

WHITESIDE MIDDLE SCHOOL
ATHLETIC TEAM TRY-OUT & PARTICIPATION REQUIREMENTS 2020-2021 School Year

All students wanting to participate in any sports activity listed below MUST have the following turned in to the middle school office by the deadline in order to participate in try-outs. Sports Packets must be renewed yearly and are valid for the whole school year.

Questions may be directed to coaches or Ms. Lodes by e-mail at shea.lodes@wssd115.org.

- **Current physical (less than one year old as of tryout date)**
 - Specific form not required
 - **Must Have Approval to Participate in Athletics/Sports Box Checked**
 - **Must be SIGNED and Filled out by a Physician, N.P., of P.A. to be valid**

 - **2020-2021 Sports packet (only one required per school year)**
 1. Certificate of Physical Fitness for Participation
 2. Agreement to Participate
 3. Medical Authorization Form
 4. Concussion Information Acknowledgement

 - **Registration fee and all incidental fees (lunch, IDs, library, etc.) paid**
 - **Minimum 2.0 GPA (not applicable for August tryouts)**
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Note: If your student makes a team, an Activity Fee of \$25 for the first activity and \$10 for each additional activity is due two (2) weeks following tryouts or by the first game, whichever comes first. This is not required for tryouts.

Students with any outstanding fees on any given Monday will have until Friday of that week to make payment. Students will be required to “sit out” the following week until all fees are paid. If not paid by Friday of the second week, the student will be removed from the team.

Early Fall Sports- Open to Incoming 5th- 8th graders

- Baseball- Coach TBD- Contact Shea Lodes- shea.lodes@wssd115.org
- Softball- Coach Mark Poettgen- mark.poettgen@wssd115.org
- Soccer (Co- Ed- Girls and Boys) - Coach Dawn Vollmer - dawn.vollmer@wssd115.org
- Tryouts: Week of July 27th TBD
- Physical, sports packet, and fees due by Friday, July 24

Cross Country- Open to Incoming 5th- 8th graders

- Coach Jan Bolding- jan.bolding@wssd115.org
- Tryouts: TBD – After Start of School
- Physical, sports packet, and fees due by Friday, August 14

Cheerleading- Open to Incoming 7th- 8th graders

- Coach Amber Phillips- amber.phillips@wssd115.org
- Tryouts: TBD- First Week of September
- Physical, sports packet, and fees due by Friday, August 25

Late Fall Sports

- Boys’ Basketball –Troy Griffith (7-8) Troy.Griffith@wssd115.org Nate Leingang (5-6) nathaniel.leingang@wssd115.org
- Girls Basketball-Mark Poettgen (7-8) mark.poettgen@wssd115.org Emily Nelson (5-6) emily.nelson@wssd115.org
- Tryouts first or second week in October
- Physical, sports packet, and fees due by Friday, September 25

Winter Sports

- Boys’ Volleyball (Grades 5-8)
- Girls’ Volleyball (Grades 5-8)
- Bowling(Grades 5-8)
- Tryouts first week in January
- Physical, sports packet, and fees due by Friday, December 11
- Minimum 2.0 GPA at end of 1st semester

Spring Sports

- Boys’ & Girls’ Track (Grades 6-8)
- Tryouts third week in March
- Physical, sports packet, and fees due by Friday, March 5
- Minimum 2.0 cumulative GPA



WHITESIDE SCHOOL DISTRICT 115

111 Warrior Way
Belleville, Illinois 62221

Telephone 618 239-0000
Middle School Fax 618 239-9240
Elementary School Fax 618 233-7931

<http://www.wssd115.org>

Agreement to Participate

To be completed by the student-participant and submitted to the Superintendent

Student: _____

Sports or Activities: _____

In consideration of the Whiteside School District 115 permitting me to participate in the above sport or activity, I agree as follows:

1. I will abide by all conduct rules and will behave in a sportsmanlike manner.
2. I will follow the coach/sponsor's instructions, playing techniques, training schedule and safety rules for the above sport or activity.
3. I understand that playing time is not guaranteed in any sport or activity and is at the discretion of the coach.
4. I acknowledge that I am aware that participation in the above sport or activity may involve **many risks of injury**. A serious injury may result in physical impairment or even death. I hereby assume all the risks associated with participation and agree to hold Whiteside School District 115, its employees, agents, coaches, School Board members, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in the above activity or sport. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

Student Signature: _____

Date: _____

To Be Completed By The Parent/Guardian:

I, _____ am the parent(s)/guardian(s) of the above named student. I have read the above Agreement to Participate and understand its terms. I understand that all sports can involve many **RISKS OF INJURY**. In consideration of the School District permitting my child/ward to participate in the above sport or activity, I agree to hold Whiteside School District 115, its employees, agents, coaches, School Board members and volunteers harmless from any and all liability, actions, causes of action, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with the participation of my child/ward in the above sport or activity. I understand and accept the selection process and the expectations as set forth by the coach of this activity. I will provide transportation to and from practices and scheduled events when needed. I assume all responsibility and certify that my child is in good physical health and is capable of participation in the above mentioned sport/activity.

Signature of Parent(s)/Guardian(s): _____

Date: _____



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Medical Authorization Form

To be submitted to the Superintendent

Student:	Grade:		
Sports/Activities:			
Home Address:			
Home Phone:		Birth Date:	

To whom it may concern: In the event reasonable attempts to contact me at the locations listed below have been unsuccessful, I, as parent or legal guardian of the above student, do hereby authorize (1) the treatment by a qualified and licensed medical doctor of my child/ward in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed; and (2) the transfer of my child/ward to any hospital reasonably accessible.

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

Name and relation to student (please print):			
Address:			
Home Phone:		Business Phone:	
Emergency contact:			
Home Phone:		Business Phone:	
Physician's name:		Physician's Phone:	

Please list specific medical allergies, medicines, or other conditions on other side of this form.

Signed :	
Date:	

Whiteside School District #115 maintains Students Accident Insurance coverage on all students while in attendance at school, school-sponsored events and activities, including school athletics. Submission of claims is the responsibility of the parent. This insurance carries a deductible of the greater of \$0 or the amount paid or payable for the same injury by any other plan on which the student is covered.



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Certificate of Physical Fitness for Participation in Athletics – 2019-2020

To be submitted to the Superintendent

Student:	Grade:
Sports or Activities:	

I am the parent(s)/guardian(s) of the above student. I certify that my child/ward is in good physical health and is capable of participation in the above mentioned sport or activity. No need exists to limit his/her participation. I assume full responsibility for his/her physical condition and participation. I will notify you of any changes in his/her physical condition. I have completed and submitted the **Authorization for Medical Treatment** form allowing the school to seek medical treatment for my child in the event of a medical emergency when reasonable attempts to contact me are unsuccessful. If my child requires or may need medication while participating in athletics, I have completed and submitted the **School Medication Authorization Form**.

Parent(s)/Guardian(s) Name:			
Home Address:			
Telephone Number:		Business Phone:	
Child/Ward's Date of Birth:			
Physician's Name:		Telephone Number:	

Medical History:

	Yes	No		Yes	No
Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Other		

- Injuries and/or operations during the past year? (include dates)

- Has your child/ward's physical activity been restricted during the past year? (Reason and Duration)

- Is your child/ward taking any medication? Yes No

If yes, why?	Name of medication:
Signature of Parent(s)/Guardian(s);	
Date:	

Concussion Information Sheet

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents, and students is the key to student-athlete's safety. The district will follow the graduated return to school protocol developed by the Sports Concussion Institute.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours, IHSA Policy requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest. In accordance with the state law, all IHSA member schools are required to follow this policy.

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

Student-athlete Name Printed

Students-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:	
<ul style="list-style-type: none"> • Headaches • “Pressure in head” • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns 	<ul style="list-style-type: none"> • Amnesia • “Don’t feel right” • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/comment

Signs observed by teammates, parents and coaches include:
<ul style="list-style-type: none"> • Appears dazed • Vacant facial expression • Confused about assignment • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily or displays incoordination • Answers questions slowly • Slurred speech • Shows behavior or personality changes • Can’t recall events prior to hit • Can’t recall events after hit • Seizures or convulsions • Any change in typical behavior or personality • Loses consciousness