

Heritage Academy Gateway

Athletic / Activities

Participation Packet

2019 - 2020



Heritage Academy
"Building America's Heroes" Gateway

Heritage Academy Charter School Code of Conduct for Scholars and Parents

Participating in an athletic program at Heritage Academy is a privilege. With this privilege, scholar athletes are expected to adhere to the following:

Scholar Athlete Agree to:

- All scholar athletes must comply with the code of conduct outlined in the Heritage Academy scholar hand book that can be obtained from the front office or found online at <https://hagateway.com/form-athletic-code-of-conduct/>
- Scholar athletes must also respect and comply with team rules, as outlined by each individual coach.
- Be to practice and games on time.
- Be responsible for equipment and uniforms issued, which includes returning them at the designated time and place.
- Scholars will replace damaged or lost equipment..
- Be respectful and encouraging towards teammates.
- Maintain academic eligibility
- Do not use or possess illegal substances including tobacco, alcohol, marijuana or drug paraphernalia.
- Notify one of the coaches of any teammate that might be struggling with issues contrary to team standards.

Parents Agree to:

- Ensuring athletes are on time to practices and games.
- Any damage to uniforms or equipment will result in additional fees.
- Cheer appropriately from designated areas.
- Share with the coach any concerns you might have when the coach is not working with the athletes.
- Please respect the coaches and their time. Immediately before or after games is not the time to bring up concerns with coaches.

Parent signature: _____

Athlete signature: _____

Date: _____

HERITAGE ACADEMY PARENT CONSENT AND EMERGENCY INFORMATION

My signature below indicates my permission for my scholar, _____, to participate in after school sports/activities at Heritage Academy. My signature also indicates that I have read and approve the medical treatment authorization.

EMERGENCY INFORMATION

Student Name: _____ Birthdate: _____ Age: _____

Father's Name: _____ Mother's Name: _____

Day Phone of Parents: Father _____ Mother: _____

Address: _____

Family Doctor: _____ Phone Number: _____

Allergies: _____

In an emergency, if the parents cannot be reached, please notify:

Name: _____ Phone Number: _____

MEDICAL TREATMENT AUTHORIZATION

In the event of illness or injury occurring to my child while participating in this activity, I hereby give my consent for medical or dental care deemed necessary by the attending health care provider or dentist. My child may be examined and any necessary procedures (medical, dental, or surgical), anesthesia or diagnostic procedures (lab or x-ray) may be performed under the supervision of a member of the hospital or medical office staff furnishing such services.

I understand that, in the event of other than minor illness or injury, reasonable effort will be made to contact me.

I understand that there is inherent risk in many activities, and I hold Heritage Academy harmless and not liable for injury or accident, which may occur in the course of such activities. I willingly and ultimately assume the risk of such injury or accident.

Parent/Guardian Name: _____

Signature: _____ Date: _____

Heritage Academy Insurance Information

INDIVIDUAL INSURANCE INFORMATION

I affirm that I am the parent or legal guardian of the below named student. I understand that Heritage Academy requires all students participating in Interscholastic Athletics and certain other activities, to be covered by an accident insurance policy. Fully understanding and accepting all responsibility and absolving the school board and the school of such responsibility, I hereby make known that I want my personal health and accident insurance to be considered to cover the named student. I represent that the named student is currently covered and will be covered during the present school year by an accident insurance policy. I further acknowledge that in the event my personal health and accident insurance is cancelled, withdrawn, or in any way ceases to exist, I will withdraw _____ (student name) from all sports activities until such time as I obtain equivalent health and accident insurance.

I further accept full responsibility for all obligations, financial or other, which may result from injuries to my son/daughter while participating in the school sports and activity program.

Insurance Company Name

Policy Number

Policy Effective Date

I have read and understand all the information in this packet, I am aware that catastrophic injuries and even death may result from athletic participation. I also understand that Heritage Academy does not provide accident insurance for my scholar.

Parent / Guardian Signature _____ Date _____

TRANSPORTATION PERMISSION SLIP

This permission slip is intended to cover Heritage Academy scholars that ride on Heritage Academy provided transportation. This transportation allows scholars to participate in elective courses being held off campus and as a relief to parents from the burden of transporting their students to games and events.

My scholar, _____, has my permission to be transported to and from Heritage classes, games, and events on Heritage Academy provided transportation. I understand that such transportation may be in rented cars, vans, private vehicles, and/or chartered buses. It is understood that every necessary precaution will be taken to ensure students' safety. Beyond this, I agree to hold Heritage Academy harmless in the event of any injury to my scholar while s/he is traveling to off campus activities.

Parent/Guardian Name: _____ Phone: _____

Signature: _____ Date: _____

STUDENT DRIVING/RIDING IN PRIVATE VEHICLE

We discourage any scholar driving to or transporting scholars to any off campus activity. In the event Heritage Academy transportation is unavailable coaches will request parent assistance to transport scholars. In the event that alternative private transportation is used in lieu of transportation provided by Heritage Academy, Heritage Academy has no responsibility for the conduct of the driver/vehicle and has no responsibility for ensuring that the driver of the vehicle has accurate insurance and/or license.

In the event that a scholar uses alternative or private transportation, I agree to one of the following:

I give my permission for my son/daughter to drive a private vehicle to and from activity. They will not be permitted to transport any other scholar.

Parent/Guardian Name: _____ Phone: _____

Signature: _____ Date: _____

Note: Before any scholar is permitted to participate in Heritage Academy activities requiring school transportation, this permission form must be signed and returned. NO EXCEPTIONS.

Athletic Participation/Fee Form

Student Name: _____

Grade: _____

Welcome we are so happy you have chosen to participate in athletics at Heritage Academy. Please read and sign the following approval for participation in interscholastic or intramural sports.

I understand that the payment of a participation fee is necessary for Heritage Academy to continue offering a worthy sports program. Payment of these fees will not guarantee my scholar will participate in every or any scheduled competition. I further understand that if my student withdraws prior to the first game, one half of the participation fee will be refunded. However, athletes who quit or are injured after the first game, are not academically eligible to participate or are dismissed for disciplinary reasons at any time will have no portion of the participation fee refunded. No refunds after the first 3 weeks of classes for each semester respectively.

Fees used towards the ECA tax credit cannot be refunded. Fees for all sports for the entire school year are due by August 7, 2019. All Athletic Packet paperwork, current sports physical, concussion certificate and fees are due for the entire school year by August 7, 2019. This sports fee is to cover the duration of the league's sports season(s) only. Before a sport season begins or once a sport season has ended, your scholar athlete will have the option to participate in a different sport during 1 of the other 2 sports seasons (if available) or be transferred into a PE class to fulfill their PE credit requirement for the semester. They will not be allowed to transfer out mid-semester of the 4th hour PE/sports class to a non-PE/sports class.

As long as there are enough scholar athletes registered and cleared to participate in a particular sport, the Heritage Academy-Gateway Athletic Department will make every effort to provide quality coaching during the season of play and for the skill level of the athletes on a particular team and an opportunity to compete in some fashion either in an interscholastic or intramural experience. Participation on an athletic team or in a sports class here at Heritage Academy-Gateway is a privilege. The Athletic Department reserves the right to drop any athlete out of the program if they see necessary without a refund.

Turn Over

The athletic fees for my scholar total: \$_____. Heritage Academy has provided the option to pay online at <https://hagateway.com/payments/>. Participation fees may also be paid at the administrative front desk. Please make your checks payable to "Heritage Academy."

I commit to pay the participation fee and understand that any non-paid fees will necessitate my student's non-participation in athletic competition and being dropped from the class.

Scholar Name: _____

Parent Name: _____ Date: _____

Parent Signature: _____

My student has my approval to participate in the following interscholastic sports. (Please initial all that apply.)

Parent Initials	FALL (1 st Semester)	Fee	Parent Initials	WINTER (1 st & 2 nd Semesters)	Fee	Parent Initials	SPRING (2 nd Semester)	Fee
	High School TACKLE FOOTBALL	\$400		Jr. High & High School BOYS BASKETBALL	\$160		High School BOYS VOLLEYBALL	\$160
	High School BOYS SOCCER	\$160		High School GIRLS BASKETBALL	\$160		Jr. High BOYS BASEBALL	\$160
	Jr. High CO- ED FLAG FOOTBALL	\$160					Jr. High & High School COED SOCCER	\$160
	Jr. High & High School GIRLS VOLLEYBALL	\$160					Jr. High BOYS VOLLEYBALL	\$160
	Jr. High & High School CROSS COUNTRY	\$160					Jr. High GIRLS BASKETBALL	\$160
	High School WEIGHTS Class Only	\$25		(Winter Sports overlap in 2 semesters)			High School TRACK & FIELD	\$160
	Jr. High & High School SWIM Class Only	\$100					High School & 14+ WEIGHTS Class Only	\$25
	Competition Only	\$100						
	Class & Competition	\$160						

Team Sports fees will be capped at \$320 per student for the year.

PRE-PARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY REVISED

This **MEDICAL HISTORY FORM** must be completed **annually** by parent (or guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

Student's Name: (print) _____ Sex _____

Age _____ Date of Birth _____ Address _____

Phone _____ Grade _____

School _____

Personal Physician _____ Phone _____

In case of emergency, contact: Name _____ Relationship _____

Phone (H) _____ (W) _____

Explain "Yes" answers in the box below. Circle questions you don't know the answers to. Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches**

Yes No

- 1. Have you had a medical illness or injury since your last check up or sports physical?
- 2. Have you been hospitalized overnight in the past year?
- 3. Have you ever had surgery?
- 4. Have you ever passed out during or after exercise?
- 5. Have you ever had chest pain during or after exercise?
- 6. Do you get tired more quickly than your friends do during exercise?
- 7. Have you ever had racing of your heart or skipped heartbeats?
- 8. Have you had high blood pressure or high cholesterol?
- 9. Have you ever been told you have a heart murmur?
- 10. Has any family member or relative died of heart problems or of sudden unexpected death before age 50?
- 11. Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?
- 12. Have you ever gotten unexpectedly short of breath with exercise?
- 13. Do you have asthma?
- 14. Do you have seasonal allergies that require medical treatment?
- 15. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?
- 16. Have you ever had a sprain, strain, or swelling after injury?
- 17. Have you broken or fractured any bones or dislocated any joints?
- 18. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?

If yes, check appropriate box and explain below.

Head Elbow Hip

Neck Forearm Thigh

Back Wrist Knee

Chest Hand Shin/Calf

Shoulder Finger Ankle

Upper Arm Foot

19. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?

20. Has a physician ever denied or restricted your participation in sports for any heart problems?

21. Have you ever had a head injury or concussion?

22. Have you ever been knocked out, become unconscious, or lost your memory?

If yes, how many times? When was the last concussion? How severe was each one? (Explain below)

23. Do you want to weigh more or less than you do now?

24. Have you ever had a seizure?

25. Do you have frequent or severe headaches?

26. Have you ever had numbness or tingling in your arms, hands, legs, or feet?

27. Have you ever had a stinger, burner, or pinched nerve?

28. Are you missing any paired organs?

29. Are you under a doctor's care?

30. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?

30. Do you lose weight regularly to meet weight requirements for your sport?

31. Do you feel stressed out?

32. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?

Females Only When was your first menstrual period? When was your most recent menstrual period? How much time do you usually have from the start of one period to the start of another? How many periods have you had in the last year? What was the longest time between periods in the last year?

An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.

33. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?

34. Have you ever been dizzy during or after exercise?

****EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):**

35. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?

36. Have you ever become ill from exercising in the heat?

37. Have you had any problems with your eyes or vision?

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs. If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student. If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury. **I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL**

Student Signature: _____

Parent/Guardian Signature: _____ Date: _____

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL. For School Use Only: This Medical History Form was reviewed by:

Printed Name _____ Date _____

Signature _____

**PRE-PARTICIPATION PHYSICAL EVALUATION --
PHYSICAL EXAMINATION**

Student's Name _____ Sex _____ Age _____ Date of Birth _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP ____/____ (____/____, ____/____)

brachial blood
pressure while
sitting

Vision R 20/____ L 20/____ Corrected: Y N Pupils: Equal Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high athletic participation and again prior to first and third years of high school athletic participation. It **must** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. * **Local district policy may require an annual physical exam.**

NORMAL ABNORMAL FINDINGS INITIALS* MEDICAL

Appearance Eyes/Ears/Nose/Throat Lymph Nodes Heart-Auscultation of the heart in the supine position.



Heart-Auscultation of the heart in the standing position. Heart-Lower extremity pulses Pulses Lungs
Abdomen Genitalia (males only) Skin Marfan's stigmata (arachnodactyly, pectus excavatum, joint
hypermobility, scoliosis) MUSCULOSKELETAL Neck Back Shoulder/Arm Elbow/Forearm Wrist/Hand
Hip/Thigh Knee Leg/Ankle Foot

*station-based
examination only

CLEARANCE

- CLEARED
- Cleared after completing evaluation/rehabilitation for:

- Not cleared for:_____
- Reason:

Recommendations:

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted. Name (print/type) _____

Date of Examination:_____

Address:_____

Phone Number:

Signature:_____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or games/matches.