



Lawrence E. Jones Middle School Athletic Department

Athlete Eligibility Packet 2016-2017

Students cannot Practice or Tryout until Sports Physical & Completed Sports Packet is turned into Student Services.

Cross Country – Packet Due Aug. 17
Soccer – Packet Due Aug 17
7th/8th Girls Basketball – Packet Due Aug. 17
7th/8th Boys Basketball – Packet Due Oct. 28
Girls Volleyball- Packet Due Oct. 28
Wrestling - Packets Due January 20
6th B/G Basketball – Due February 17
Track Packets - Due February 17th

Name of Student _____ Sport _____

Grade: 6th () 7th () 8th () Gender: M () F ()

Returning Student: yes / no New/Transfer Student yes/no

All items must be completed by student/ parents before the first day of try-outs/practice:

- Personal Information
- Sport of Participation
- Parent/Guardian information
- Evidence of Physical Exam (completed after 6/1/16) **or signed and stamped** by Dr’s. office
- Medical Insurance Verification (including policy number)
- Parent/Guardian permission to participate/medical consent
- Sportsmanship Pledge Form
- Sports donation used to cover officials, uniforms, and equipment (\$50.00 Requested Donation)
- Social Media Contract
- Athlete After Practice Pick-Up Policy
- Parents in Attendance at Pre-Season Athletic Meeting – Schedule of Meetings:

1. Cross Country, Soccer, 7/8th Girls Basketball – August 25th @ 4:30 – Gym
2. 7/8th Boys Basketball, Volleyball – November 8th @ 4:30 – Gym
3. Wrestling – January 25th @ 4:30 - Gym
4. 6th Basketball, Track – March 1 @ 4:30 – Gym

Parents please initial: I understand that my student must have received a 2.0 GPA or above on last report card. I understand that my student must maintain 70 Jaguar Merits in order to participate. _____

Parent / Guardian Information (please print clearly):

Name _____ Name _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Email: _____ Email: _____

Home Address of Student: _____

Health information or personal information that you would like the coach to know (eg: student uses inhaler, student cannot make practice on Tuesday, etc.) _____

Signature of Parent/Guardian

Date

EVIDENCE OF PHYSICAL EXAMINATION (Separate form signed by doctor may at attached)

I hereby certify that the above named student was examined by me and was found to be physically fit to engage in interscholastic athletics.

Physician's Signature

Date

Are there any health concerns that should be monitored? _____

If physical is not attached, this must be signed and dated by Dr., as well as stamped by the Dr's Office

Medical Insurance Verification (\$1,500 minimum required – Supplemental insurance may be purchased. See LJMS Office Staff for information on Student Health Insurance Plans)

Insurance Company _____ Policy # _____

I will purchase supplementary medical insurance if I am not covered _____

Parent / Guardian Consent: Medical Treatment/Permission to Participate

My child has my permission to participate in interscholastic athletics. I request that my child receive first aid services whenever such services are deemed necessary. I authorize that my child be attended by a licensed physical and/or be taken to the nearest hospital in the event that such treatment is deemed necessary. I will accept the judgement of the person in charge of the activity. I further acknowledge that I have read and understood the warning to students and parents section concerning the risks involved with participation in interscholastic athletics. I give my permission for my student to receive first aid services whenever necessary. This consent is valid through June 2017.

Parent/Guardian Signature & Date

Student-Athlete Signature & Date

We hereby acknowledge that we have read and understand the LJMS athletic code, including the philosophy and regulations that govern the behavior of athletes while attending LJMS and participating in the sports program.

Parent/Guardian Signature & Date

Student-Athlete Signature & Date