

## **BOYS BASKETBALL TRYOUTS**

**7<sup>th</sup> Grade – Oct. 14, 15, & 18 – 7:00 A.M. – 8:30 A.M.**

**8<sup>th</sup> Grade – Oct. 19, 20, & 21 – 7:00 A.M. – 8:30 A.M.**

### **Kenyon Woods Middle School Basketball Guidelines**

It is our intention to provide students the opportunity to participate and experience basketball in an environment that is safe, fair, educational and enjoyable to all participants. Keeping this in mind, we have established some general guidelines that should make all of the above possible. Be sure to review the pages of the Kenyon Woods Middle School Student Handbook that pertains to athletics. Please review this information with your athletes.

#### **Before you participate**

All potential basketball players must complete and turn the packet along with your physical to Mr. Bloomberg or Mr. Carlson. These items must be turned into **THE COACH BEFORE** a potential player may participate in any activities. **DO NOT TURN FORMS INTO THE OFFICE.**

The district charges a \$80.00 participation fee for each sport. This fee will not be collected until after your student has made the team. The coaches will collect physicals, waivers, and fees. An athlete may not participate in any game until this fee is paid.

#### **Equipment needs**

For tryouts, please wear a white t-shirt with your name written on the back. It is not required but recommended to have "court" shoes that are to only be used when playing basketball. All athletes will need a pair of basketball shorts and a T-shirt to wear to practice.

#### **Practice**

Basketball players must be present and participate in practice **from 7:00 a.m. to 8:30 a.m. (7<sup>th</sup> grade) and 7:00 a.m. to 8:30 a.m. (8<sup>th</sup> grade)**. Players need to be on time to practice and picked up on time. Failure to attend practice, or participate in activities, will endanger an individual's playing time and possibly eligibility to be part of the team. We believe that teamwork is the responsibility of all players and coaches throughout the season. Players displaying the highest levels of **EFFORT, SKILL, and TEAMWORK** will be considered first for playing time in game situations. The roster will be limited to 15 players.

Players who are absent from practice for any reason must notify their coaches. A physician must document any injury or illness that prevents a player from participating in practice or a game. The coaching staff must be made aware of all physical limitations present within each player.

### **Games**

The KWMS 7<sup>th</sup> & 8<sup>th</sup> grade basketball teams will compete against other middle schools basketball teams in U-46. The 7<sup>th</sup> grade game begins at 4:15. The 8<sup>th</sup> grade game usually begins around 5:15-5:30. Coaches will accompany players on the bus and insure that all players arrive back at school. Most games require players to stay later than 5:15, so the activity bus will not be available to the players. Most games will end by 6:30-7:00 p.m. The responsibility for prompt transportation is the responsibility of the players and their family. In case of a miscommunication, the office phones will be available. *If a player's transportation is consistently late, it will endanger an individual's playing time and possibly his eligibility to be part of the team.*

### **Respect**

Respect for ourselves, our teammates, the coaches, the officials, and our opponents are of primary concern in all athletic contests. We will not tolerate any disrespectful communication or action toward these people or institutions. Any behavior of this type by any participant may be grounds for suspension or dismissal from the program as described in the student handbook.

### **Eligibility**

Any player failing one class will not be eligible for one week. The teachers fill out eligibility for each week. *If a player is ineligible due to academics or suspended from school they may not participate in basketball practices or games.*

### **Finally**

In order to achieve our goal of a safe, educational, enjoyable, and fair basketball program, we need full cooperation from both players and parents/guardians. Please do not hesitate to contact us at school with any questions or concerns; we may be reached by our school email, [lescarlson@u-46.org](mailto:lescarlson@u-46.org) or [jeremybloomberg@u-46.org](mailto:jeremybloomberg@u-46.org).

Best regards,

Coach Bloomberg  
Coach Carlson

**Remember a current physical and all  
Waivers, MUST be completed and turned  
In by FRIDAY,  
OCTOBER 8TH.**

## SCHOOL DISTRICT U-46

### ELIGIBILITY GUIDELINES FOR NON-CREDIT ACTIVITIES

1. Any student-athlete to participate in an athletic contest must be in attendance at least five periods on the day of the contest unless the absence is approved by the principal.
2. In conjunction with academic policy a student-athlete may also be ruled ineligible by the principal or his designee if that student fails to demonstrate the desire and ability to conform with the practices of good attendance and good citizenship.
3. Any act of unsportsmanlike or inappropriate behavior which takes place while a student-athlete is representing the team/school may result in a suspension or dismissal from the program.
4. Any student-athlete who fails to comply with any additional school guidelines established for an athletic program will be suspended or dismissed from the team. The coach will notify the student and his/her parents when a student is dropped from the team.
5. Any student-athlete will have two years of eligibility to participate in middle school athletics, one at each grade level.
6. Eligibility will be checked weekly for both grade levels beginning with the week prior to the first athletic contest.
7. A Student-athlete will be considered ineligible for one week if he/she is failing more than one class. The grade a student receives would be the grade... "if on any date the student would transfer to another school..." For example: if the first week of a 9-week period, the student receives an average of an "A", and the second week an average of an "E", then the student would receive a "C" for the average of the two weeks, and therefore be eligible for the week. The teacher could give the student a "U" and write a comment in order to let the coach know that the student is eligible but there are some academic/effort problems. Each 9 weeks is a separate entity – eligibility starts over again.
8. Exceptions to any of the above policies or conditions may be considered by the appropriate middle school principal before a final determination is made.

STUDENT \_\_\_\_\_

PARENT \_\_\_\_\_

COACH/ADVISOR \_\_\_\_\_

**DISTRITO ESCOLAR U-46**  
**GUÍA PARA LA ELEGIBILIDAD DE ACTIVIDADES**  
**EXTRACURRICULARES**

1. Cualquier alumno-atleta que participe en una competencia deportiva, deberá asistir a por lo menos cinco periodos el día de la competencia, a menos que la ausencia sea aprobada por el director.
2. En conformidad con el reglamento académico, un alumno/a-atleta podría ser declarado/a, no elegible por el director o alguien nombrado en su lugar si el alumno/a no demuestra el deseo y habilidad de obedecer las reglas de buena asistencia y buen comportamiento.
3. Cualquier despliegue de comportamiento inapropiado mientras el alumno/a-atleta esta representando al equipo de la escuela, puede ser motivo para ser suspendido/a o despedido/a del programa.
4. Cualquier alumno/a-atleta que no obedezca cualquier otro reglamento de la escuela, establecido por el programa deportivo será suspendido o despedido/a del equipo. El entrenador dará aviso al alumno y a los padres cuando se despida a un alumno/a del equipo.
5. Cada alumno/a-atleta tendrá la oportunidad de participar en las actividades deportivas de la escuela por dos años, uno por cada año escolar.
6. Se estará supervisando la elegibilidad de cada alumno/a semanalmente en los dos grados, comenzando con la semana previa a la primera competencia deportiva.
7. Un alumno/a -atleta se considera inelegible por una semana si el/ella esta reprobando mas de una clase. La calificación que el alumno/a reciba será su calificación... "Si en cualquier fecha el alumno/a se transfiriere a otra escuela"... Por ejemplo: si en la primera semana de un periodo de calificaciones de nueve semanas el alumno recibe una "A" y en la segunda semana recibe una "E", entonces el alumno/a recibiría una "C" como promedio por las dos semanas, y por lo tanto esto lo haría elegible para la semana. El maestro/a le podría dar una "U" y anotar un comentario para avisar al entrenador que el alumno/a es elegible, pero que existen algunos problemas de esfuerzo académico. Cada periodo de calificaciones de 9 semanas es una entidad separada. - la elegibilidad comienza de nuevo.
8. Excepciones a cualquiera de las reglas o condiciones arriba mencionadas pueden ser consideradas por el director/a de la escuela secundaria antes de tomar una determinación final.

ALUMNO/A \_\_\_\_\_

PADRE/MADRE/TUTOR \_\_\_\_\_

ENTRENADOR / CONSEJERO \_\_\_\_\_

**MIDDLE SCHOOL CONSENT TO PARTICIPATE**

\_\_\_\_\_ has permission to participate in the Middle School Athletic Program and I/we acknowledge that I/we have read, understand, and agree to support the Middle School Athletic Policies as outlined.

My son/daughter has no physical condition that would cause him/her to be endangered by participation in the Middle School Interscholastic Athletic Program except as noted here. Exception \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

**WAIVER OF INSURANCE**

We the undersigned are aware that School District U46 provides student accident insurance with the premiums payable by the parent. We are aware that the school district recommends that each student participating in interscholastic activities secure insurance coverage and that the school district limits participation of students in these activities to those who have either secured such insurance or have executed a waiver of such insurance.

We hereby state that we either already have school insurance or do not wish to secure the above mentioned school insurance. In doing so, we agree that we will hold harmless School District U46 for any expense that may accrue as a result of an injury to our child while participating in the school district's athletic program and further realize that we must secure our own hospitalization and medical coverage if we desire such protection.

No statements contrary to those contained herein relating to insurance coverage have been made to any of the undersigned.

Parent Signature \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Please have your athlete return the signed acknowledgment form and the Waiver of Insurance form to the coach prior to the first practice.

## CONCUSSION INFORMATION:

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:

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

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:

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

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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

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.

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 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/>

**\*\*Please sign below stating that you have read/reviewed the information regarding concussions\*\***

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10) Student-athlete Name Printed Student-athlete Signature Date

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11) Parent or Legal Guardian Printed Parent or Legal Guardian Signature Date



## ATHLETIC TEAM INFORMATION

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
Last First m d y

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ OTHER PHONE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ WORK PHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMERGENCY PHONE NUMBER \_\_\_\_\_

EMERGENCY CONTACT PERSON \_\_\_\_\_

MEDICAL CONCERNS THAT WOULD AFFECT YOUR PARTICIPATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DO YOU CARRY AN INHALER? \_\_\_\_\_ YOU MUST HAVE A DOCTOR'S NOTE  
ON FILE WITH THE SCHOOL NURSE IF YOU CARRY AN INHALER. NO NOTE, NO  
PRACTICE.

TEACHERS: \_\_\_\_\_

\_\_\_\_\_

LAST PERIOD CLASS TEACHER: \_\_\_\_\_ ROOM NUMBER: \_\_\_\_\_



# Pre-participation Examination



## PHYSICAL EXAMINATION FORM

EXAMINATION		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Height	Weight		
BP / ( / )	Pulse	Vision R 20/	L 20/
		Corrected	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>MEDICAL</b>	<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>	
Appearance			
• Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat			
• Pupils equal			
• Hearing			
Lymph nodes			
Heart <sup>a</sup>			
• Murmurs (auscultation standing, supine, +/- Valsalva)			
• Location of point of maximal impulse (PMI)			
Pulses			
• Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) <sup>b</sup>			
Skin			
• HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic <sup>c</sup>			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/Ankle			
Foot/toes			
Functional			
• Duck-walk, single leg hop			

<sup>a</sup>Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.

<sup>c</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

On the basis of the examination on this day, I approve this child's participation in interscholastic sports for 395 days from this date.

Yes \_\_\_\_\_ No \_\_\_\_\_ Limited \_\_\_\_\_ Examination Date \_\_\_\_\_

Additional Comments:

Physician's Signature \_\_\_\_\_

Physician's Assistant Signature\* \_\_\_\_\_

Advanced Nurse Practitioner's Signature\* \_\_\_\_\_

\*effective January 2003, the IHSA Board of Directors approved a recommendation, consistent with the Illinois School Code, that allows Physician's Assistants or Advanced Nurse Practitioners to sign off on physicals.

## IHSA Steroid Testing Policy Consent to Random Testing

(This section for high school students only)  
2012-2013 school term

As a prerequisite to participation in IHSA athletic activities, we agree that I/our student will not use performance-enhancing substances as defined in the IHSA Performance-Enhancing Substance Testing Program Protocol. We have reviewed the policy and understand that I/our student may be asked to submit to testing for the presence of performance-enhancing substances in my/his/her body either during IHSA state series events or during the school day, and I/our student do/does hereby agree to submit to such testing and analysis by a certified laboratory. We further understand and agree that the results of the performance-enhancing substance testing may be provided to certain individuals in my/our student's high school as specified in the IHSA Performance-Enhancing Substance Testing Program Protocol which is available on the IHSA website at [www.IHSA.org](http://www.IHSA.org). We understand and agree that the results of the performance-enhancing substance testing will be held confidential to the extent required by law. We understand that failure to provide accurate and truthful information could subject me/our student to penalties as determined by IHSA.

A complete list of the current IHSA Banned Substance Classes can be accessed at  
[http://www.ihsa.org/initiatives/sportsMedicine/files/IHSA\\_banned\\_substance\\_classes.pdf](http://www.ihsa.org/initiatives/sportsMedicine/files/IHSA_banned_substance_classes.pdf)

Signature of student-athlete

Date

Signature of parent-guardian

Date

To be completed by athlete or parent prior to examination.

Name \_\_\_\_\_ School Year \_\_\_\_\_  
 Last First Middle  
 Address \_\_\_\_\_ City/State \_\_\_\_\_  
 Phone No. \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Class \_\_\_\_\_ Student ID No. \_\_\_\_\_  
 Parent's Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Address \_\_\_\_\_ City/State \_\_\_\_\_

## HISTORY FORM

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.  
☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. 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 Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Have you or any family member or relative been diagnosed with cancer?		
52. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY	Yes	No
53. Have you ever had a menstrual period?		
54. How old were you when you had your first menstrual period?		
55. How many periods have you had in the last 12 months?		

Explain "yes" answers here

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_