

ARTS & TECHNOLOGY MIDDLE SCHOOL TRACK TEAM PACKET

****ALL FORMS MUST BE TURNED INTO THE OFFICE BEFORE YOUR STUDENT PARTICIPATES IN ANY TRACK ACTIVITIES (PRACTICES AND MEETS)****

FIRST PRACTICE: (Monday 3/5/18)

LAST DAY TO JOIN TRACK TEAM: (Thursday 4/5/18)

REQUIRED FORMS (included at the end of this packet- please detach forms and turn them into the office):

- 1) ANNUAL INTERVAL HISTORY FORM: This form is required yearly. If you do not have insurance, a low-cost policy is available for the season.

PHYSICAL EXAMINATION FORM: If your student has previously turned in a physical examination form to ATA, please call the office to check if it will be valid for the 2017-18 track season. If the previous physical expires before the season ends on 5/10/18, a new physical is needed. The Churchill High School Health Clinic (541-790-5227) is available for low cost physical exams.

- 2) MIDDLE SCHOOL ATHLETICS TEAM RULES FORM: Required by the district for participation in athletics.
- 3) TRACK & FIELD ATHLETE CONTRACT FORM: The Track & Field Athlete Form is required each year. This contract commits athletes to keeping grades above passing and behaving appropriately at school, practices, and meets by following the district's rules and ATA's expectations. It also encourages athletes to give their best effort and attitude at all times.

TRACK FEE: The fee for participation is \$100.00. If you cannot afford that amount, please request a reduced-fee form from the office. ***NO CHILD WILL BE DENIED PARTICIPATION DUE TO FINANCIAL REASONS.***

Dear ATA Families,

Welcome to ATA Middle School Track and Field. Our goals are to have success, fun, get fit, and participate in the District meet. The coaching staff strongly feels this year's Track & Field team has the potential for a very rewarding season. We're well aware of the level of commitment we're asking of you and how it could affect your academics. It will be important for you to balance your social life and homework life, making sure your grades are above an F or NP. If you have an F or NP at the beginning of the season you must demonstrate the plan of action in raising last term's grade. During the course of the season, if you receive an F or NP, you **MUST** raise your grade before attending competitions. We feel athletics are important; however, you must have passing grades to participate!

ATTENDANCE & ABSENCES

You are expected to be at **TWO** out of the **THREE** practices each week. Prearranged absences are acceptable. You may only miss **ONE** practice (that is an excused absence) per week. Unexcused absences (skipping or ditching practice) will automatically disqualify you from that week's meet. After **THREE** unexcused absences you will be off the team. Some examples of excused absences are: doctor or dentist appointments, religious school, music lessons, and/or academic make-up sessions (for which a note is required from the teacher). Illnesses do happen; however, if **TWO** practices in **ONE** week are missed due to sickness, you may be unable to compete in the Thursday's meet.

As mentioned earlier, we expect you to be at the practices to ensure your proper development for the events in which you are training to compete. This helps assure adequate training, injury reduction, and emotional preparedness for competition. In addition, diligence during practice is expected. Any team member not putting forth effort or following instructions may be dismissed from practice for the day, followed by a phone call home and notifying your advisor. Repeated dismissals will result in expulsion from the team. Last day to join is April 5th this year.

PRACTICE INFORMATION

Every coach is here to help you become a better athlete. We make the same time and energy commitment that is expected of you. Together we will **ALL** achieve our goals because we are a **TEAM**. Thus, practices (through the four dual meets) will be targeted to introduce every participant to the full range of events available.

Practices are M-W with meets on Thursdays. However, the first two weeks are for practice and preparation for competition. **Mon, Tue, & Wed practices are from 3:45-5:00, and dual meets are Thursdays 4:45-7:00** (note: the first three weeks of practice will be 3:45-5:00 on those Thursdays). Transportation for all meets will be provided. Once the calendar has been finalized by the district, it will be available in the office and posted on our website.

Starting sharply at 3:45 on the field and ending no later than 5 o'clock, practice will begin with the blow of a whistle and roll call. You are expected to be on time. *Note: repeated times of being late will result from loss or participation in that week's meet.* After taking attendance, practice begins with a group warm-up of basic movement and flexibility exercises. The main reason for a

group warm-up exercises is to prevent injuries and build team unity. We do not want to see anyone get hurt! Therefore, take the warm-up and flexibility exercises seriously. Work on stretching properly to avoid a short season. Over the course of the season you will improve.

At any time, if you have a concern, question or problems don't hesitate to ask any of us for help—especially concerning an injury! Once properly warmed up, you will be getting into smaller groups to work on specific events. All practices will consist of drills and techniques, hard work, and fun. Depending on the day, it will determine your workout, level of intensity, and what events you will be practicing.

BEHAVIOR EXPECTATIONS

All students are expected to remain at practice until released by a coach. Also, at practices, meets, and during your school days, you are required to follow ATA's guidelines and expectations of appropriate behavior. Failure to do so will result in a loss of participation for that week's Track & Field meet. Repeated inappropriate behavior or attitude, bullying or harassment will result in an immediate suspension and/or possible dismissal from the team. **RESPECT** is essential and must be practiced at all times!

FINAL THOUGHTS

You will perform in the meets as well as your preparation and participation. Good practice equals good performance. Consistency is the key. Though, we don't have practices on Friday, Saturday, or Sunday, it's not a bad idea to do something easy. Activities like, riding a bike, going for a swim, a hike, or even walking a dog will help decrease your discomfort and aid muscle recovery/growth. Another thing to help you with your season is to set goals for yourself each week. Keep pushing yourself and understand you will be at your best by the end of the season.

Finally, please take the time to sit down with your parents and discuss the content of this letter. Do not take this commitment lightly. If you need further clarification come see me. Once you and your parents feel comfortable committing to the team expectations, **complete the necessary paperwork before attending your first practice.**

We're looking forward to a great season!!

Daniel Morphis (Head Coach)
Courtney Stitt (Assistant Coach)
Thomas Pfanner (Assistant Coach)
Kristi Parks (Volunteer Coach)

ARTS AND TECHNOLOGY MIDDLE SCHOOL TRACK & FIELD

GENERAL INFORMATION

Practices Mon, Tue, & Wed 3:45-5:00; Meets Thursdays from 4:45-7:30 (meet start times can vary based on district transportation)

Meet Location: Check Calendar

Practice Location: ATA TRACK

The following events occur at every Track & Field meet. Field Events are the first to start and require a check in. Every person that comes out and practices will be able to compete. However, there are certain limitations to the number of people in events.

FIELD EVENTS

If you do both running and field events, and they are going at the same time, check in with your field event first and come back to it after your race.

High Jump Starting height to make—TWO misses allowed at each height

Long Jump Run through—THREE jumps and your best is recorded

Shot Put Warm-up throws—THREE throws and your best is recorded

Discus Warm-up tosses—THREE throws and your best is recorded

TRACK EVENTS & ORDER AT MEETS

100 meter Hurdles Sprint

3000 meter Long Distance

1500 meter Long Distance

100 meter Sprint/Short

400 meter Mid Distance

200 meter Sprint/Short

800 meter Mid Distance/Long

4 X 100 meter relay (FOUR people run a total of 100m each equaling 400m)

EVENT SCENARIO

You will be allowed and encouraged to compete in FOUR events at every meet.

(The 4 X 100m relay is not included in the event maximum)

TWO Running Events - TWO Field Event and Relay

ONE Running Event - THREE Field Events and Relay

ONE Field Event - THREE Running Events and Relay

Of course you may choose to only do one event. But, remember it is important to try different events to increase your chances of qualifying for sub districts and Districts.

SUB AND DISTRICT INFORMATION (subject to change)

You may not receive your first choice of event for the Sub District Meet. Therefore, it is helpful to be willing to compete in numerous events throughout the season and that day. Based on how you perform in the Sub District Meet will determine placement for the District Meet. As coaches, one of our goals is get everyone to participate in the Sub District Meet. Based on how you perform/place will determine your spot for the District meet. Note: Event(s) are based on your performances, availability, and effort during the season.

RUNNING EVENTS

Each school can enter TWO participants in each Sprint race. (100m. hurdles, 100m., 200m., 400m.,) Top FOUR qualify for the District Meet in each event. (open lanes are drawn for)

Each school can enter TWO relay teams. Every school enters 1 relay team at the District Meet (open position are drawn for)

Each school can enter FOUR participants in the Field Events. (open positions are drawn for)

Each school can enter FOUR participants in the 800, 1500, and 3000. (open positions are drawn for)

FIELD EVENTS

High Jump THREE attempts (sometimes only TWO)

Long Jump THREE attempts (sometimes only TWO)

Discus THREE attempts (sometimes only TWO)

Shot THREE attempts (sometimes only TWO)



ANNUAL INTERVAL HISTORY FORM

(To be completed during the years when a physical exam is not required)

Sport _____ Received by _____ Date _____ Fees _____

TO BE COMPLETED BY PARENT/GUARDIAN:

Student Name _____ Grade _____ School _____ Birthdate _____

Home Address _____ Phone _____

Parent/Guardian Name _____ Phone _____ Cell Phone _____

Physician _____ Phone _____

In the past year the above student:

Yes No

If Yes, please explain below

- 1. Has had injuries requiring medical attention:
- 2. Has had illness lasting more than a week:
- 3. Is under a physician's care now:
- 4. Takes medication now:
- 5. Wears glasses/contact lenses (*circle which apply*)
- 6. Has had a surgical operation:
- 7. Has been in a hospital (except tonsillectomy):
- 8. Do you know any reason why this student should not participate in all sports?

PARENT OR GUARDIAN PERMIT:

I want my ()son or ()daughter to have the privilege of participating in competitive school athletics. _____, therefore, has my permission to compete in all sports approved by the Board of Education of the local School District and to be transported according to District Transportation Policy. (Name of Student)

While I expect school authorities to exercise reasonable precautions to avoid injury, I understand that there are risks of injury when participating in athletics and the District assumes no financial obligation for any injury that may occur. I am advised that students are held responsible for all player's equipment owned and issued by the school.

I hereby give permission to the physician selected by the school director, or in his or her absence their designee, to hospitalize, secure treatment for, and to order injections, anesthesia, or surgery for my child as named above. Person to contact in case of emergency if I cannot be reached:

Emergency Contact Name _____ Relationship _____

Address _____ Phone _____ Cell Phone _____

INSURANCE ARRANGEMENTS:

Please check one:

- My son/daughter is covered by insurance purchased at school, 20__/20__ school year. Check below:
 - 24 Hour Plan School-Time Plan Interscholastic/Tackle Football Plan
 - Other Interscholastic Sports 24-Hour Dental Plan
- My son/daughter is fully covered by insurance carried by Parent/Guardian, and the school will not be liable for any injury that occurs during athletic activities or travel for activities.

Name of Insurance Company with which insured _____

Insurance Co. Phone _____ Group # _____ Member # _____

Signature of Parent/Guardian _____ Date _____

HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the provider. The provider should keep this form in the medical record.)

Date of Exam: _____

Name: _____

Date of birth: _____

Sex: _____ Age: _____ Grade: _____ School: _____

Sport(s): _____

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 Foods Stinging Insects

Explain "Yes" answers below. Circle questions you do not know the answers to.

GENERAL QUESTIONS		
1. When was the student's last complete physical or "checkup?" Date: Month/ Year ____ / ____ (Ideally, every 12 months)	YES	NO
2. Has a doctor or other health professional ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical conditions? If so, please identify below.		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU		
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 <input type="checkbox"/> 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, or get tired more quickly than your friends or classmates during exercise?		
11. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		
12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?		
13. Does anyone in your family have a pacemaker, an implanted defibrillator, or heart problems like hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia?		

BONE AND JOINT QUESTIONS	YES	NO
14. Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice, game or an event?		
15. Do you have a bone, muscle or joint problem that bothers you?		
MEDICAL QUESTIONS	YES	NO
16. Do you cough, wheeze or have difficulty breathing during or after exercise?		
17. Have you ever used an inhaler or taken asthma medicine?		
18. Are you missing a kidney, an eye, a testicle (males), your spleen or any other organ?		
19. Do you have any rashes, pressure sores, or other skin problems such as herpes or MRSA skin infection?		
20. Have you ever had a head injury or concussion?		
21. Have you ever had numbness, tingling, or weakness, 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 someone in your family have sickle cell trait or disease?		
24. Have you, or do you have any problems with your eyes or vision?		
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 food?		
28. Have you ever had an eating disorder?		
29. Do you have any concerns that you would like to discuss today?		
FEMALES ONLY	YES	NO
30. Have you ever had a menstrual period?		
31. How old were you when you had your first menstrual period? _____		
32. 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 _____

ORS 336.479, Section 1 (3) "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." Section 1(5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."

Form adapted from ©2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.

School Sports Pre-Participation Examination – Part 2: Medical Provider Completes

Revised May 2017

PHYSICAL EXAMINATION FORM

Date of Exam: _____

Name: _____

Sex: _____ Age: _____ Grade: _____ School: _____

Date of birth: _____

Sport(s): _____

EXAMINATION		
Height:	Weight:	BMI:
BP: / (/)	Pulse:	Vision R 20/ L 20/ Corrected <input type="checkbox"/> YES <input type="checkbox"/> NO
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/ears/nose/throat		
Lymph nodes		
Heart •Murmurs (auscultation standing, supine, with and without Valsalva)		
Pulses		
Lungs		
Abdomen		
Skin		
Neurologic		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for:
- Not cleared
- Pending further evaluation
 - For any sports
 - For certain sports: _____

Reason: _____

Recommendations: _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is 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 provider may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians). This form is an exact duplicate of the current form required by the State Board of Education containing the same history questions and physical examination findings. I have also reviewed the "Suggested Exam Protocol".

Name of provider (print/type): _____

Date: _____

Address: _____

Phone: _____

Signature of provider: _____

ORS 336.479, Section 1(3) "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." Section 1(5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."

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MUSCULOSKELETAL

Have patient:

1. Stand facing examiner
2. Look at ceiling, floor, over shoulders, touch ears to shoulders
3. Shrug shoulders (against resistance)
4. Abduct shoulders 90 degrees, hold against resistance
5. Externally rotate arms fully
6. Flex and extend elbows
7. Arms at sides, elbows 90 degrees flexed, pronate/supinate wrists
8. Spread fingers, make fist
9. Contract quadriceps, relax quadriceps
10. "Duck walk" 4 steps away from examiner
11. Stand with back to examiner
12. Knees straight, touch toes
13. Rise up on heels, then toes

To check for:

- AC joints, general habitus
- Cervical spine motion
- Trapezius strength
- Deltoid strength
- Shoulder motion
- Elbow motion
- Elbow and wrist motion
- Hand and finger motion, deformities
- Symmetry and knee/ankle effusion
- Hip, knee and ankle motion
- Shoulder symmetry, scoliosis
- Scoliosis, hip motion, hamstrings
- Calf symmetry, leg strength

MURMUR EVALUATION – Auscultation should be performed sitting, supine and squatting in a quiet room using the diaphragm and bell of a stethoscope.

Auscultation finding of:

1. S1 heard easily; not holosystolic, soft, low-pitched
2. Normal S2
3. No ejection or mid-systolic click
4. Continuous diastolic murmur absent
5. No early diastolic murmur
6. Normal femoral pulses
(Equivalent to brachial pulses in strength and arrival)

Rules out:

- VSD and mitral regurgitation
- Tetralogy, ASD and pulmonary hypertension
- Aortic stenosis and pulmonary stenosis
- Patent ductus arteriosus
- Aortic insufficiency
- Coarctation

MARFAN'S SCREEN – Screen all men over 6'0" and all women over 5'10" in height with echocardiogram and slit lamp exam when any two of the following are found:

1. Family history of Marfan's syndrome (this finding alone should prompt further investigation)
2. Cardiac murmur or mid-systolic click
3. Kyphoscoliosis
4. Anterior thoracic deformity
5. Arm span greater than height
6. Upper to lower body ratio more than 1 standard deviation below mean
7. Myopia
8. Ectopic lens

CONCUSSION – When can an athlete return to play after a concussion?

After suffering a concussion, no athlete should return to play or practice on the same day. Previously, athletes were allowed to return to play if their symptoms resolved within 15 minutes of the injury. Studies have shown that the young brain does not recover that quickly, thus the Oregon Legislature has established a rule that no player shall return to play following a concussion on that same day and the athlete must be cleared by an appropriate health care professional before they are allowed to return to play or practice.

Once an athlete is cleared to return to play, they should proceed with activity in a stepwise fashion to allow their brain to readjust to exertion. The athlete may complete a new step each day. The return to play schedule should proceed as below following medical clearance:

- Step 1: Light exercise, including walking or riding an exercise bike. No weightlifting.
- Step 2: Running in the gym or on the field. No helmet or other equipment.
- Step 3: Non-contact training drills in full equipment. Weight training can begin.
- Step 4: Full contact practice or training.
- Step 5: Game play.

If symptoms occur at any step, the athlete should cease activity and be re-evaluated by a health care provider.

581-021-0041 Form and Protocol for Sports Physical Examinations

1. The State Board of Education adopts by reference the form entitled "School Sports Pre-Participation Examination " dated May, 2017 that must be used to document the physical examination and sets out the protocol for conducting the physical examination. The form may be used in either a hard copy or electronic format. Medical providers may use their electronic health records systems to produce the electronic form. Medical providers conducting physicals of students who participate in extracurricular activities in grades 7 through 12 must use the form.
2. The form must contain the following statement above the medical provider's signature line:
This form is an exact duplicate of the current form required by the State Board of Education containing the same history questions and physical examination findings. I have also reviewed the "Suggested Exam Protocol".
3. Medical providers conducting physicals on or after April 30, 2011 and prior to May 1, 2017 must use the form dated May 2010.
4. Medical providers conducting physicals on or after May 1, 2017 and prior to May 1, 2018 may use either the form dated May 2010 or the form dated May, 2017.
5. Medical providers conducting physicals on or after May 1, 2018 must use the form dated May, 2017.

NOTE: The form can be found on the Oregon School Activities Association (OSAA) website: <http://www.osaa.org>

Stat. Auth.: ORS 326.051 Stats.

Implemented: ORS 336.479

MIDDLE SCHOOL ATHLETICS—Team Rules

1. Coaches will be responsible for initial decisions relating to disciplinary action resulting from violations of rules. Coaches will be expected to inform parents and conference with them upon request. Students and parents may appeal the coaches' decisions to the principal. Any disciplinary action resulting in suspension or removal from the team must be discussed with the administration prior to enforcement of suspension or removal.
2. Student athletes who break rules will be subject to disciplinary action with probation or suspension from the team a possible result.
3. Student athletes are responsible for keeping their equipment and uniforms issued to them clean, in good condition, and to be returned promptly at the end of the season.
4. Loss or damage of issued equipment and uniforms due to negligence will be the financial responsibility of the student athlete and his/her parents or guardian.
5. It is important that students exercise care and personal regard for equipment and facilities provided to them, i.e. locker rooms, lockers, balls, towels, uniforms, etc.
6. Students are to cooperate with coaches and custodians in keeping the locker rooms and halls clean and orderly before and after practice.
7. Student athletes are to leave the building as quickly as possible after all practices and games. Students are not to loiter in the halls, create problems, or interfere with custodial work in any way.
8. To remain eligible and represent the school as a member of an athletic team, building and district policies and expectations, both academic and behavioral, must be adhered to by student participants.
9. All student athletes must have a physical examination. Physical exam information (District Interval History Form) must be kept up-to-date annually and on file with the school prior to the first practice.
10. All student athletes must be covered by student insurance or other insurance, which gives adequate coverage prior to the first practice. Record of such coverage must be on file at the school
11. All student athletes must have a Middle School Athletic Permission Form on file yearly.
12. Student athletes must be in attendance all day on game days unless unusual circumstances warrant. Any excuse from class or school on a meet day must be approved in advance by the school administration.
13. Student athletes are expected to follow all school rules and regulations at all times. Disruptive behavior on or off the field, persistent tardiness to practices or school, truancy, and other violations of school regulations can be cause for disciplinary action.
14. Student athletes are expected to exemplify the highest standard of good sportsmanship at all times.
15. All team members are required to attend all practices unless a release is given by the coaches. It is the student's responsibility to inform the coach if he/she is not going to be at a practice or game for an reason. A player who misses practices, for whatever reason, should not expect to play in the contest on game days. Participation in games will be up the discretion of the coach in accordance with District

I have read the District 4J Middle School Athletic Team Rules with my student. We will abide by the district's rules and regulations.

Name of Student (Print)

Signature of Student

Date Name of Parent/Guardian

Signature of Parent/Guardian

ARTS AND TECHNOLOGY MIDDLE SCHOOL

TRACK & FIELD ATHLETIC CONTRACT FORM

I, _____ (Print student name), a team member of the ATA Track Team, will do my best to be at every practice and meet, bringing a positive attitude and giving my best effort. I will follow the coaches' directions to help me develop my maximum potential.

Understanding that I owe allegiance to my team, I will encourage my fellow teammates and be on time for practices and meets. Also, I will communicate with my coaches by informing them of soreness or pain, as well as discussing any strategies or concerns about races and/or field events.

My behavior at practices and meets will bring honor to my team, my school, and myself. I will abide by the Athletic Team Rules and ATA's expectations. Realizing that I am expected to behave in an appropriate manner, I shall not receive any "majors" during the season.

Furthermore, Track and Field is important to me; therefore, I am committing to the entire season. I realize the importance of academics and athletics. I shall keep all of my grades above the letter grade D. I understand I will not be able to participate until I am receiving credit for all of my classes.

_____ (Student signature)

_____ (date)