Middle School Athletic Registration Form

First Name: __________________ Last Name: ________________  Grade: 6 7 8

Student ID#: __________________

ST. PAUL PUBLIC SCHOOL MIDDLE SCHOOL SPORT OFFERINGS

Fall Sports
(September-October)
- Flag Football (co-ed)
- Soccer (girls)
- Soccer (boys)
- Volleyball (girls)

Winter 1 Sports
(November-January)
- Basketball (girls)

Winter 2 Sports
(January-March)
- Basketball (boys)

Spring Sports
(March-May)
- Softball (girls)
- Baseball (boys)
- Badminton (girls)
- Track and Field (co-ed)

**Not all sites may offer all sports**

Participation Fees:
***FALL 2021 | INTRAMURAL SPORTS $5.00
$30 per sport
$15 for students who qualify for free or reduced lunch

PAID WITH
CASH $____
CHECK #____

***see site AD for questions regarding due hardship***

St. Paul Public Schools Middle School Policies:
PLEASE READ and SIGN WITH YOUR STUDENT ATHLETE

By signing below, I understand and give permission for the following:

1. Transportation
   a. I give permission for the student athlete named above to participate in the athletic program and grants permission for district transportation to transport the student athlete on supervised trips connected with the athletic program.
   b. I understand that coaches may not transport my student athlete and that I need to be prompt in getting my student athlete from practices and/or games/contests. (Within 30 minutes of the practice and/or game/event.)
   c. I understand that coaches are not able to leave my student at any away games/contest sites. I must sign out: my student athlete with a coach before I take them from an away game/contest.

2. Attendance
   a. I understand that my student athlete must follow the district attendance policy and MUST be in school by 10am the day of an event to participate in any athletic competitions. Skipping, ditching, suspensions, dismissals, or excessive tardies will not be tolerated by St. Paul Public Schools student athletes.

3. Academic Eligibility
   a. Site determined eligibility for SPPS Middle School Athletics will be in alignment with the SPPS grading policies.
Student Athlete Behavior Policy

1. I understand that middle school student athlete behavior is governed by the SPPS Student Rights and Responsibilities.

2. I understand student athletes who violate district, site, and/or program policy could be, but not limited to, removal or suspension from practices and games.

3. I understand that I need to display sportsmanship while at practices and games.

*I understand that any violation of these responsibilities may be cause for dismissal, suspension, and/or permanent removal from future athletic events.*

St. Paul Public Schools Parent/Guardian Responsibilities

1. I will adhere to the SPFS Sportsmanship Policy.

2. I will support the coaching decisions in a positive and productive manner. I will however set up a meeting to discuss my concerns by refraining from confronting a coach during a practice or competition.

3. I will work collaboratively with my student’s teachers and coach to ensure academic eligibility.

Parent/Guardian Signature: ____________________________ Date ____________

Student Athlete Signature: ____________________________ Date ____________
ATHLETE EXPECTATIONS

- Student-athletes must have a valid sports physical on file at GAP.
- Physicals must be completed and turned in to the Athletic Director before the completion of the 2nd week or they will be unable to participate in that sport.
- This form and the Parent Code of Conduct must be signed and turned in to the Athletic Director during the 1st week of practice.
- Student-athletes that receive a write-up and visit to the focus room during the school day are now allowed to attend practice or play in the game on that particular day. After 3 write-ups during the season, the student-athlete will be removed from the team.
- Student-athletes will be earning D+ grades or better in all classes.
- If a student-athlete receives a D or lower on their biweekly progress reports, they will work on improving their grades during practice time.
- Student-athletes are expected to communicate with their coach if they are unable to attend practice or play a game. Not attending practice or a game without letting the coach know is unacceptable. It is up the coach’s discretion whether the student-athlete will play in the next game.
- “A” and “B” teams are determined by the head coach based on the student-athlete’s skill set. These teams are not concrete and at any time during the season are subject to change. These changes are made by the head coach based on the student-athlete’s skill, overall attitude, and eligibility.

Student-athletes must have a ride home*. The following pick-up times are a rough estimate:
- Practice days: 5:25 p.m.
- Away games: 3:00 p.m.
- Home games: 5:45 p.m.
* The After School program does provide bus rides home for those who sign up for the program.

Student-athletes must pay the $10 participation fee within the 2nd week of practice. If a family is unable to pay the entire fee, please contact the Athletic Director.

By signing below, we acknowledge the above expectations.

Student-Athlete’s Signature             Parent/Guardian Signature
Family Code of Conduct

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

Therefore, I agree:

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

I have read, understand, and agree to the Parent Code of Conduct for all Global Arts Plus sporting events.

_________________________________________  _______________________________________
Student-Athlete’s Name                                      Parent/Guardian Signature
### 6th - 12th Grade Health Examination

#### Type of Vaccine

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#### Allergies:

#### Routine Medications:

### Height:

- **Height:** _____ ins.  
- **Weight:** _____ lbs.  
- **Blood Pressure:** _____ / _____

### Vision:

- **Vision:** R 20/ _____ L 20/ _____  
- **Corrected:** Yes  No

### Hearing Status:

- **Hearing Status:**  
- **Hearing Aid:** Yes  No

### Eyes

- Normal  Abnormal
  - **corneal reflection**
  - **cover test**

### Ears

- Normal  Abnormal
  - **Mouth - teeth**
  - **Throat**
  - **Nose**

### Lungs

- Normal  Abnormal
  - **Lymph nodes**
  - **Thyroid**
  - **Heart**
  - **Pulses**
  - **Lungs**
  - **Abdomen**
  - **Hernia**
  - **Genitourinary**
  - **Tanner I II III IV V**
  - **Musculoskeletal**
  - **Spine**
  - **Extremities**
  - **Feet**
  - **Skin**
  - **Neurological**
  - **Nutritional Status**
  - **Emotional Status**
  - **Speech**

### REQUIRED FOR SPORTS:

Any student who intends to participate in interscholastic athletics and/or cheer leading activities must have on file in the school, a record of a physical examination performed by a licensed health professional within the previous three years, with an indication of permission to participate in interschool athletics.

**Permitted**  **Restricted**  **Restricted Activity**

- Physical Ed. class
- Inter-school athletics
- Contact sports
- Non-contact sports

- There is a condition that may result in an emergency: Yes  No
- There is a condition that may interfere with learning: Yes  No

**(If Yes, elaborate below)**

Please elaborate on any abnormal findings or chronic conditions:

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<tr>
<th>Problem</th>
<th>Assessment</th>
<th>Plan</th>
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**Note:** A separate form is required for all medication and treatment orders.

**Signature of Health Care Provider (Ph.D)**  
**Print Name**  
**Date of Physical**

**Clinic Name**  
**Phone**  
**Current Date**

Please return to school Health Office OR scan and email to student.wellness@spps.org  
**Rev. 3/12/15**
1. No student under 15 months of age shall be required to be immunized against measles, mumps, and rubella.
2. No student 5 years of age or older shall be required to be immunized against Haemophilus Influenza Type b.
3. No student 7 years of age or older shall be required to be immunized against pertussis.
4. No student 18 years of age or older shall be required to be immunized against poliomyelitis.
5. No student shall be required to receive an immunization for which there is a medical contraindication. The following (or similar) statement must be signed by a physician in order to receive a medical exemption.

I hereby certify that immunization is contraindicated for medical reasons for the following immunizations:


Signature of Health Care Provider: ____________________________ Date: ____________________________

6. No student shall be required to receive an immunization for which laboratory evidence of immunity exists.

I hereby certify that laboratory confirmation of the presence of adequate immunity exists for the following immunizations:


Signature of Health Care Provider: ____________________________ Date: ____________________________

7. No student shall be required to receive an immunization which is contrary to the conscientiously held beliefs of the parent or guardian. The following (or similar) statement must be signed and notarized in order for the student to receive an exemption.

I hereby certify by notarization that immunization for my child is contrary to my conscientiously held beliefs. Indicate vaccine(s):


Signature of Parent or Legal Guardian: ____________________________ Date: ____________________________

Subscribed and sworn to me this __________________ day of ______________ 20__

Signature of Notary: ____________________________

Please return to school Health Office OR scan and email to student.wellness@spps.org

Rev: 3/12/15