

FMCA Athletic Program Agreement

Students and parents are asked to indicate that they have read and agree to follow the Father Marquette Middle School Athletic Program Guidelines by signing and returning this form to the FMCA Office prior to the first game/meet. Students should retain a copy of the guidelines for reference at home. Students will not be allowed to participate in the first game/meet until all forms have been returned to the school.

Student's Name _____ Date _____

Student's Signature _____ Date _____

Grade of Athlete _____

This sport agreement is for:

- Girls Basketball
- Cross Country
- Boys Basketball
- Volleyball
- Track

I give my permission for my child to participate in the above sports (check all that your child will be participating)

Parent/Guardian Signature _____

Date _____

Return this form and the following to the FMCA office:

- _____ Physical (**as of April 15, 2023**)
- _____ Emergency Medical Treatment Release
- _____ Concussion Form
- _____ \$45.00 fee will be charged to you in FACTS
- _____ \$80.00 for Home School/North Star Athletes, check/cash

Return all forms to the FMCA Office by the start of the first practice.

Father Marquette Middle School

Athletic Program Guidelines

General Statement and Philosophy

The Father Marquette Middle School athletic programs have been established with a clear vision that athletics play an important part in the education of our students. There is an emphasis of individual and team skill development. Athletics are an extension of the academic school day and require that God, family and academics come first. Student athletes are expected to work to build Catholic values, morals, ethics, good health, sportsmanship, appropriate behavior, and positive attitudes.

Specific Eligibility Rules

1. Students need to be passing all subjects with 70% or better on the morning of the game. Teachers are the judge of this and will notify the athletic director and principal. Therefore, if a student has work turned in and not graded, it's the teacher's final call to allow them to play. The AD will supply teachers with a list of games (not scrimmages) and they must notify us after attendance that day.
2. Each student athlete must sign and agree to the athletic guidelines and the coaches' rules. The attached agreement should be given to the athletic director.
3. All athletes must receive a physical performed by a medical doctor prior to participation in athletics. Physical forms and permission forms for all athletes (signed by parents or guardian) must be on file with the athletic director. Physicals are valid if dated after April 15 of the previous school year.
4. All athletes must be in attendance for all practices and games/meets. The coach and/or athletic director must be notified prior to an absence. Disciplinary action for unexcused absences at practices or games/meets will be determined by the coach.

5. All athletes are to conduct themselves as ladies and gentlemen at all times. They are to treat coaches, officials, teammates, spectators, and opponents with respect. Student athletes at Father Marquette Middle School represent not only themselves, but also their families, school and the Catholic community. Disrespectful and unsportsmanlike conduct will not be tolerated.
 - First offense: WARNING
 - Second offense: ONE GAME/MEET SUSPENSION
 - Third offense: AUTOMATIC SUSPENSION FROM THE SPORT
6. The discipline procedure for the use or possession of tobacco products, alcoholic beverages, or illegal drugs is:
 - First offense: AUTOMATIC SUSPENSION FROM THE SPORT.
 - Second offense: AUTOMATIC SUSPENSION FROM ALL ATHLETICS FOR THE YEAR.
7. Athletes who are absent in the afternoon (after lunch) or all day on the day of a practice or game/meet cannot participate for that day.
8. Athletes who receive an ISS (in-school suspension) will not be eligible to participate in the next game/meet.
9. The participation fee for each athletic sport is \$45.00.

If you have any questions regarding our athletic programs at Father Marquette Catholic Academy, please feel free to contact me at 906-225-1129 ext. 2.

Thank you,

Jessica Betz
Father Marquette Catholic School
Principal

Father Marquette Catholic School

Emergency Medical Treatment Release Form

To whom it may concern:

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed medical doctor in an emergency which, in the opinion of the attending physician, may endanger the life of the student, cause a disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of minor _____ Relationship to you _____

Grade Level _____ Reason for which release is intended _____

Address of minor _____

Parent/guardian name(s) _____

Home phone _____ Cell phone _____ Other phone _____

Email address: _____

List allergies, medication, health conditions or other pertinent information:

Health insurance data:

Company _____ Policy# _____

Group _____ Contact _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Date _____ Signature _____

(Parent or Guardian)

PARENT & ATHLETE CONCUSSION INFORMATION SHEET



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SYMPTOMS REPORTED BY ATHLETE:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

JOIN THE CONVERSATION  www.facebook.com/CDCHeadsUp



HEADS UP

TO LEARN MORE GO TO >> [WWW.CDC.GOV/CONCUSSION](https://www.cdc.gov/concussion)

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).



MEDICAL HISTORY: Completed by Parent or Guardian or 18-Year-Old

Student Name: _____ Date of Birth: _____

Doctor: _____ Doctor's Phone: _____ Date of Exam: _____

- GENERAL QUESTIONS		Y	N
Has a doctor ever denied or restricted your participation in sports for any reason?			
Do you have any ongoing medical conditions? If so, please identify below:			
<input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other:			
Have you ever spent the night in the hospital or have you ever had surgery?			
Do you have any concerns that you would like to discuss with a doctor?			
- HEART HEALTH QUESTIONS ABOUT YOU		Y	N
Have you ever passed out or nearly passed out DURING or AFTER exercise?			
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			
Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?			
Has a doctor ever told you that you have any heart problems? Check all that apply:			
<input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart murmur <input type="checkbox"/> Heart infection <input type="checkbox"/> High cholesterol			
<input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other:			
Has a doctor ordered a test for your heart? (example, ECG/EKG, echocardiogram)			
Do you get lightheaded or feel more short of breath than expected during exercise?			
Do you have a history of seizure disorder or had an unexplained seizure? Fainting?			
Do you get more tired or short of breath more quickly than your friends during exercise?			
- HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Y	N
Has anyone in your family had a pacemaker or implanted defibrillator before age 35?			
Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?			
Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic, right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTs), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?			
- BONE AND JOINT QUESTIONS		Y	N
Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game?			
Have you ever had any broken or fractured bones, dislocated joints or stress fracture?			
Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches?			
Do you regularly use a brace, orthotics or other assistive device?			
Do you have a bone, muscle or joint injury that bothers you?			
Do any of your joints become painful, swollen, feel warm or look red?			
Do you have any history of juvenile arthritis or connective tissue disease?			
Have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)?			

- MEDICAL QUESTIONS		Y	N
Do you cough, wheeze or have difficulty breathing during or after exercise?			
Have you ever used an inhaler or taken asthma medicine?			
Is there anyone in your family who has asthma?			
Were you born without, or missing a kidney, eye, testicle (males), spleen or any other organ?			
Do you have groin pain or a painful bulge or hernia in the groin area?			
Have you had infectious mononucleosis (mono) within the last month?			
Do you have any rashes, pressure sores or other skin problems?			
Have you had a herpes or MRSA skin infection?			
Do you have headaches or get frequent muscle cramps when exercising?			
Have you ever become ill while exercising in the heat?			
Do you or someone in your family have sickle cell trait or disease?			
Have you had any problems with your eyes or vision or any eye injuries?			
Do you wear glasses or contact lenses?			
Do you wear protective eyewear such as goggles or a face shield?			
Immunization History: Are you missing any recommended vaccines?			
Do you have any allergies?			
Have you ever had a head injury or concussion?			
Have you ever received a blow to the head that caused confusion, prolonged headache or memory problems?			
Have you ever had numbness, tingling, weakness or inability to move your arms or legs after being hit or falling?			
Have you ever had an eating disorder?			
Do you worry about your weight?			
Are you trying to or has anyone recommended that you gain or lose weight?			
Are you on a special diet or do you avoid certain types of foods?			
- FEMALES ONLY (Optional)		Y	N
Have you ever had a menstrual period?			
If "YES", When was your most recent menstrual period?			
How old were you when you had your first menstrual period?			
How many periods have you had in the last 12 months?			
CURRENT-YEAR PHYSICAL = GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR			

Please explain any "YES" answers: _____

PHYSICAL EXAMINATION & MEDICAL CLEARANCE: Completed by MD, DO, PA or NP - RETURN DIRECTLY TO PATIENT

EXAMINATION: Height: _____ Weight: _____ Male Female BP: _____ / _____ Pulse: _____ Vision: R 20/ _____ L 20/ _____ Corrected: Y N

MEDICAL	NORMAL	ABNORMAL	MUSCULOSKELETAL	NORMAL	ABNORMAL
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			Neck		
Eyes/Ears/Nose/Throat: Pupils Equal Hearing			Back		
Lymph nodes			Shoulder/Arm		
Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI)			Elbow/Forearm		
Pulses: Simultaneous femoral and radial pulses			Wrist/Hand/Fingers		
Lungs			Hip/Thigh		
Abdomen			Knee		
Genitourinary (males only)			Leg/Ankle		
Skin: HSV: Lesions suggestive of MRSA, tinea corporis			Foot/Toes		
Neurologic			Functional Duck Walk		

RECOMMENDATIONS: _____

I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities except: _____

EXAMINER Name of Examiner (print/type): _____ Date: _____
Signature of Examiner: _____ (Check One): MD DO PA NP

----- (DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE) -----

EMERGENCY INFORMATION: COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD

Student: _____ Grade: _____ Doctor: _____ Phone: (____) _____

IN EMERGENCY (1): _____ Home #: (____) _____ Cell #: (____) _____

IN EMERGENCY (2): _____ Home #: (____) _____ Cell #: (____) _____

Drug Reactions: _____ Current Medications: _____

Allergies: _____

PRE-PARTICIPATION PHYSICAL - CONSENT - INSURANCE



Shaded headline areas are to be completed by student, parent/guardian or 18-year-old

There are FOUR (4) signatures on this page 4 to be completed by student, parent/guardian and/or 18-year-old

A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

Student Name: LAST FIRST MIDDLE INITIAL
Student Address: STREET CITY ZIP
Sex: M F Age: Date of Birth: Place of Birth (City/State):
School: Circle Grade: 6 7 8 9 10 11 12
Parent/Guardian Name:
Phone (home): (work): (cell):
Parent/Guardian Name:
Phone (home): (work): (cell):
Email Address: Parent/Guardian/18-Year-Old:

STUDENT PARTICIPATION & PARENT or GUARDIAN or 18-YEAR-OLD CONSENT

The information submitted herein is truthful to the best of my knowledge. By my/my child's signature below, I/we acknowledge that I/we have received concussion educational information that meets Michigan Department of Health and Human Services and MHSAA requirements.

Further, in consideration of my/my child's participation in MHSAA-sponsored athletics, I/we do hereby agree, understand, appreciate, and acknowledge: that participation in such athletics is purely voluntary; that such activities involve physical exertion and contact and that there is inherent risk of personal injury associated with participation in such activities, which risk I/we assume; and that I/we agree to, and hereby waive any and all claims, suits, losses, actions, or causes of action against the MHSAA, its members, officers, representatives, committee members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my/my child's participation in an MHSAA-sponsored sport.

I/we understand that I am/we are expected to adhere firmly to all established athletic policies of my school district and the MHSAA. I/we hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics. My child has my permission to accompany the team as a member on its out-of-town trips.

1 Signature of STUDENT: Date:

2 Signature of PARENT or GUARDIAN or 18-YEAR-OLD: Date:

INSURANCE STATEMENT

Our son/daughter will comply with the specific insurance regulations of the school district.

The student-athlete has health insurance: YES NO

If YES, Family Insurance Co: Insurance ID #:

Additionally, I hereby state that, to the best of my knowledge, my answers to the medical history questions (see reverse) are complete and correct.

3 Signature of PARENT or GUARDIAN or 18-YEAR-OLD: Date:

(DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE)

MEDICAL TREATMENT CONSENT: COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD

I, an 18-year-old, or the parent or guardian of, recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

4 Signature of PARENT or GUARDIAN or 18-YEAR-OLD: Date: