



### Vision

Every student prepared for college, career, and life success.

## ***Athletics Participation Requirements (2022-2023)***

Dear Parents, Guardians, and Student-Athletes,

We are excited about your interest to be a student-athlete at Jefferson Middle School. We offer the following sports at JMS: Football, Girls & Boys Basketball, Girls Volleyball, Track & Field, Cross Country, and Cheerleading. Please complete the following requirements and submit them to the main office or to your coach upon completion. **This entire packet, as well as the online compliance form, MUST be completed prior to participating in any try-outs or practices. Please understand, there are no exceptions to this policy in order to stay compliant with TMSAA.**

All requirements, links to forms, and announcements by sport are also posted on our school website at: <https://www.ortn.edu/jefferson/athletics/>

**Step 1:** Complete the **online compliance form** which includes information about concussions, sudden cardiac arrest, and emergency contact information.

- It is available at this link: <https://oakridgeathletics.com/athletic-training>

**Step 2:** Obtain a **sports physical** from your healthcare provider (forms are attached to this packet).

- *Both the online compliance form and the sports physical must be dated after April 16, 2022 to be eligible for the 2022-2023 athletic season.*
- ***FREE*** sports physicals will be offered on Sunday, May 22<sup>nd</sup>, 2022 at Oak Ridge High School Wildcat Arena from 1-4pm. It is requested that middle school athletes go at 3pm. *Try to take advantage of this great opportunity!*

**Step 3:** Bring your physical to the main office or to your coach in order to participate in try-outs.

Thank you for your interest in participating in our athletics program at Jefferson Middle School. Please let us know if there are any questions or concerns.

Katie Bolling  
JMS Athletic Director

### ***Jefferson Middle School***

200 Fairbanks Road | Oak Ridge, TN 37830

(865) 425-9301

[www.ortn.edu/jefferson](http://www.ortn.edu/jefferson)

### **Mission Statement**

Provide an adaptive and challenging learning environment and instruction that prepares each student for **excellence in education** and the workplace, while cultivating integrity, responsibility and a sustained passion for continued learning.

\_\_\_\_\_  
**Last Name**

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Sport(s) interested in playing**

**JEFFERSON MIDDLE SCHOOL  
SPORTS INFORMATION AND PERMISSION FORMS**

**PARENTAL CONSENT & EMERGENCY TREATMENT**

I/We give consent for the above named student to represent Jefferson Middle School in Athletics. It is understood that such activity involves the potential for injury. It is acknowledged that even with competent coaching, the use and care of good equipment, and the observance of rules, injuries are still a possibility. On rare occasions these injuries can be severe and lead to a disabling condition or death.

Permission is granted to Jefferson Middle School for the physicians, coaches and/or athletic trainers to render aid, treatment, medical or surgical care deemed reasonable and necessary to protect the health and well being of the above named individual.

**PARENTS:** Many hospitals and doctors will not treat a child without parental consent (unless a matter of life or death). It is required that you complete the information below so that if your child requires a visit to the hospital while under the supervision of the school, this will allow the hospital to treat the injury.

I have read and understand that I accept financial responsibility for any injury not covered by the school accident insurance or my hospitalization insurance. I further understand that it will be my responsibility to file claims for injuries received.

I/We have read the Field Trip policy with our student. Student will abide by all **JMS Field Trip rules**, making up any **class work missed**. It is understood that I will be **responsible for the loss or damage to personal property of others or injury to another person** caused by the above named student. It is also understood that the City of Oak Ridge and the Oak Ridge School System is responsible only for injuries that result from the negligence of their staff. Jefferson Middle School will **not be responsible** for the liability or insurance coverage of private or public carriers.

**EMERGENCY INFORMATION**

**Student Name:** \_\_\_\_\_ **Student Cell #:** \_\_\_\_\_

Upcoming Grade - '22 School Year: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**1<sup>st</sup> Guardian Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Home #:** \_\_\_\_\_

\_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Employed by:** \_\_\_\_\_ **Work #:** \_\_\_\_\_

**2<sup>nd</sup> Guardian's Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Home #:** \_\_\_\_\_

\_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Employed by:** \_\_\_\_\_ **Work #:** \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

\_\_\_\_\_  
**Parent / Guardian Signature (Consent statement authorization to treat)**

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Date**

**Insurance Coverage Waiver**

In order to participate in interscholastic athletics at Jefferson Middle School, each participant must be covered by an insurance policy; or Jefferson Middle School must have on file a statement signed by the parent/guardian indicating coverage under another health or hospitalization insurance policy. **Oak Ridge Schools do not carry a blanket student accident insurance policy.** You must apply for coverage if your child is not covered under another policy.

- \_\_\_ I am not covered under any other health or accident policy.
- \_\_\_ I am covered by another health insurance policy (such as Blue Cross-Blue Shield).

**Name of Company:** \_\_\_\_\_

**Policy or Group #:** \_\_\_\_\_

I understand that I accept financial responsibility for any injury not covered by the school accident or my hospitalization insurance. I further understand that it will be my responsibility to file claims for injuries received.

*CoverKids offers free health coverage to uninsured children based on family income. There are two easy ways to apply. Visit [TennCareconnect.gov](http://TennCareconnect.gov) to apply online or call 1-866-620-8864 to request an application.*

*Only interscholastic football for grades 9, 10, 11, and 12 requires the special premium for the fall and spring football program. All other sports are covered under the regular accident policy when the student has paid the premium.*

**FIELD TRIPS- ATHLETICS**

Athletic trips are treated as any school-sponsored field trip. A student must abide by all **JMS Field Trip rules**, including any additional rules deemed necessary by the coach. Serious violations, i.e., theft, vandalism, alcohol, will result in school disciplinary action, including being banned from future field trips. A field trip violation could affect a student remaining on a team.

It is understood that on any authorized field trip, the student has the privilege and responsibility for making up any **class work missed**.

If the student behaves in a manner unsuitable for the coaches or chaperone, I agree **to provide transportation** for their return to Oak Ridge.

Jefferson Middle School will **not be responsible** for the liability or insurance coverage of private or public carriers.

This form should be placed into the athlete's medical file and should **not** be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another History Form.

## ■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

### HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex assigned at birth (F, M, or intersex): \_\_\_\_\_ How do you identify your gender? (F, M, or other): \_\_\_\_\_

Have you had COVID-19? (check one):  Y  N

Have you been immunized for COVID-19? (check one):  Y  N If yes, have you had:  One shot  Two shots

List past and current medical conditions. \_\_\_\_\_

\_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures. \_\_\_\_\_

\_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

\_\_\_\_\_

\_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).

\_\_\_\_\_

\_\_\_\_\_

#### Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)			Yes	No
1. Do you have any concerns that you would like to discuss with your provider?				
2. Has a provider ever denied or restricted your participation in sports for any reason?				
3. Do you have any ongoing medical issues or recent illness?				
HEART HEALTH QUESTIONS ABOUT YOU			Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?				
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?				
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?				
7. Has a doctor ever told you that you have any heart problems?				
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.				

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)			Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?				
10. Have you ever had a seizure?				
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY			Yes	No
11. 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)?				
12. 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)?				
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?				

BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

**Explain "Yes" answers here.**

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**I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.**

Signature of athlete: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_

This form should be placed into the athlete's medical file and should **not** be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another examination.

## ■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

### PHYSICAL EXAMINATION FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

#### PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ ( _____ / _____ )	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
COVID-19 VACCINE		
Previously received COVID-19 vaccine: <input type="checkbox"/> Y <input type="checkbox"/> N		
Administered COVID-19 vaccine at this visit: <input type="checkbox"/> Y <input type="checkbox"/> N If yes: <input type="checkbox"/> First dose <input type="checkbox"/> Second dose		
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)</li> </ul>		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>		
Lymph nodes		
Heart <sup>a</sup> <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)</li> </ul>		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> <li>Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis</li> </ul>		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> <li>Double-leg squat test, single-leg squat test, and box drop or step drop test</li> </ul>		

<sup>a</sup> Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

## ■ PREPARTICIPATION PHYSICAL EVALUATION

### MEDICAL ELIGIBILITY FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

\_\_\_\_\_

\_\_\_\_\_

- Medically eligible for certain sports

\_\_\_\_\_

\_\_\_\_\_

- Not medically eligible pending further evaluation

- Not medically eligible for any sports

Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

### SHARED EMERGENCY INFORMATION

Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency contacts: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_