) regular season middle school contests in any other sport) during the school year, either inside or outside Virginia Beach
- must be an amateur as defined by the Virginia Beach Middle School League: "An amateur is one who engages in athletics for the educational, physical, mental, and social benefits one derives there from, and to whom athletics are nothing more than an avocation."
- must not have received in recognition of your ability as a middle school athlete any award not presented or approved by your school or the League
- must not have participated in any all-star contest between teams whose players are selected from more than one middle school
- must be in attendance at your school for at least three (3) hours on the day you wish to participate in a practice or contest

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above-listed minimum standards, but also all other standards set by your League, district and school. If you have any question regarding your eligibility or are in doubt about the effect an activity might have on your eligibility, **check with your principal for interpretations and exceptions provided under League rules.** Meeting the intent and spirit of League standards will prevent you, your team, school and community from being penalized.

INDIVIDUAL SCHOOLS MAY REQUIRE ADDITIONAL STANDARDS TO THOSE LISTED ABOVE.

Student Signature: _____

Date: _____

PART II - - MEDICAL HISTORY-Explain "Yes" answers below

This form must be completed and signed, prior to the physical examination, for review by examining physician.

Explain "Yes" answers below with number of the question. Circle questions you don't know the answers to.

GENERAL MEDICAL HISTORY		Yes	No	MEDICAL QUESTIONS (cont)		Yes	No
1. Has a doctor ever denied or restricted your participation in Sports for any reason?		<input type="checkbox"/>	<input type="checkbox"/>	29. Do you have groin pain or a painful bulge or hernia in the groin area?		<input type="checkbox"/>	<input type="checkbox"/>
2. Do you currently have an ongoing medical condition? If so, Please identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other.		<input type="checkbox"/>	<input type="checkbox"/>	30. Have you had mononucleosis (mono) within the last month?		<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever spent the night in the hospital?		<input type="checkbox"/>	<input type="checkbox"/>	31. Do you have any rashes, pressure sores, or other skin problems?		<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had surgery?		<input type="checkbox"/>	<input type="checkbox"/>	32. Have you ever had a herpes or MRSA skin infection?		<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOU		Yes	No				
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		<input type="checkbox"/>	<input type="checkbox"/>	33. Are you currently taking any medication on daily basis?		<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had discomfort, pain, or pressure in your chest during exercise?		<input type="checkbox"/>	<input type="checkbox"/>	34. Have you ever had a head injury or concussion? If so, date of last injury:		<input type="checkbox"/>	<input type="checkbox"/>
7. Does your heart race or skip beats during exercise?		<input type="checkbox"/>	<input type="checkbox"/>	35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		<input type="checkbox"/>	<input type="checkbox"/>
8. Has a doctor ever told you that you have (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		<input type="checkbox"/>	<input type="checkbox"/>	36. Do you have headaches with exercise?		<input type="checkbox"/>	<input type="checkbox"/>
9. Has a doctor ever ordered a test for your heart? (for ex: ECG/EKG, echocardiogram)		<input type="checkbox"/>	<input type="checkbox"/>	37. Have you ever been unable to move your arms or legs after being hit or falling?		<input type="checkbox"/>	<input type="checkbox"/>
10. Do you get lightheaded or feel more short of breath than expected during exercise?		<input type="checkbox"/>	<input type="checkbox"/>	38. When exercising in heat, do you have severe muscle cramps or become ill?		<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever had an unexplained seizure?		<input type="checkbox"/>	<input type="checkbox"/>	39. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?		<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Yes	No	40. Have you had any other blood disorders?		<input type="checkbox"/>	<input type="checkbox"/>
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)?		<input type="checkbox"/>	<input type="checkbox"/>	41. Have you had any problem with your eyes or vision?		<input type="checkbox"/>	<input type="checkbox"/>
				42. Do you wear glasses or contact lenses?		<input type="checkbox"/>	<input type="checkbox"/>
				43. Do you wear protective eyewear, such as goggles or face shield?		<input type="checkbox"/>	<input type="checkbox"/>
13. Does anyone in your family have a heart problem?		<input type="checkbox"/>	<input type="checkbox"/>	44. Do you worry about you weight?		<input type="checkbox"/>	<input type="checkbox"/>
14. Does anyone in your family have a pacemaker or implanted defibrillator?		<input type="checkbox"/>	<input type="checkbox"/>	45. Are you trying to or has any professional recommended that you try to gain or lose weight?		<input type="checkbox"/>	<input type="checkbox"/>
15. Does anyone in your family have Marfan syndrome, cardiomyopathy or Long Q-T?		<input type="checkbox"/>	<input type="checkbox"/>	46. Do you limit or carefully control what you eat?		<input type="checkbox"/>	<input type="checkbox"/>
16. Has anyone in your family had unexplained fainting, unexplained Seizures, or near drowning?		<input type="checkbox"/>	<input type="checkbox"/>	47. Do you have any concerns that you would like to discuss with a doctor?		<input type="checkbox"/>	<input type="checkbox"/>
BONE AND JOINT QUESTIONS		Yes	No	48. What is the date of your last Tetanus immunizations? Date:		<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis that caused you to miss a practice or game?		<input type="checkbox"/>	<input type="checkbox"/>	49. Do you have an allergy to medicine, food, or stinging insects?		<input type="checkbox"/>	<input type="checkbox"/>
18. Have you had any broken or fractured bones or dislocated joints?		<input type="checkbox"/>	<input type="checkbox"/>	FEMALES ONLY			
19. Have you had a bone or joint injury that required x-rays, MRI, CT, Surgery, injections, rehabilitation, physical therapy, a brace, a cast or crutches?		<input type="checkbox"/>	<input type="checkbox"/>	50. Have you ever had a menstrual period?		<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever had an x-ray or your neck for atlanto-axial Instability? OR have you ever been told that you have that disorder or any neck/spine problem?		<input type="checkbox"/>	<input type="checkbox"/>	51. Age when you had your first menstrual period? _____			
21. Have you ever had a stress fracture of a bone?		<input type="checkbox"/>	<input type="checkbox"/>	52. How many periods have you had in the last 12 months?			
22. Do you regularly use a brace or assistive device?		<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN "YES" ANSWERS BELOW:			
23. Do you currently have a bone, muscle, or joint injury that bothers you?		<input type="checkbox"/>	<input type="checkbox"/>	# ___ > _____			
24. Do any of your joints become painful, swollen, feel warm, or look red?		<input type="checkbox"/>	<input type="checkbox"/>	# ___ > _____			
25. Do you have a history of juvenile arthritis or connective tissue disease?		<input type="checkbox"/>	<input type="checkbox"/>	# ___ > _____			
MEDICAL QUESTIONS		Yes	No	# ___ > _____			
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		<input type="checkbox"/>	<input type="checkbox"/>	# ___ > _____			
27. Do you have asthma or use asthma medicine (inhaler, nebulizer)?		<input type="checkbox"/>	<input type="checkbox"/>	*List medications and nutritional supplements you are currently taking here:			
28. Were you born without or are you missing a kidney, an eye, a testicle, spleen or any other organ?		<input type="checkbox"/>	<input type="checkbox"/>				

Parent/Guardian Signature: _____ Date: _____ Athlete's Signature: _____

PART III – PHYSICAL EXAMINATION

(Physical examination is required each school year after May 1 of the preceding school year and is good through June 30th of the current school year)**

NAME: _____ Date of Birth _____ SCHOOL: _____

EXAMINATION					
Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
BP /	Resting 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		
Pulses		
Lungs		
Abdomen		
Genitourinary (Males only)		
Skin		
Neurologic		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional		

Medical Practitioner to School Staff (please indicate any instruction or recommendations here)

Emergency medications required on-site Inhaler Epinephrine Glucagon Other

Comments:

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics.

- CLEARED WITHOUT RESTRICTIONS**
- CLEARED WITH FOLLOWING NOTATION:** _____
- Cleared **AFTER** documented further evaluation or treatment for: _____
- Cleared for **Limited participation** (check and explain “reason” for all that apply): *“Limited Until Date”*: when appropriate
 - Not cleared for (specific sports) _____ Until Date: _____
 - Reason(s): _____
- NOT CLEARED FOR PARTICIPATION** _____
- Reason(s): _____

By this signature, I attest that I have examined the above student and completed this pre-participation physical including a review of Part II – Medical History.

Physician Signature: _____ (MD, DO, LNP, PA) Date _____
circle one

Examiner’s Name and degree (print): _____ Phone Number _____

Address: _____ City _____ State _____ Zip _____

+Only signature of Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician’s Assistant licensed to practice in the United States will be accepted

PART IV -- ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT

(To be completed and signed by parent/guardian)

I give permission for _____ (name of child/ward) to participate in any of the following sports that are not crossed out: baseball, basketball, cheerleading, field hockey, football, soccer, softball, track, volleyball, wrestling.

I have reviewed and understand the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk vary significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, written handouts, or some other means. He/she has athletic participation insurance coverage through the school; is insured by our family policy with:

Name _____ of _____ Company:

Policy Number _____ Name of Policy Holder _____

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team. I grant this permission knowing that my child/ward could be seriously injured resulting in sizeable medical costs for which I am responsible.

By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the school to perform a pre-participation examination on my child and to provide treatment for any injury or condition resulting from participating in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) or health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.

Additionally I give my consent and approval that the above named student's picture and name may be printed in any middle school, or VBMSL, or VBCPS athletic program, publication or video.

PART V - EMERGENCY PERMISSION FORM

(To be completed and signed by parent/guardian)

STUDENT'S NAME _____ GRADE _____ AGE _____

MIDDLE SCHOOL _____ CITY _____

Please list any significant health problems that might be significant to a physician evaluating your child in case of an emergency _____

Please list any allergies to medications, etc. _____

Has student been prescribed an inhaler or epipen? _____

Is student presently taking medication? _____ If so, what type? _____

Does student wear contact lenses? _____ Please list date of last tetanus shot _____

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of _____ Middle School to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above.

*Daytime phone number (where to reach you in emergency) _____

*Evening time phone number (where to reach you in emergency) _____

* Please make sure phone numbers are current for the duration of participation

Signature of parent or guardian _____ Date _____

Relationship to student _____

***Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment if needed.**

I certify all the above information is correct _____

Parent/Guardian Signature

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician

CONCUSSION IN SPORTS

Information Sheet for Parents/Guardians

Parents/Guardians of Athletes: In order to help protect the student athletes of Virginia Beach Public Schools, the Virginia General Assembly in accordance with Senate Bill 652 (Concussion in Student-Athletes) has mandated that all student athletes, parents and coaches follow the Virginia Beach Public Schools Concussion Policy. Please read and sign this fact sheet and return it to your school's student activities coordinator prior to the first date of competition. **This form must be reviewed and signed on a yearly basis.**

What is a concussion?

A concussion is a brain injury and all brain injuries are serious. It is characterized by an onset of impairment of cognitive and/or physical functioning, and is caused by a blow to the head, face or neck, or a blow to the body that causes a sudden jarring of the head (i.e. a helmet to the head, being knocked to the ground). A concussion can occur with or without a loss of consciousness, and proper management is essential to the immediate safety and long-term future of the injured individual. A repeat concussion that occurs before the brain recovers from the first – usually within a short period of time (hours, days, or weeks) – can slow recovery or increase the likelihood of having long term problems. In rare cases, repeat concussion can result in edema (brain swelling), permanent brain damage, and even death.

What are the signs and symptoms of a concussion?

*Signs observed by teammates, coaches, parents/guardians include:

1. Appears dazed or stunned
2. Is confused about assignments and positions
3. Forgets instructions and answers questions slowly or inaccurately
4. Is unsure of game, score, or opponent
5. Loss of balance/coordination and moves clumsily
6. Shows mood, behavior, or personality changes
7. Cannot recall events prior to hit or fall
8. Cannot recall events after hit or fall

*Symptoms reported by athlete may include one or more of the following:

1. Headache or "pressure" in head
2. Nausea/vomiting
3. Balance problems or dizziness
4. Sensitivity to light or sound/noise
5. Feeling sluggish, hazy, groggy, or foggy
6. Difficulty with concentration, short-term memory and/or confusion
7. Double vision or changes in vision
8. Irritability
9. Just not "feeling right" or is "feeling down"

* adapted from CDC

How can you help your child prevent a concussion?

Every sport is different, but there are steps your child 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 properly wear the right protective equipment that is required for their sport (such as helmets, padding, shin guards, eye and mouth guards).
- Learn the signs and symptoms

What should you do if you think your child has a concussion?

1. Seek medical attention right away. A licensed 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 licensed health care professional gives clearance to return. 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. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences.

STUDENT'S NAME: _____ SPORT(S): _____ SCHOOL YEAR: _____

3. Tell your child's coach about any recent concussions. School personnel should be notified 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.
4. Refer to the Concussion Graduated Return to Play guidelines below to familiarize yourself with the process used to determine when it is safe for your child to gradually return to full activity.

CONCUSSION GRADUATED RETURN TO PLAY

- When an athlete has been evaluated by an athletic trainer and/or a physician for a concussion the following graduated functional return to play will be followed. *The return to play progression will not begin until the athlete is completely symptom free.* Each stage is a minimum 24 hour period; therefore the return to play progression will be a minimum of 4-5 days.
- If the athlete experiences any symptoms, at any point during the rehabilitation stages, the progression will stop immediately and the cycle will resume at the previous asymptomatic rehabilitation stage after 24 hours of rest. If symptoms continue to occur, the athlete will be referred back to the physician for a follow up evaluation.

Rehabilitation Stage	Functional Exercise	Objective of Each Stage
Stage 1 – No Activity	Physical/Cognitive Rest	Recovery
Stage 2 – Light Aerobic Exercise	Walking, Swimming, Bike	Increase Heart Rate
Stage 3 – Sport-Specific Exercise	Running Drills, NO Contact	Add Movement
Stage 4 – Non-Contact Drills	Complex Drills, Resistance Training	Exercise, Coordination, Cognitive Load/IMPACT
Stage 5 – Full Contact	Following Clearance, Normal Training Activities	Restore Confidence, Assess Functional Skills by Coaches
Stage 6 – Return to Play	Normal Game Play	

*Adapted from Table 1 McCrory et al. Consensus Statement on Concussion in Sport 3rd International Conference on Concussion in Sport, Zurich, November 2008

- The treatment, management, and return to play determinations will be individualized to each athlete and dependent on circumstances of each specific case and injury. IMPACT testing may also be utilized in the return to play determination, treatment and evaluation of concussions.
- A safe return to play is the ultimate goal regardless of age and level of play.
- After being released for participation by a physician, the athlete must also be cleared by the school's athletic trainer before beginning Stage 2 of the return to play progression above. The student-athlete must pass all six stages under the supervision of the certified athletic trainer before being allowed to return to play.

By signing below, I am indicating that I have read and understand this document.

Print Name of Parent/Guardian	Print Name of Athlete	
Parent/Guardian's Signature	Athlete's Signature	Date

REMEMBER: Don't Hide it. Report it. Take time to recover. It's better to miss one game than the whole season.

Virginia Beach School Board Grading Scale

Modified 10 Point Grading Scale

Range	Letter Grade	Points
93 - 100	A	4.0
90 - 92	A-	3.7
87 - 89	B+	3.3
83 - 86	B	3.0
80 - 82	B-	2.7
77 - 79	C+	2.3
73 - 76	C	2.0
70 - 72	C-	1.7
67 - 69	D+	1.3
64 - 66	D	1.0
Below 64	E	0.0

2.0 GRADE POINT AVERAGE REQUIREMENT FOR INTERSCHOLASTIC ACTIVITIES

On February 18, 1997, the School Board approved a more stringent academic standard for participation in interscholastic activities in grades 6-12. The standard, which went into effect September 1997, is part of the school division's ongoing initiative to raise the level of student achievement. The standard is consistent with those in several other area localities and with the school division's determination to provide the kind of education that will prepare our students for the highly complex world of tomorrow.

Athletic and academic competition sponsored by the Virginia Beach Middle School League is covered by the standard. Intramural sports and individual school extracurricular and club activities are exempt.

The minimum grade point average (GPA) eligibility requirement for participation in interscholastic activities is 2.0. High school students must have earned at least a 2.0 GPA in courses taken the semester immediately preceding the semester in which they want to participate. Final grades earned in courses taken during summer school will be averaged with the semester grades the student earned in courses taken during the second semester to determine a student's second semester grade point average.

Students who do not meet the GPA requirement in a given semester and who wish to participate, have the option to use a waiver available to them one time during their middle school years. The GPA waiver may be used as long as all Virginia Beach Middle School League requirements are met.

Additional information on using the waiver option and assistance to students desiring additional help to attain eligibility are available at each Virginia Beach middle school.

Please note the **Individual Eligibility Rules** on the following page, as established by the Virginia Beach Middle School League.

NCAA ELIGIBILITY CENTER QUICK REFERENCE GUIDE



NCAA Division I Initial-Eligibility Requirements

Core Courses: (16)

- **Initial full-time collegiate enrollment *before* August 1, 2016:**
 - **Sixteen (16) core courses** are required (see chart below for subject-area requirements).
- **Initial full-time collegiate enrollment *on or after* August 1, 2016:**
 - **Sixteen (16) core courses** are required (see chart below for subject-area requirements).
 - Ten (10) core courses completed before the seventh semester; seven (7) of the 10 must be in English, math or natural/physical science.
 - These courses/grades are "locked in" at start of the seventh semester (cannot be repeated for grade-point average [GPA] improvement to meet initial-eligibility requirements for competition).
 - *Students who do not meet core-course progression requirements may still be eligible to receive athletics aid and practice in the initial year of enrollment by meeting academic redshirt requirements (see below).*

Test Scores: (ACT/SAT)

- Students must present a corresponding test score and core-course GPA on the sliding scale (see Page No. 2).
 - **SAT:** critical reading and math sections.
 - Best subscore from each section is used to determine the SAT *combined* score for initial eligibility.
 - **ACT:** English, math, reading and science sections.
 - Best subscore from each section is used to determine the ACT *sum* score for initial eligibility.
- All ACT and SAT attempts *before* initial full-time collegiate enrollment may be used for initial eligibility.
- **Enter 9999 during ACT or SAT registration to ensure the testing agency reports your score directly to the NCAA Eligibility Center. Test scores on transcripts will not be used.**

Core Grade-Point Average:

- Only *core courses* that appear on the high school's List of NCAA Courses on the NCAA Eligibility Center's website (www.eligibilitycenter.org) will be used to calculate your core-course GPA. Use this list as a guide.
- **Initial full-time collegiate enrollment *before* August 1, 2016:**
 - Students must present a corresponding test score (ACT sum score or SAT combined score) and core-course GPA (minimum 2.000) on Sliding Scale A (see Page No. 2).
 - Core-course GPA is calculated using the **best 16 core courses** that meet subject-area requirements.
- **Initial full-time collegiate enrollment *on or after* August 1, 2016:**
 - Students must present a corresponding test score (ACT sum score or SAT combined score) and core-course GPA (minimum 2.300) on Sliding Scale B (see Page No. 2).
 - Core-course GPA is calculated using the **best 16 core courses** that meet both progression (10 before seventh semester; seven in English, math or science; "locked in") and subject-area requirements.

DIVISION I Core-Course Requirement (16)	
4	years of English
3	years of math (Algebra I or higher)
2	years of natural/physical science (1 year of lab if offered)
1	year of additional English, math or natural/physical science
2	years of social science
4	years of additional courses (any area above, foreign language or comparative religion/philosophy)

DIVISION I – 2016 Qualifier Requirements	
<i>*Athletics aid, practice, and competition</i>	
•	16 core courses <ul style="list-style-type: none"> ○ Ten (10) core courses completed before the start of seventh semester. Seven (7) of the 10 must be in English, math or natural/physical science. <ul style="list-style-type: none"> ▪ "Locked in" for core-course GPA calculation.
•	Corresponding test score (ACT sum score or SAT combined score) and core-course GPA (minimum 2.300) on Sliding Scale B (see Page No. 2).
•	Graduate from high school.

DIVISION I – 2016 Academic Redshirt Requirements	
<i>*Athletics aid and practice (no competition)</i>	
•	16 core courses <ul style="list-style-type: none"> ○ No grades/credits "locked in" (repeated courses after the seventh semester begins may be used for initial eligibility).
•	Corresponding test score (ACT sum score or SAT combined score) and core-course GPA (minimum 2.000) on Sliding Scale B (see Page No. 2).
•	Graduate from high school.

Sliding Scale A		
<i>Use for Division I prior to August 1, 2016</i>		
NCAA DIVISION I SLIDING SCALE		
Core GPA	SAT Verbal and Math ONLY	ACT Sum
3.550 & above	400	37
3.525	410	38
3.500	420	39
3.475	430	40
3.450	440	41
3.425	450	41
3.400	460	42
3.375	470	42
3.350	480	43
3.325	490	44
3.300	500	44
3.275	510	45
3.250	520	46
3.225	530	46
3.200	540	47
3.175	550	47
3.150	560	48
3.125	570	49
3.100	580	49
3.075	590	50
3.050	600	50
3.025	610	51
3.000	620	52
2.975	630	52
2.950	640	53
2.925	650	53
2.900	660	54
2.875	670	55
2.850	680	56
2.825	690	56
2.800	700	57
2.775	710	58
2.750	720	59
2.725	730	59
2.700	730	60
2.675	740-750	61
2.650	760	62
2.625	770	63
2.600	780	64
2.575	790	65
2.550	800	66
2.525	810	67
2.500	820	68
2.475	830	69
2.450	840-850	70
2.425	860	70
2.400	860	71
2.375	870	72
2.350	880	73
2.325	890	74
2.300	900	75
2.275	910	76
2.250	920	77
2.225	930	78
2.200	940	79
2.175	950	80
2.150	960	80
2.125	960	81
2.100	970	82
2.075	980	83
2.050	990	84
2.025	1000	85
2.000	1010	86

Sliding Scale B		
<i>Use for Division I beginning August 1, 2016</i>		
NCAA DIVISION I SLIDING SCALE		
Core GPA	SAT Verbal and Math ONLY	ACT Sum
3.550	400	37
3.525	410	38
3.500	420	39
3.475	430	40
3.450	440	41
3.425	450	41
3.400	460	42
3.375	470	42
3.350	480	43
3.325	490	44
3.300	500	44
3.275	510	45
3.250	520	46
3.225	530	46
3.200	540	47
3.175	550	47
3.150	560	48
3.125	570	49
3.100	580	49
3.075	590	50
3.050	600	50
3.025	610	51
3.000	620	52
2.975	630	52
2.950	640	53
2.925	650	53
2.900	660	54
2.875	670	55
2.850	680	56
2.825	690	56
2.800	700	57
2.775	710	58
2.750	720	59
2.725	730	60
2.700	740	61
2.675	750	61
2.650	760	62
2.625	770	63
2.600	780	64
2.575	790	65
2.550	800	66
2.525	810	67
2.500	820	68
2.475	830	69
2.450	840	70
2.425	850	70
2.400	860	71
2.375	870	72
2.350	880	73
2.325	890	74
2.300	900	75
2.299	910	76
2.275	910	76
2.250	920	77
2.225	930	78
2.200	940	79
2.175	950	80
2.150	960	81
2.125	970	82
2.100	980	83
2.075	990	84
2.050	1000	85
2.025	1010	86
2.000	1020	86

For more information, visit www.eligibilitycenter.org or www.2point3.org.

NCAA ELIGIBILITY CENTER QUICK REFERENCE GUIDE



Division II Initial-Eligibility Requirements

Core Courses

- **Division II currently requires 16 core courses.** See the chart below.
- **Beginning August 1, 2018**, to become a full or partial qualifier for Division II, all college-bound student-athletes must complete the 16 core-course requirement.

Test Scores

- **Division II** currently requires a minimum SAT score of 820 or an ACT sum score of 68. **Beginning August 1, 2018**, Division II will use a sliding scale to match test scores and core-course grade-point averages (GPA). The sliding scale for those requirements is shown on Page No. 2 of this sheet.
- The SAT score used for NCAA purposes includes **only** the critical reading and math sections. The writing section of the SAT is not used.
- The ACT score used for NCAA purposes is a **sum** of the following four sections: English, mathematics, reading and science.
- **When you register for the SAT or ACT, use the NCAA Eligibility Center code of 9999 to ensure all SAT and ACT scores are reported directly to the NCAA Eligibility Center from the testing agency. Test scores that appear on transcripts will not be used.**

Grade-Point Average

- Be sure to look at your high school's List of NCAA Courses on the NCAA Eligibility Center's website (www.eligibilitycenter.org). Only courses that appear on your school's approved List of NCAA Courses will be used in the calculation of the core GPA. Use the list as a guide.
- The current **Division II** core GPA requirement is a minimum of 2.000. **Division II** core GPA required to be eligible for competition on or after August 1, 2018, is 2.200 (corresponding test-score requirements are listed on the Sliding Scale on Page No. 2 of this sheet).
- The minimum **Division II** core GPA required to receive athletics aid and practice as a partial qualifier on or after August 1, 2018, is 2.000 (corresponding test-score requirements are listed on the Sliding Scale on Page No. 2 of this sheet).
- Remember, the NCAA core GPA is calculated using NCAA core courses only.

DIVISION II 16 Core Courses

- 3 years of English.
- 2 years of mathematics (Algebra I or higher).
- 2 years of natural/physical science (1 year of lab if offered by high school).
- 3 years of additional English, mathematics or natural/physical science.
- 2 years of social science.
- 4 years of additional courses (from any area above, foreign language or comparative religion/philosophy).

DIVISION II COMPETITION SLIDING SCALE		
<i>Use for Division II beginning August 1, 2018</i>		
Core GPA	SAT Verbal and Math ONLY	ACT Sum
3.300 & above	400	37
3.275	410	38
3.250	420	39
3.225	430	40
3.200	440	41
3.175	450	41
3.150	460	42
3.125	470	42
3.100	480	43
3.075	490	44
3.050	500	44
3.025	510	45
3.000	520	46
2.975	530	46
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2.575	690	56
2.550	700	57
2.525	710	58
2.500	720	59
2.475	730	60
2.450	740	61
2.425	750	61
2.400	760	62
2.375	770	63
2.350	780	64
2.325	790	65
2.300	800	66
2.275	810	67
2.250	820	68
2.225	830	69
2.200	840 & above	70 & above

DIVISION II PARTIAL QUALIFIER SLIDING SCALE		
<i>Use for Division II beginning August 1, 2018</i>		
Core GPA	SAT Verbal and Math ONLY	ACT Sum
3.050 & above	400	37
3.025	410	38
3.000	420	39
2.975	430	40
2.950	440	41
2.925	450	41
2.900	460	42
2.875	470	42
2.850	480	43
2.825	490	44
2.800	500	44
2.775	510	45
2.750	520	46
2.725	530	46
2.700	540	47
2.675	550	47
2.650	560	48
2.625	570	49
2.600	580	49
2.575	590	50
2.550	600	50
2.525	610	51
2.500	620	52
2.475	630	52
2.450	640	53
2.425	650	53
2.400	660	54
2.375	670	55
2.350	680	56
2.325	690	56
2.300	700	57
2.275	710	58
2.250	720	59
2.225	730	60
2.200	740	61
2.175	750	61
2.150	760	62
2.125	770	63
2.100	780	64
2.075	790	65
2.050	800	66
2.025	810	67
2.000	820 & above	68 & above

For more information, visit the NCAA Eligibility Center website at www.eligibilitycenter.org.

DYNAMITE SPORTS WEB SITE

www.Thecoachescircle.com/school/651



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- Create a recruiting video using our "[Highlight/Skills Video Service](#)" (starting at \$149)
- If you want some "One-on-One" guidance, utilize Dynamite Sports' "[Recruiting Consulting Service](#)"



TEAM POLICY AND SPORT SPECIFIC INFORMATION

Each sport has its own unique requirements and risks. To insure that the parent is informed prior to authorizing a child's participation in interscholastic athletics, the coach of each sport will speak on health risks particular to that sport at the preseason meeting. Instructional methods used to minimize these risks will also be explained. Questions are welcome.

In addition to becoming eligible and completing the necessary paperwork, each athlete must follow the specific rules developed by the coach. A clear understanding of these rules makes for a pleasant relationship among the parent, coach, and athlete. At the preseason meeting each coach will discuss his/her policy concerning:

1. School and practice attendance:
2. Practice schedule:
3. Team selection process:
4. Training rules:
5. Citizenship/academic development:
6. Sickness/return from injury/emergency care:
7. Competition participation criteria:
8. Parental involvement:
9. Criteria for receiving participation certificates, letters, and other awards:
10. Transportation:
11. Other Items:

VIRGINIA BEACH MIDDLE SCHOOL LEAGUE ATHLETIC MANUAL PARENTAL STATEMENT OF UNDERSTANDING

The Virginia Beach Middle School League Manual contains information concerning:

Participation expectations	Athletic Participation/Parental Consent	Collegiate Eligibility Requirements
Sportsmanship Guidelines and Values	Physical Examination	
Parent/Coach Communication	Concussion Information	Team Policy and Specific Sports
Insurance	Grading Scale	Parent Statement of Understanding
Athletic Training	2.0 Mandate for Interscholastic Activities	

Parental Statement of Understanding:

I understand the policies governing interscholastic athletics in the Virginia Beach City Public Schools through the preseason meeting, the Virginia Beach Middle School League Athletic Manual, or some other means, and by my signature grant permission for the student's participation. I also understand that participation in school-sponsored activities is a privilege and not a property right; and therefore, the school's principal may suspend my son/daughter from participation by declaring him/her not in good standing if the student's character or conduct is such as to reflect discredit upon his/her school.

Print Name of Parent/Guardian

Print Name of Student

Signature of Parent/Guardian
Date

Sport(s)

Attended Preseason Meeting:
Yes _____ No _____

***VBM*SL**

Virginia Beach Middle School League

