



Athletic Handbook

2016-2017

Littleton Elementary School District Athletics Department

Dear Parents/Guardians and Athletes,

Welcome to the Littleton Elementary School Athletic Program. We believe that our athletic program is an extension of the classroom. As such, athletics offers students an opportunity to develop and grow physically, intellectually, emotionally, and socially. The positive benefits that participation in athletics offers include, but are not limited to self-esteem, self-discipline, self-confidence, and the development of team spirit. Further, participants learn the values associated with competition and benefit from the experience of both winning and losing.

Included in this handbook are the rules and regulations necessary to provide a fair and orderly opportunity for all participants. This handbook contains information regarding the general operations and regulations of the Littleton Elementary School District Athletics Department. Please read it carefully with your student athlete.

We look forward to working with you.

Adam Haller

LESD Athletic Director

Michelle Smith

LESD Athletic Director

Participation Requirements

*forms provided by coaches

1. Completed **Consent for Emergency Care form** with **insurance coverage information** provided.
2. Completed **Physical form** with doctor's signature; a physical is needed within one week after the student is placed on the team for them to participate. Physicals must be dated after May 1st.
3. Completed **Sports Permission and Emergency form**.
4. Completed **Parent/Guardian Expectation form**.
5. **Athletic fee paid to school** or scholarship received prior to participation (must have waiver form completed and signed by the principal).

Formation of Teams

Teams will be comprised of 6th, 7th, and 8th grade students. Teams will be determined after an evaluation by the coaches. Because of limited resources and supervision it may be necessary for some coaches to "cut" interested athletes to keep the team sizes manageable. Athletes must attend all evaluations to be considered for a team. After the evaluations, athletes with the highest scores based on the assessment will be selected and placed on the team.

Athletic Seasons

Fall- Boys Basketball/ Girls Basketball/Cheerleading

Winter- Flag Football (CoED)/ Girls Volleyball/Cheerleading

Spring- Boys Soccer/ Girls Soccer

Summer- Boys Baseball/ Girls Softball

Athletic Fee

Student-athletes are required a fee of \$25.00 per sport, \$60.00 per student annual maximum or \$90.00 per family annual maximum.

Student-athletes may receive a waiver if they meet specific criteria. Parents can request a waiver form from the front office. Students who qualify for free lunch may receive a full waiver; students who receive reduced lunch may have an 80% waiver. **This fee is non-refundable to those who drop out of the program, are suspended, or ineligible due to grades/conduct.** Athlete fee must be paid prior to the first athletic contest.

The athletes are responsible for the uniforms and maintaining the condition in which they were given. Uniforms must be cleaned before they are returned. If a uniform is lost or damaged, an additional fee of \$30.00 per item will be charged to replace it. The fees can be applied to the tax credit on your state income tax return.

Eligibility

Athlete's academic progress will be checked on a weekly basis. The following procedure will be used for eligibility:

- **Every Monday** during the season athletes must submit a completed grade slip to their coach.
- Slips must be filled out and signed by each teacher.
- If the student athlete has a failing grade in any class, below a seven behavior score in any class, or fails to turn in the grade slip to the coach, they are ineligible for the week.
- The coach will verify eligibility for an athlete who is absent.

During their academic ineligibility athletes may still practice, but **may not** participate in any games and they **may not** travel on the bus with the team to away games.

***If an athlete is ineligible three times during the season, then the athlete will be dismissed from the team.**

Game Day Eligibility Requirements

- Student must attend a full day of school on the day of the game to participate.
- Student must submit a completed grade slip to the coach with passing grades and behavior scores.

Student Athlete Responsibilities and Code of Conduct

Student Athletes must abide by the academic and behavior guidelines of the school.

1. Athletes must maintain passing grades in all classes.
2. Athletes must have good behavior in all classes.
3. Athletes must treat all coaches, opposing teams, school staff members, and referees with respect.
4. Athletes are responsible for displaying good sportsmanship at all games.

Playing Time

The athlete's attendance at practice, participation in practice, grades, classroom behavior, as well as the number of students on the team are factors that are considered by the coach when determining playing time.

Every effort shall be made by the coach to maximize each participant's playing time. Our athletic program is a hybrid of competitive and non-competitive. We provide the opportunity for student athletes to gain skills, all

students can try out, and each student athlete will have a minimum amount of playing time. Coaches will plan for each eligible player to play at least 1/8th to 1/9th of each match of playing time during the game.

Practice Time

Practice schedules are determined by the coaches. Practices may be held after school until 5:15 on Mondays, Tuesdays, Thursdays, and Fridays. There are no practices on Wednesdays or any other half days.

Student Athlete Supervision

1. Athletes should report to the coach or designated area when they are dismissed from their class.
2. Athletes should not leave a site or designated area without permission.
3. Athletes must remain with their coaches at all times.
4. Coaches will be responsible for the supervision of their players.
5. Coaches will remain with their players until all have been picked up after practice.

Suspension and Removal from the Team

Players must follow certain guidelines while participating for their school. An athlete who violates the rules listed below, could be suspended or removed from their team. Players suspended from the team may not travel on the bus to away games.

ONE GAME SUSPENSION

1. Receiving an in-school suspension/step 4 (Make Your Day) notification
2. 2 unexcused tardiness from a practice or game
3. 1 unexcused absence from a practice or game
4. Misconduct during practices or games
5. Violation of the Student Athlete's Code of Conduct

REMOVAL FROM THE TEAM

1. Athlete becomes ineligible for a second time during the season
2. Athlete is suspended from the team three times
3. Athlete receives three unexcused absences from practices or games
4. Athlete receives a second in-school suspension/step 4 (make your day) notification
5. Athlete receives a school suspension/step 5 (make your day)
6. Excessive inappropriate behavior towards teacher, coaches, teammates, officials, or the opposing team
7. Excessive violation of the Athlete's Code of Conduct

INELIGIBLE FOR THE SCHOOL YEAR

1. Receiving a second school suspension/Step 5 (make your day)

2. Become ineligible in two previous sports during the school year
3. Receiving a third in-school suspension/step 4 (make your day) notification
4. Leaving the team during the season except for academic reasons

Transportation

Transportation will be provided by Littleton Elementary School District to and from all athletic contests for students who reside within the attendance area of Littleton Elementary School District. All athletes are required to use school transportation. Ineligible or suspended athletes may not ride the bus to games.

If a parent wishes to take their student athlete home after a sporting event, they must all athletes must obtain approval from their coach. The coach needs written notification from the parent prior to the game beginning.

Littleton Elementary School District will provide transportation after school on practice days. The athletic bus will be available for students that stay for athletic practice. The buses will leave the campus about 5:15p.m and will be dropping students off at bus stops within walking distance of their homes

Parents need to be at school no later than 15 minutes after the conclusion of practice or the arrival of the bus after a sporting event.

Parent/Guardian Involvement

Should you have any concern, do not approach the coach immediately at the conclusion of a game or practice. At this time, coaches have other responsibilities and it isn't an appropriate time to discuss concerns. Call the Athletic Director to discuss your concern. Confronting a coach, official, or school staff can possibly lead to your removal from the site and attending any future school activities in the District.

A. Typical concerns of parents that are appropriate to discuss with a coach are:

- Any unhealthy mental or physical strain you detect in your child at home
- How you can contribute to your child's skill improvement and development
- Any dramatic change you detect in your child's behavior

B. Typical concerns of parents that are inappropriate to discuss with a coach:

- Coaching strategy/decisions
- Other student athletes

Spectator/Fan Expectations

- Proper clothing and shirts must be worn at all times.
- Please don't use derogatory or obscene cheers or signs, including shouting profanities towards officials, coaches or spectators.
- Please only display positive banners or posers.

- Please don't use any noise makes of any type at sporting event. For outdoor events please don't use air horns or bullhorns, they will not be permitted.
- The throwing of any objects including confetti, torn paper scraps, crepe paper, toilet tissue, mini-balls, Frisbees, etc. by spectators will not be allowed at athletic events.
- Spectators are not allowed on the playing fields or courts at any time, including half time, before and between games. After the game, no one will be allowed on the floor or field until the players are released from their coaches and officials have safety exited.
- Students spectators who are wandering around and distracting other fans/players will be asked to leave and further school consequences may apply.
- **Violation of any of these rules may result in the removal from the activity and permission to further events denied until determined by the Administration of Littleton Elementary Schools.**



PARENT/STUDENT AGREEMENT 2016-17

Name of Student	Grade	School
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- I allow my child (student named above) to participate in the Littleton Athletic program.
- I am aware that my child is to return their uniform in the same condition as they received it at the end of their season. I will be held responsible for the cost of replacing the uniform.
- I have read the Athletic Handbook which includes Littleton's Athletic Program's policies and procedures and Athletic Code of Conduct. I understand the expectations of Littleton student athletes and consequences if the behaviors outlined in the Athletic Code of Conduct are not followed.

Student Athlete Signature _____
Date

Parent Signature _____
Date

Please check the sport your child will be participating in:

Season	Boys	Girls
<input type="checkbox"/> Fall	<input type="checkbox"/> Basketball	<input type="checkbox"/> Basketball
<input type="checkbox"/> Winter	<input type="checkbox"/> Flag Football(CoEd)	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Spring	<input type="checkbox"/> Soccer	<input type="checkbox"/> Soccer
<input type="checkbox"/> Late Spring	<input type="checkbox"/> Baseball	<input type="checkbox"/> Softball
	<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Cheerleading

Emergency Contact Information:

Name:	Address:	
Home Phone:	Cell Phone:	Emergency Phone:
Doctor's Name:	Address:	
Doctor's Phone:		



CONSENT FOR EMERGENCY CARE FORM 2016-2017

Name of Student:	Grade:	School:
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In case of illness or injury occurs, I request that the staff member contact me at the number listed below. If I cannot be reached, I authorize a school representative to obtain emergency treatment for my child at the closest medical facility unless instructed otherwise by paramedics or emergency medical personnel. I understand that the school assumes no responsibility other than the exercise of prudent supervision. All medical expenses will be covered by my own medical carrier.

I have legal custody of my child and grant permission for any emergency treatment or hospital services that may be rendered to said minor under the general or specific direction of:

Dr. _____ Phone: _____

Medical Insurance Provider: _____ Policy Number : _____

Student Information

Student's Parent/Legal Guardian Name (Please Print) _____

Home or Cell Phone: _____ Work Phone/Ext: _____

Home Address : _____

Other emergency contact name: _____

Phone: _____ Relationship to student: _____

List any Medication(s) the student takes on a daily/as needed basis: _____

List any medical condition the student has: _____

Signature of Parent/Legal Guardian: _____ Date: _____



ANNUAL PRE-PARTICIPATION PHYSICAL Littleton Elementary School District

***ANNUAL PHYSICAL EXAMINATION: Must be dated after May 1 of the current year.**

Name: _____	Date: _____
Height: _____	Weight: _____
Pulse: _____	BP: _____
Vision: R 20/ _____ L 20? _____ Glasses/Contacts; YES NO	
Pupils: Equal _____ Unequal _____	

	Normal	Abnormal Findings	Initials*
Medical			
Appearance			
Skin			
Eyes/Ears/Nose			
Throat/ Oropharynx			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia/ Hernia			
Musculoskeletal			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

***Station-based examination only**

CLEARANCE

<input type="checkbox"/> Cleared	
<input type="checkbox"/> Cleared after completing evaluation/rehabilitation for: _____ _____	
<input type="checkbox"/> Not Cleared for: _____ Reason: _____	
Recommendations: _____ _____	
Name of physician (print/type) _____	Date _____
Address _____	Phone _____
Signature of physician _____	MD/DO/NP/PA-C



Arizona Interscholastic Association, Inc.

Mild Traumatic Brain Injury (MTBI) / Concussion

Annual Statement and Acknowledgement Form

I, _____ (student), acknowledge that I have to be an active participant in my own health and have the direct responsibility for reporting all of my injuries and illnesses to the school staff (e.g., coaches, team physicians, athletic training staff). I further recognize that my physical condition is dependent upon providing an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced before, during or after athletic activities.

By signing below, I acknowledge:

- My institution has provided me with specific educational materials including the CDC Concussion fact sheet (<http://www.cdc.gov/concussion/HeadsUp/youth.html>) on what a concussion is and has given me an opportunity to ask questions.
- I have fully disclosed to the staff any prior medical conditions and will also disclose any future conditions.
- There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
- A concussion is a brain injury, which I am responsible for reporting to the team physician or athletic trainer.
- A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- If I suspect a teammate has a concussion, I am responsible for reporting the injury to the school staff.
- I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms.
- I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified health care professional.
- Following concussion the brain needs time to heal and you are much more likely to have a repeat concussion or further damage if you return to play before your symptoms resolve.

Based on the incidence of concussion as published by the CDC the following sports have been identified as high risk for concussion; baseball, basketball, diving, football, pole vaulting, soccer, softball, spiritline and wrestling.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and that I agree to be bound by this document.

Student Athlete:

Print Name: _____ Signature: _____

Date: _____

Parent or legal guardian must print and sign name below and indicate date signed.

Print Name: _____ Signature: _____

Date: _____