

# 2021 - 2022

## PENINSULA District

# HIGH SCHOOL

# ATHLETIC

# Handbook

A RESOURCE BOOK FOR ATHLETES AND PARENTS



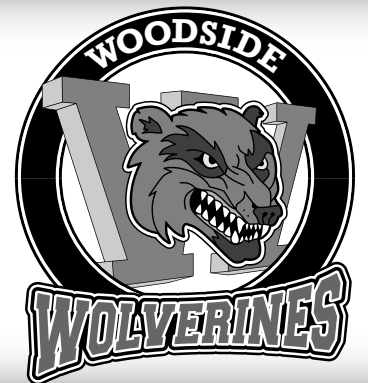
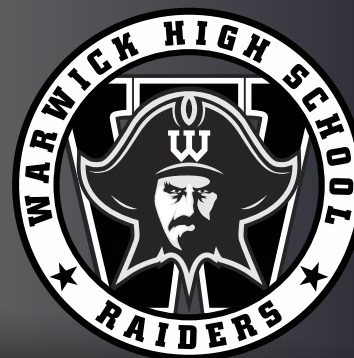
DENBIGH High School

HERITAGE High School

MENCHVILLE High School

WARWICK High School

WOODSIDE High School



*College, Career and Citizen-Ready!*

**SCHOOL CALENDAR**

Newport News Public Schools • 12465 Warwick Blvd., Newport News, VA 23606 • (757) 591-4500 • www.nnschools.org

July 2021						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

2, 9, 16, 23, 30 Summer Hours

August 2021						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

6, 13, 20 Summer Hours  
16 New Teachers Report  
26 All Teachers & Teacher Assts. Report

September 2021						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

6 Labor Day  
7 Teacher Work Day  
8 All Students Report

October 2021						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

1 Half day dismissal for students (in-person instruction in a.m.; student independent learning and teacher PD in p.m.)  
8 Half Day Dismissal - Family Conferences (held throughout the week)

November 2021						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

2 Half Teacher Work Day (Election Day); Half Day PD - Students do not report Schools Closed, Half Day for Offices  
24 Thanksgiving Observance Schools & Offices Closed  
25-26

December 2021						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

15 Half day dismissal for students (in-person instruction in a.m.; student independent learning and teacher Professional Development in p.m.)  
20-31 Winter Break - Schools and Offices Closed (12 month employees to use 1/2 day leave each day, December 20-21)

January 2022						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

3 Schools reopen  
17 Martin Luther King Day  
24-26 Exam Dates - 1/2 day high schools  
27 Teacher Work Day - Students do not report  
28 Regional Prof. Development Day  
31 Second Semester begins

February 2022						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28					

16 Half day dismissal for students (in-person instruction in a.m.; student independent learning and teacher PD in p.m.)  
21 President's Day - Schools and Offices Closed

March 2022						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

4 Half Day Dismissal - Family Conferences (held throughout the week)

April 2022						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

1 Teacher Work Day - Students Half Day Dismissal  
4-8 Spring Break (annually 1st week of April for Peninsula school divisions) - Schools & Offices Closed (12 month employees to use 1/2 day leave each day, April 6-8)

May 2022						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

30 Memorial Day

June 2022						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

11-12 High School Graduations (Tentative)  
16, 17, 20 ECC, Elementary & Middle - Early Dismissal  
16, 17, 20 High School - Half Day Dismissal  
20 Last Student Day  
21 Last Teacher Day  
24 Summer Hours begin

9 Weeks Report Cards			
Period	Ends	# of Days	Reports Issued
1	Nov. 1	39	Nov. 10
2	Jan. 26	47	Feb. 8
3	Apr. 1	44	Apr. 19
4	June 20	50	June 20

Religious observances beginning/occurring on 2021-2022 student school days:

Rosh Hashanah - Sept. 7  
Yom Kippur - Sept. 16  
Sukkot - Sept. 21  
Hanukkah - Nov. 29  
Ash Wednesday - Mar. 2  
Eid al-Fitr - May 3  
Ascension Day - May 26

**180 Pupil Days**

\*All schools need to schedule at least one evening conference period, preferably in the fall.  
NOTE: If make-up days are necessary, they will be made up, at the superintendent's direction.

- ★ First Day of School
- Schools & Offices Closed
- Half Day Dismissal
- Early Dismissal
- Schools Closed, Offices Open
- ⋮ Schools Closed, Half Day Offices Only
- Key Dates

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# Athletic Teams

**FALL  
VARSITY**

Football  
Field Hockey  
Golf  
Volleyball (boys & girls)  
Cross Country (boys & girls)  
Cheerleading (sideline)  
Cheerleading (competition)

**JR. VARSITY**

Football  
Field Hockey  
Cheerleading  
Girls Volleyball

**WINTER  
VARSITY**

Basketball (boys & girls)  
Indoor Track (boys & girls)  
Wrestling  
Swimming (boys & girls)  
Diving (boys & girls)  
Cheerleading (sideline)

**JR. VARSITY**

Basketball (boys & girls)  
Wrestling  
Cheerleading

**SPRING  
VARSITY**

Baseball  
Softball  
Soccer (boys & girls)  
Outdoor Track (boys & girls)  
Tennis (boys & girls)

**JR. VARSITY**

Baseball  
Softball  
Soccer (girls & boys)

<b>HIGH SCHOOL</b>	<b>PRINCIPAL</b>	<b>ATHLETIC DIRECTOR</b>	<b>ATHLETIC OFFICE</b>
Denbigh High School	Michelle Huffstetler	Bryan Weaver	886-7700, x 9-24660
Heritage High School	Dr. Earling Hunter	Michael Gardner	928-6100, x9-17660
Menchville High School	Robert Surry	TBD	886-7722, x9-45660
Warwick High School	Dr. Kellie Mason	Chad Smith	591-4700, x9-58660
Woodside High School	Dr. Windy Nichols	Paul Macklin	886-7530, x9-61660

Revised August 2021

## Ticket Prices

Sport	Adults	Children 12 & Under	Senior Citizens
Football	\$5.00	\$3.00	\$3.00
Basketball	\$5.00	\$3.00	\$3.00
Wrestling	Tri - \$5.00 / Dual - \$4.00	\$3.00	\$3.00
Volleyball	\$4.00	\$3.00	\$3.00

JV BASKETBALL - \$3.00 FOR EVERYONE

JV VOLLEYBALL - \$3.00 FOR EVERYONE

(Senior Citizens (NN residents) 60 and over – FREE

MUST PRESENT IDENTIFICATION

**Prices may vary at games outside of the Peninsula District**

### **Free and Reduced Admissions to Athletic Events**

In addition to the passes provided by the Peninsula District of the Virginia High School League, the School Board authorizes free or reduced admission to Newport News School Division athletic events for the following groups:

#### **Free Admission**

- High school faculty and staff for games on Newport News School Board property involving the individual school.
- School Board Employees, with their ID badge, to TODD STADIUM FOOTBALL GAMES ONLY. No Guests.
- City passes (issued by the athletic office) to the city manager, assistant city managers, fire chief, police chief, director of parks and recreation, and all judges.
- Lifetime passes (issued by the superintendent's office) to city council members, school board members and retired school personnel.
- Senior citizens (age 60 and over) who are residents of Newport News. In order to receive free admission, senior citizens must present identification that confirms that they are residents of Newport News and age 60 or over.

#### **Reduced Admission**

- A member of the PTSA (Parent/Teacher/Student Association) of a participating Newport News public school will be admitted for a reduced cost of \$2.00 less than the adult ticket price upon the presentation of a valid current school year PTSA membership card.

Revised August 2019

## Newport News Philosophy

It shall be the philosophy of the athletic program in the Newport News Public Schools to provide an opportunity for those students endowed with the physical and mental ability to compete at a level higher than that offered in the normal instructional program. This program will allow the talented athletes to develop their skills and knowledge to a higher degree of competency on the practice field and offer them the laboratory of the playing field to measure their accomplishments in competition with their peers.

One of our school division's major goals is high academic achievement for all students. We are committed to helping them achieve to their fullest potential and our student-athletes are no exception. Just as an athlete must expend a tremendous amount of time and effort to be successful on the playing field, our athletes must bring that same discipline and dedication to the classroom. The practices established by both successful students and successful athletes would be extremely valuable throughout their school years and beyond.

In addition to the development of these physical skills, the athletic program will offer the athlete the opportunity to become a more useful and loyal member of society by developing a desire to achieve excellence but with the willingness to make personal sacrifices for the benefit of the team. Close contact with teammates and opponents will develop a sense of loyalty and dedication as well as a respect for the dignity of others.

The enrichment of the total being through contributions to their educational, social, moral, emotional and physical development shall be the underlying principle of the school athletic program.

## Goals and Objectives

- All student-athletes will maintain a grade point average (GPA) of 2.0 or above.
- The athletic program will contribute to the physical fitness and development of athletic skills of participants through teaching and presenting a sound program of conditioning and practice.
- The athletic program will teach the values of sportsmanship through the Virginia High School League Sportsmanship Code in order that participants may learn to be humble in victory and gracious in defeat.
- The athletic program will teach self-discipline to participants by requiring them to adhere to a lifestyle that will contribute in a positive way to team effectiveness.
- The athletic program will teach the compatibility of self-reliance and cooperation through activities designed to give recognition to contributions of individual athletes and showing that success of the program depends on team effort.
- The athletic program will unify the school by providing common goals, involving all students and creating a common purpose; thereby generating school spirit and building alumni loyalty.
- The athletic program will provide a wholesome environment for athletic participation and will provide carry-over value through teaching positive attitudes and the recreational value of participation.
- The athletic program will provide opportunities to achieve educational and personal goals for students/athletes through counseling participants to establish goals consistent with their interests, abilities and needs.

# Newport News Public Schools Students Academic Standards for Participating in Virginia High School League Activities

**All students participating in any Virginia High School League sponsored activity will have to meet academic standards established by the school board.**

1. Students participating in any VHSL sponsored activity must maintain a minimum of a 2.0 or higher grade point average (GPA) before participating in any VHSL sponsored activity. They may meet this requirement in two (2) ways:
  - **Students may maintain a cumulative 2.0 GPA or higher**
  - **Students may have a 2.0 GPA or higher the previous semester average.**
2. Students must continue to meet all VHSL eligibility requirements (pass 5 subjects from previous semester), in addition to the 2.0 GPA minimum.
3. Students also have the option of taking a **one-time waiver** from the 2.0 requirement for one semester for any reason during their time in high school **but still must meet all VHSL standards**. Forms can be obtained from the high school athletic directors.
4. Students who lose their academic eligibility while participating in a VHSL activity in which the season or district competition extends beyond the semester will be allowed to continue participating until the particular season ends, but will not be able to participate in other extracurricular activities until academic eligibility is restored.
5. Transfer students' academic eligibility for participation in a VHSL activity will be determined initially by their incoming GPA. This eligibility criteria will apply through and include the student's first semester of attendance in Newport News Public Schools. Transfer students who do not meet the academic requirements for the school year in which they enter will be denied academic eligibility during their first semester in Newport News Public Schools. After their first semester as a student in the Newport News Public Schools, the GPA requirements in item 1 shall apply.
6. Summer school grades will be averaged in with second semester grades.
7. A special education student who is working toward a **special diploma/certificate** must make standard progress in those courses taken as determined by the student's Individualized Education Program (IEP).
8. A special education student who is working toward a **standard diploma** must meet the same academic standards for participation in VHSL activities and extracurricular activities that are required for all students.
9. If there are differences between the school board policy and Virginia High School League (VHSL), the provision that establishes the stricter rule will apply. If either the school board policy or the VHSL regulations contain a condition or requirement that the other one does not, the stated condition or requirement will apply.

Revised July 2018

## **Magnet School – General Information**

All eighth grade students who wish to participate in VHSL activities must attend their attendance-zone school.

### **Magnet Program Deselection Procedures – Voluntary and Involuntary**

A student who has been selected for a magnet program or deselected from a magnet program for any reason and who has officially practiced or participated in a VHSL activity, during the scheduled season, is ineligible to participate in that activity in another school for the remainder of that academic year.

Appeals to this process can be made in writing to the Program Administrator for Youth Development.

Revised July 2019

## **Athletic Uniforms**

Newport News Public Schools will issue all required uniforms for athletic teams. Uniforms issued to students will remain the property of Newport News Public Schools, and students will be required to return them at the end of each athletic season.

No student-athlete will be responsible for purchasing his/her own uniform.

It is not permissible for students, coaches, families, booster organizations and PTAs to purchase, order or produce athletic uniforms for any team or student-athlete, or solicit payment for such items.

Booster clubs and other supporting organizations are encouraged to direct their efforts toward apparel and items not provided by the school division including footwear, sweat suits, etc., and athletic banquets and awards programs, in consultation with the principal, athletic director and coach.

Any team wanting to raise money for their sport must contact their Athletic Director with HOW, WHEN, WHERE AND WHY. Approval from Athletic Director must be granted before any fundraising activity can begin.

Fundraising will NOT take place for any equipment the athletic office purchases.

July 2018

## **VHSL Catastrophic Accident Program**

(This plan is included in the school's VHSL membership)

All enrolled students who participate in interscholastic sports and activities under the jurisdiction of the VHSL are eligible for coverage. If, as a result of an injury, an insured person suffers paralysis, coma, or brain death, benefits will be paid as indicated in the Table of Losses for each accident. Claim forms can be secured through the athletic director from the VHSL. Claims for benefits must be filed within 90 days from date of loss, or as soon as reasonably possible.

Revised June 2013



## Athletic Statement

Participation in athletics is a privilege which carries with it varying degrees of honor, responsibility and sacrifice. Since competition is a privilege and not a right, those who choose to participate shall be expected to follow the rules established by the Athletic Department and other specific coaches' rules for their sport. Each student-athlete represents his/her school and student body. It is the student-athlete's duty to conduct himself/herself in a manner that is becoming the student-athlete, his/her family, Newport News Public Schools and the community.

## Sportsmanship

The following policy statement from the National Federation of State High School Associations expresses the concept of sportsmanship as follows:

*The ideals of good sportsmanship, ethical behavior, and integrity permeate our culture. The values of good citizenship and high behavioral standards apply equally to all activity disciplines. In perception and practice, good sportsmanship shall be defined as those qualities of behavior, which are characterized by generosity and genuine concern for others. Further, awareness is expected of the impact of an individual's influence on the behavior of others. Good sportsmanship is viewed as a concrete measure of the understanding and commitment to fair play, ethical behavior and integrity.*

One of the main goals of the athletic program is to teach the concept of sportsmanship. Good sportsmanship requires that everyone be treated with respect. This includes members of the opposing team, officials, coaches and spectators.

Good sportsmanship includes showing courtesy and kindness towards your opponent as well as fellow team members. The contest is judged by the effort of the participants and not by putting down your opponent.

Winning is exciting, but winning at any cost is not the goal. Negative treatment of any participant is outside the spirit and interest of the contest.

All VHSL sanctioned events are a reflection of our community and school. The conduct of the team is extended to parents and fans before, during, and after athletic events.

## The Fundamentals of Sportsmanship

**Gain an understanding and appreciation for the rules of the contest.** The necessity to be well informed is essential. Know the rules. If you are uninformed, refrain from expressing opinions on officials, coaches, or administrative decisions. The spirit of GOOD SPORTSMANSHIP depends on conformance to a rule's intent as well as to the letter of a given rule.

**Exercise representative behavior at all times.** A prerequisite to GOOD SPORTSMANSHIP requires one to understand his/her prejudices that may become a factor in his/her behavior. The true value of interscholastic competition relies upon everyone exhibiting behavior which is representative of a sound value base. A proper perspective must be maintained if the educational values are to be realized. Your behavior influences others whether you are aware of it or not.

**Recognize and appreciate skilled performances regardless of affiliation.** Applause for an opponent's good performance displays generosity and is a courtesy that should be regularly practiced. This not only represents GOOD SPORTSMANSHIP but reflects a true awareness of the game by recognizing and acknowledging quality.

**Exhibit respect for the officials.** The officials of any contest are impartial arbitrators who are trained and who perform to the best of their ability. Mistakes by all involved in the contest are a part of the game. We should not rationalize our own poor or unsuccessful performance or behavior by placing responsibility on an official. The rule of GOOD SPORTSMANSHIP is to accept and abide by the decision made. This value is critical for students to learn for later application in life.

**Display openly a respect for the opponent at all times.** Opponents are guests and should be treated cordially, provided with the best accommodations, and accorded tolerance at all times. Be a positive representative for your school, team, or family.

**Display pride in your actions at every opportunity.** Never allow your ego to interfere with good judgment and your responsibility as a school representative. Regardless of whether you are an adult, student, athlete, coach, or official, this value is paramount since it suggests that you care about yourself and how others perceive you.

**“SPORTSMANSHIP:  
THE ONLY MISSING PIECE IS YOU!”**

## Important Reminders for Parents with Athletic Children

- Make sure your children know that, win or lose, scared or heroic, you love them, appreciate their efforts, and are not disappointed in them. This will allow them to do their best without a fear of failure. Be the person in their lives they can look to for constant, positive encouragement.
- Try your best to be completely honest about your children's athletic capability, competitive attitude, and sportsmanship and actual skill level.
- Be helpful, but don't coach them on the way to the rink, pool, track or on the way back, at breakfast, and so on. It is tough not to, but it's a lot tougher on children to be inundated with advice, pep talks, and often critical instruction.
- Teach them to enjoy the thrill of competition, to be "out there trying", to be working to improve their skills and attitude. Help them to develop the feel for competing, for trying hard, for having fun.
- Try not to re-live your athletic life through your children in a way that creates pressure. You fumbled; too, you lost as well as won. You were frightened, you backed off at times, and you were not always heroic. Don't pressure them because of your lost pride.
- Don't compare the skill, courage, or attitudes of your children with other members of the team.
- Get to know the coach so that you can be assured that his/her philosophy, attitudes, ethics and knowledge are such that you are happy to have your children under his/her leadership.
- Always remember that children tend to exaggerate, both when praised and criticized. Temper your action and investigate before over-reacting.
- JV players are limited to 8th, 9th and 10th graders. No 11th or 12th graders can play JV sports.

### **You and your family can prevent the spread of infection by following good hygiene practices:**

- Wash hands thoroughly with soap and water;
- Keep cuts and scrapes clean and covered until healed;
- Avoid contact with wounds and bandages;
- Avoid sharing personal items like towels and razors.
- Shower immediately following practices and/or games.

**Impetigo/Staph Infections** are caused by the staphylococcus bacteria getting into a sore or break in the skin. About 1/3 of the infections are caused by "autoinfection" from the bacteria in your nose. Skin to skin contact from draining skin sores is the other most common source. Topical treatment is usually all that is needed. Areas should be covered while at school. If the area spreads see your doctor. NNPS uses appropriate preventative measures to limit the spread of infections. Call your school nurses and coaches if you have questions.

# Parent/Coach Communication

## **Parent/Coach Relationship**

Both parenting and coaching are extremely difficult vocations. By establishing an understanding of each position, we are better able to accept the actions of the other and provide greater benefit to children. As parents, when your child becomes involved in our program, you have a right to understand what expectations are placed on your child. This begins with clear communication from the coach of your child's program.

## **Communication you should expect from your child's coach**

- Philosophy of the coach.
- Expectations the coach has for your child as well as all the players on the squad.
- Locations and times of all practices and contests.
- Team requirements, i.e. fees, special equipment, off-season conditioning.
- Procedure should your child be injured during participation.
- Discipline that results in the denial of your child's participation.

## **Communication coaches expect from parents**

- Concerns expressed directly to the coach.
- Notification of any schedule conflicts well in advance.
- Specific concern in regard to a coach's philosophy and/or expectations.

As your children become involved in the program, they will experience some of the most rewarding moments of their lives. It is important to understand that there also may be times when things do not go the way you or your child wishes. A discussion with the coach is encouraged at this time.

## **Appropriate concerns to discuss with coaches**

- The treatment of your child, mentally and physically.
- Ways to help your child improve.
- Concerns about your child's behavior.

It is difficult to accept your child's not playing as much as you may hope. Coaches are professionals. They make judgment decisions based on what they believe to be best for all students involved. As you have seen from the list above, certain things can be and should be discussed with your child's coach. Other things, such as those listed later, must be left to the discretion of the coach.

## **Issues not appropriate to discuss with coaches**

- Team strategy.
- Play calling.
- Playing time.
- Other student-athletes.

There are situations that may require a conference between the coach and the parent. These are to be encouraged. It is important that both parties involved have a clear understanding of the other's position. When these conferences are necessary, the following procedure should be followed to help promote a resolution to the issue of concern.

**If you have a concern to discuss with a coach, the procedure you should follow is:**

- Call to set up an appointment.
- If the coach cannot be reached, call the Athletic Director. He/she will setup the meeting for you.
- Please do not attempt to confront a coach before or after a contest or practice. These can be emotional times for both the parent and the coach. Meetings of this nature do not promote resolution.

## **THE NEXT STEP**

**What can a parent do if the meeting with the coach did not provide a satisfactory resolution?**

- Call and set up an appointment with the School Athletic Director to discuss the situation.
- At this meeting the appropriate next step(s) can be determined.

Revised July 2018

Dear Newport News Athletic Parent/Guardian:

According to the Children’s Hospital of the King’s Daughter about one in ten local athletes in contact sports will sustain a concussion during a sports seas on. Many athletes, coaches, and parents do not know how serious the effects of a seemingly mild concussion can be. The lack of awareness may result in allowing an athlete to return to play too soon following an injury, placing him or her at risk of more serious injuries. At Newport News Public Schools, our biggest concern is the safety and wellness of these young school-age athletes.

Timely and accurate diagnosis is critical for reduced injury and long-term consequences to athletic, cognitive, and academic success. Most athletes will recover from a concussion completely and can return to play following an appropriate period of recovery. It is crucial to know when it is safe to return to play to avoid serious brain injury. The certified athletic trainer at each school will have the final authority to release your child back to activity.

Frequently, return to play decisions are made without appropriate testing and a clinical evaluation and are based solely on the player’s report of symptoms. Newport News Public Schools provides a baseline assessment with the Concussion Vitals Neurocognitive Assessment to all athletes. Any athlete who then sustains a concussion will be evaluated by a school athletic trainer and possibly another medical professional experienced in treating concussions and may be re-tested for comparison to identify deficits resulting from the concussion.

Since your child has chosen to participate in our athletic program, it is important for you to be aware of our policy on concussion management. Attached, you will find the Newport News Concussion Policy and Return to Play Protocol along with a list of short and long term side effects of concussions. Once you have reviewed all the information, please sign and date the acknowledgment form and return it to the school’s athletic trainer prior to the athlete’s involvement in practice and competition.

Best Regards,

NNPS High School Athletic Trainers

Revised June 2018

# Concussion Fact Sheet

## Short Term Side Effects

- Headache
- Dazed and stunned
- Confused
- Balance problems (moves clumsily)
- Sensitivity to light
- Sensitivity to noise
- Double or blurry vision
- Concentration or memory problems
- Behavior and personality changes
- Nausea or vomiting
- Loss of consciousness

\*Not all symptoms must be present for the athlete to have sustained a concussion\*

\*\*If any of these symptoms worsen following the injury, it is advised you seek further medical evaluation\*\*

## Long Term Side Effects

- Chronic headaches
- Sleep difficulties
- Impaired sensation (touch, taste, smell, etc.)
- Language impairment (communication, expression, and understanding)
- Anxiety
- Depression
- Personality changes
- Aggression

Repeated concussions can lead to long-term memory loss, psychiatric disorders, and other neurologic problems. If you have had a number of concussions, your physician likely will advise you to avoid the activities that may put you at risk for future head injuries and to discontinue contact sports.

# Concussion Management

## **JLCG-P - PROCEDURES: Concussion Management**

These procedures address the identification and handling of suspected concussions in student athletes, the school division's activities to prevent concussions, the requirements for assessment of student athletes suspected of having concussions and follow-up assessments, and the school division's concussion management training activities. These procedures also include a return to learn protocol applicable to all students.

### **Definitions:**

1. A concussion is a "traumatically induced transient disturbance of brain function caused by a complex physiological process". In other words: A brain injury that is characterized by an onset of impairment of cognitive and/or physical functioning, and is caused by a blow to the head, face or neck, or a blow to the body that causes a sudden jarring of the head (i.e., a helmet to the head, being knocked to the ground). A concussion can occur with or without a loss of consciousness.
2. Appropriate licensed health care provider means a physician, physician assistant, osteopath or athletic trainer licensed by the Virginia Board of Medicine; a neuropsychologist licensed by the Board of Psychology; or a nurse practitioner licensed by the Virginia State Board of Nursing, who has special training in the management of concussions.
3. *Return to play* means participate in a non-medically supervised practice or athletic competition.
4. *Return to learn* refers to instructional modifications that support a controlled, progressive increase in cognitive activities while the student recovers from a brain injury allowing the student to participate in classroom activities and learn without worsening symptoms and potentially delaying healing.
5. "At risk" athletes include students who have suffered a previous concussion and all students participating in the following sports: football, soccer, wrestling, and cheerleading.

### **Identification and Handling of Students Suspected of Having a Concussion; Follow-up:**

#### **A. Identification and Handling:**

1. A student athlete suspected by that student athlete's coach, athletic trainer, or team physician of sustaining a concussion or brain injury in a practice or game shall be removed from the activity at that time.
2. Any student suspected by the student's teacher or other school building staff of sustaining a concussion, or any student for whom an appropriate license health care provider has provided information to the student's school that the student has sustained a concussion, will be assessed and treated according to guidelines issued by the school division's director of health services or like official. The return to learn protocol will apply to such students.



3. A student athlete who has been removed from play, evaluated, and suspected to have a concussion or brain injury shall not return to play that same day nor until (i) evaluated and cleared by an appropriately licensed health care provider as determined by the Board of Education and (ii) in receipt of written clearance to return to play from such licensed health care provider. The licensed health care provider evaluating student athletes suspected of having a concussion or brain injury may be a volunteer with appropriate licensure.

4. Appropriate licensed health care providers or properly trained individuals evaluating student athletes at the time of injury may utilize the Concussion Vital Signs Neurocognitive Assessment.

5. Protocol for *return to play*

A. No member of a school athletic team shall participate in any athletic event or practice the same day he or she is injured and:

- exhibits signs, symptoms or behaviors attributable to a concussion; or
- has been diagnosed with a concussion.

B. No member of a school athletic team shall return to participate in an athletic event or training after he/she experiences a concussion unless all of the following conditions have been met:

- the student no longer exhibits signs, symptoms or behaviors consistent with a concussion, at rest or with exertion;
- the student is asymptomatic during, or following periods of supervised exercise that is gradually intensifying over a number of days (Return to Play Protocol); and
- the student receives a written medical release from an appropriate licensed health care provider.

C. If an athlete is evaluated by a community physician and the physician provides a return-to-play date, school division Certified Athletic Trainers will not allow an athlete to play or participate for the period specified; provided, however, that Certified Athletic Trainer has the discretion to hold an athlete longer than the physician–provided return-to-play date.

6. Protocol for *return to learn*

The school leadership shall be alert to cognitive and academic issues that may be experienced by a student athlete who has suffered a concussion or other head injury including: difficulty with concentration, organization, and long-term and short-term memory; sensitivity to bright lights and sounds; and, short-term problems with speech and language, reasoning, planning, and problem solving.

A student recovering from a brain injury may need total rest with a gradual return to school while others will be able to continue doing academic work with minimal instructional modifications. The school leadership, including the school nurse and the Certified Athletic Trainer, shall accommodate the gradual return to full participation in academic activities by a student athlete who has suffered a concussion or other head injury based on the recommendation of the student’s licensed health care provider. The coordination of the

student's return to the classroom will also address the student's participation in physical education activities, as appropriate.

**Prevention:**

A standardized concussion education program will be presented by the Certified Athletic Trainer as part of the Athletic Department's player/coach/parent meeting at all high schools each season for all sports.

1. A concussion fact sheet and a letter to all middle school and high school parents outlining the NNPS Concussion Policy will be distributed and require a signature prior to the athlete participating in practice or competition.
2. All "at-risk" athletes will be Concussion Vital Signs Neurocognitive Assessment baseline tested annually. All other athletes will be baseline tested upon request.
3. All coaches, including volunteers, are required to take the NFHS online concussion education program mandated by the VHSL prior to first day of practice.
4. Each school division athletic trainer will keep statistics regarding head injuries for the purpose of improving care and prevention. This will include the number of concussions per sport per season so that the percentage of athletes sustaining concussions may be calculated.
5. This policy and return to play guidelines will be available on the Newport News Public School web site in addition to each high school's website.
6. This information will also be shared with the coaches and Assistant Principals for all middle school sports prior to the beginning of practice for each season. It will be the responsibility of the Assistant Principals and coaches to communicate the information to the parents.
7. Helmet Replacement and Reconditioning policies and procedures.
  - a. Helmets must be National Operating Committee on Standards for Athletic Equipment (NOCSAE) certified by the manufacturer
  - b. Reconditioned helmets must be NOCSAE recertified.

**Assessment:**

1. If an athlete suffers a concussion during practice or competition they will **NOT** be allowed to return to activity the day the injury was sustained.
2. If an athlete suffers a concussion at practice or competition the athlete will undergo a clinical evaluation utilizing the Concussion Vital Signs Neurocognitive Assessment by a Certified Athletic Trainer and other medical professional as necessary prior to returning to any physical activity.
3. The athlete must be evaluated by an appropriate Licensed Health Care Provider to determine the status of return to play.
4. If an athlete is evaluated by a community physician and the physician provides a return-to-play date, school division Certified Athletic Trainers will not allow an athlete to play or participate for the period specified; provided, however, that Certified Athletic Trainer has the discretion to hold an athlete longer than the physician-provided return-to-play date.
5. Once an athlete is asymptomatic and cleared by an appropriate Licensed Health Care Provider trained in current concussion management guidelines, they can begin the graduated return to play protocol.

***Training and Policy and Procedures Review:***

1. The Superintendent will appoint a concussion management policy team. This team will ensure that the concussion management policy and procedures remain appropriate and up-to-date. The concussion management policy team shall ensure training for coaches and health care professionals is current and consistent with best practice protocols.
2. The concussion management policy team will maintain a tracking system to ensure compliance with the annual training requirement.
3. Annual training on concussion management will be required for all coaches and volunteers through the National Federation of State High School Associations' (NFHS) online coach education program – *Concussion in Sports – What You Need to Know*.

**Community Involvement**

Non-interscholastic youth sports programs utilizing School Board property shall establish policies and procedures regarding the identification and handling of suspected concussions in student athletes, consistent with the school division's procedures. The school division will provide its guidelines to organizations sponsoring athletic activities for students on School Board property as a part of the facility use agreement. In accordance with the state code, the school division shall not be required to enforce the organizations' compliance with such guidelines.

Reviewed: June 21, 2011, March 19, 2013

Revised July 2018

## NNPS Graduated Return to Sport (RTS) Strategy

Stage	Aim	Activity	Goal of each step
<b>1</b>	Symptom-limited activity	Daily activities that do not provoke symptoms	Gradual reintroduction of work/school activities
<b>2</b>	Light aerobic exercise	Walking or stationary cycling at slow to medium pace. No resistance training	Increase heart rate
<b>3</b>	Sport-specific exercise	Running or skating drills. No head impact activities	Add movement
<b>4</b>	Non-contact training drills	Harder training drills, eg, passing drills. May start progressive resistance training	Exercise, coordination and increased thinking
<b>5</b>	Full contact practice	Following medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff
<b>6</b>	Return to sport	Normal game play	

- NOTE: An initial period of 24–48 hours of both relative physical rest and cognitive rest is recommended before beginning the RTS progression.
- There should be at least 24 hours (or longer) for each step of the progression. If any symptoms worsen during exercise, the athlete should go back to the previous step. Resistance training should be added only in the later stages (stage 3 or 4 at the earliest). If symptoms are persistent (eg, more than 10–14 days in adults or more than 1 month in children), the athlete should be referred to a healthcare professional who is an expert in the management of concussion.

Revised July 2018

## Virginia High School League

The Virginia High School League (VHSL) is the governing body for Virginia interscholastic athletics. All rules and regulations governing high school athletes and athletics are legislated by this organization. A complete text of these regulations is available from the school athletic director. Coaches are to review the VHSL Handbook each year and review the rules with each team.

The regional councils manage the business of the region, including scheduling of regional championships, as well as special regulations, guidelines, and distribution of funds. Appeals or recommendations to the council should be directed to the district representatives through the school athletic director or principal.

The conference councils manage the business of the conference, including scheduling of conference championships, as well as special regulations, guidelines, and distribution of funds. Appeals or recommendations to the council should be directed to the district representatives through the school athletic director or principal.

The Peninsula District Council is a further extension of the VHSL office and the Regional Council. The membership is comprised of the 10 principals of the high schools in the district. The determination of district policy in athletics is the responsibility of this council, as well as administration of all athletic schedules.

A handbook with complete and up-to-date district policies is available for review from the school athletic director.

### **VHSL Catastrophic Accident Program**

(This plan is included in the school's VHSL membership)

All enrolled students who participate in interscholastic sports and activities under the jurisdiction of the VHSL are eligible for coverage. If, as a result of an injury, an insured person suffers paralysis, coma, or brain death, benefits will be paid as indicated in the Table of Losses for each accident. Claim forms can be secured through the athletic director from the VHSL. Claims for benefits must be filed within 90 days from date of loss, or as soon as reasonably possible.

Revised June 2013

**VHSL Individual Eligibility Regulations**  
**(VHSL HANDBOOK, SECTION 28)**  
**GENERAL RULES APPLICABLE TO ALL STUDENTS**

**54-8-1 CONTEST LIMITATION RULE**

**54-8-1 Contest Limitations:** No member school may permit its athletes or teams to compete in more than the total number of regular season interscholastic contests, meets or tournaments specified below for each sport either on the varsity or sub-varsity level....

**NOTE:** When a district sponsors a postseason junior varsity and postseason varsity competition/tournament, a player shall be limited to participating in only one of these competitions/tournaments.

**Rationale:** Previously the rule only applied to basketball. The revision provides consistency among sport activities

No member school may permit its athletes to compete in more than the total number of regular season interscholastic contests, meets or tournaments specified below for each sport either on the varsity or sub-varsity level. In the sports of baseball, basketball, field hockey, soccer, softball, and tennis, a team may play no more than five games/matches in any approved invitational tournament; in wrestling, the limit is five matches per individual per day over no more than two days. In wrestling, each individual is limited to 60 mat appearances prior to the culminating district tournament (or the published VHSL calendar district deadline if no district tournament is held).

Baseball – 20/18	Golf – 12	Swimming – 10
Basketball – 22/20	Softball – 20/18	Tennis – 16
Cross Country – 10	Indoor Track – 10	Track – 10
Field Hockey – 16/14	Soccer – 16/14	Wrestling – 12
Football – 10 /9		Volleyball - 20
Cheerleading - 5		

**28A-2-1 BONA FIDE STUDENT RULE**

- (1) The student shall be a regular bona fide student in good standing of the school which he/she represents
- (2) Any student who is under penalty of suspension, or whose character or conduct is such as to reflect discredit upon his/her school, is not considered in good standing.

**28A-2-3 (2) BONA FIDE STUDENT RULE/Home School (5-90)**

Home school students are NOT eligible because they fail to meet the requirements of a Bona Fide Student.

**28A-4-1 GRADE RULE**

The student shall be enrolled in the last four years of high school.

- (1) 8<sup>th</sup> graders may only participate on the sub-varsity level for one year prior to entering the ninth grade.
- (2) Eighth grade students who passed five eighth grade subjects the past school year (see note following (28A-5-1 (6)) and reached the age of fifteen on or before the first day of August may compete on the varsity level.

**28A-3-1 ENROLLMENT RULE**

The student shall have been regularly enrolled in the school which he/she represents no later than the fifteenth school day of the semester.

### **28A-5-1 SCHOLARSHIP RULE**

The student shall:

- (a) For the first semester be currently enrolled in no fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediate preceding year or the immediate preceding semester for schools that certify credit on a semester basis; and
- (b) For the second semester be currently enrolled in no fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediate preceding semester.

**NOTE:** Credit for courses must be recognized by the State Department of Education. Such credit is to be awarded for the semester in which the work is scheduled to be completed. Credit for summer school work must be applied on the immediate preceding semester or year. **Courses for non-credit cannot be used toward the five-subject pass rule.**

### **28A-5-2 EXCEPTIONS**

- (4) A special education student who is working toward a special diploma must make standard progress as determined by the student's IEP.
- (5) A special education student who is working toward a standard diploma must take and pass the equivalent of five subjects in accordance with any IEP modifications. If the IEP Committee determines that a special education student working toward a standard diploma should take fewer than five subjects, he/she must pass those subjects mandated by the IEP.

### **28A-1-1 AGE RULE**

The student shall not have reached the age of 19 on or before the first day of August of the school year in which he/she wishes to compete.

### **28A-7-1 TRANSFER RULE**

The student shall not have been enrolled in one high school and subsequently transferred to and enrolled in another high school without a corresponding change in the residence of his/her parents, parent, or guardian. A student in cases of changes in court ordered custody that involve transfers within a school or between contiguous school divisions, the lesser of a ONE SEMESTER or 90 SCHOOL DAYS will be in effect from the date of the transfer.

### **28A-7-1 (3) TRANSFER RULE/Site Designated Programs (5-15)**

Students who have established eligibility in a school and subsequently change into or out of a site designated program (Academy, Specialty Program, etc.) will be ineligible for 90 school days from date of the transfer.

### **28A-7-3 INTERPRETATIONS**

- (7) Residence is defined as the domicile on an individual, meaning that the individual lives in a locality with the intent to make it a fixed and permanent home. Domicile requires more than bodily presence as an inhabitant in a given place: it requires bodily presence and an intention to make such a place a fixed and permanent home. Other indicia of domicile include automobile registration, voter registration and the reporting of a mailing address change to the appropriate agencies, such as the post office, utility companies, creditors and employers. Under no circumstances can a family or student participant have two residences for eligibility purposes. It is the obligation of the school to know the complete residence status of each student and to see that all comply with these requirements. Any change in residence must be bona fide. Determination of what constitutes a bona fide change of residence depends upon the facts

of each case, but in order for a change of residence to be considered bona fide at least the following facts must exist:

- (1) The original residence must be abandoned as a residence; that is sold, rented or disposed of as a residence, and must not be used as residence by any member of the family.
- (2) The entire family must make the change and take with them the household goods and furniture appropriate to the circumstance.
- (3) The change must be made with the intent that is permanent.

### **28A-7-2 TRANSFER RULE EXCEPTIONS**

A student shall become eligible for interscholastic competition after he/she has completed 365 days of attendance at the high school to which he/she transferred, immediately preceding the semester for which the student desires to become eligible. For the purpose of this rule, the transferring student must have been regularly enrolled in the school in which he/she wishes to establish eligibility no later than the fifteenth day of the first of two consecutive semesters, unless he/she is granted a waiver of the Enrollment Rule by the district committee. For the purposes of this rule the student's eligibility or ineligibility shall be determined on the first day of the school year and on the first calendar day following the end of the first semester according to the school board adopted calendar.

Students who qualify under the McKinney Vento Homeless Education Act may be eligible under the Transfer Rule.

In cases of court-ordered custody, a copy of the appropriate legal custody document shall be submitted to the Executive Director for review and approval. Approval is contingent upon the receiving school's principal attesting that there is no evidence that the transfer was for athletic and/or activity purposes. A student, 18 years of age or older, who would be subject to a transfer of custody if he/she were less than 18 years of age may petition the Executive Director through the student's principal for eligibility, and the Executive Director has authority to grant such eligibility immediately

### **28A-6-1 SEMESTER RULE**

The student shall not have been enrolled in the last four years of high school for a period of more than eight consecutive semesters, beginning with the semester in which he/she was enrolled for the first time in the ninth grade. The eight consecutive semesters shall be counted continuously from that point, regardless of whether or not he/she remains continuously enrolled in school.

### **28B-2-1 AMATEUR RULE**

A student who represents a school in an interscholastic sport shall be an amateur in that sport. An amateur is an athlete who engages in athletic competition solely for the physical, mental, social, and pleasure benefits derived there from.

### **28B-3-1 ATHLETIC PARTICIPATION / PARENTAL CONSENT / PHYSICAL EXAMINATION RULE**

The student shall have submitted to the principal of his/her school, prior to becoming a member of any school athletic squad or team, League Form No. 2 (Athletic Participation/Parental Consent/Physical Examination Form), completely filled in and properly signed, attesting that he/she has been examined and found to be physically fit for athletic competition, and that his/her parents' consent to his/her participation.



### **28B-4-1 AWARDS RULE**

Students may accept awards presented or approved by the student's school. Outside agencies or organizations which desire to present awards or recognitions to students for achievement in some phase of the League program when such awards are open competitively to the students of more than one school must first secure the permission of the Executive Director.

### **28B-6-1 INDEPENDENT TEAM RULE**

During the sports season for the relevant sport, a student may, while a member of a school squad or team engaged in interscholastic sports become a member of or participate with an organized team in the same sport which is independent of the school's control so long as such participation does not conflict with the scheduled activities of the school squad or team. No school or student shall be declared ineligible for participation in interscholastic sports because of participation by a student as a member of an organized team in the same sport which is independent of the school's control during the sports season for the relevant sports.

### **30-5-3 SPECIFIC PENALTY FOR GIVING FALSE INFORMATION**

If a student or his/her parent(s) or guardian gives false information, written or verbal, that affects his/her eligibility upon entering and/or during his/her eight semesters of eligibility, relating to his/her residence, eligibility or any other aspects of these rules and regulations, the student shall be deemed ineligible at any VHSL school for a period of one year from the date the information is certified as being false.

### **27-11-1 SPORTSMANSHIP RULE**

Member schools are required to conduct all their relations with other schools in a spirit of good sportsmanship. Acts, which are prima facie evidence of failure to abide by this rule, are those, which are noted below, and others of a similar nature, which transgress the usually accepted code for good sportsmanship. All incidents of conduct that are violations of the Sportsmanship Rule must be reported to the Virginia High School League.

**27-11-2** Includes failure to control spectators attending contests as a violation of the Sportsmanship Rule.

**27-11-4** Harassment of contest officials by a coach or a coach's ejection constitutes a violation of the Sportsmanship Rule.

**27-13-4** Failure of a school to use every measure necessary to insure proper conduct of faculty, students and spectators constitutes a violation of the Sportsmanship Rule.

**27-11-5** Failure of a school to use every means at its disposal to impress upon its faculty, student body, team members, coaching staff and officials the values of sportsmanship in the preparation for, and the conduct and management of, interscholastic contests.

**27-11-6** Players and coaches who are ejected from a contest for unsportsmanlike conduct and are ineligible for the team's next contest must be reported to the VHSL office.

Revised July 2017

# Athletic Insurance

The Newport News Public Schools has been able to secure a SECONDARY Insurance Coverage for all student-athletes participating in high school sports.

All athletes must complete and return signed athletic insurance information cards prior to any try-out or practice session. Athletes and parents should also be advised that the Newport News Athletic Insurance is limited in coverage and is intended to supplement family owned policies.

Parents are responsible for making all claims. Notification of Injury forms must be picked up from the schools' athletic office or from the head coach. Notification of Injury forms must be submitted to the company within 90 days of the accident and the initial treatment for the injury must have commenced within 90 days of the injury.

All eligible athletes are covered by catastrophic insurance provided thru the VHSL. The insurance is paid for by the Newport News Public Schools.

## SAMPLE INJURY FORM

<b>SEND NOTIFICATION FORM TO:</b> TOWER FINANCIAL GROUP P.O. Box 62263 VIRGINIA BEACH, VA 23466 Phone (757) 499-4488 Fax: (757) 499-1522 claims@towerfinancialgroupinc.com		<b>NOTIFICATION OF INJURY</b> Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.		Reference Number  FOR OFFICE USE Policy Number  Coverage Code	
FORM MUST BE COMPLETED IN FULL & MAILED TO OUR OFFICE WITHIN 90 DAYS FROM THE DATE OF THE ACCIDENT					
PART I – ACCIDENT REPORT					
1A. Name of School		1B. Name of School District/Diocese/Association			
2A. Name of Student (Last) (First) (Middle Initial)		2B. Social Security No.	2C. Grade	2D. Birthdate	2E. Sex
3. Nature of Injury (Please describe fully indicating what part of body was injured – e.g. broken arm, sprained ankle, etc.)					
4. Describe how accident occurred. (Please provide all details). <b>MUST BE A BODILY INJURY DUE TO AN ACCIDENT.</b>					
5A. Was the accident school-related? <input type="checkbox"/> Yes <input type="checkbox"/> No		5B. Is the accident covered under a catastrophic policy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6A. Did Accident Occur: a) while the claimant was supervised? <input type="checkbox"/> Yes <input type="checkbox"/> No b) during sponsored activity? <input type="checkbox"/> Yes <input type="checkbox"/> No c) during programmed hours? <input type="checkbox"/> Yes <input type="checkbox"/> No d) on activity premises? <input type="checkbox"/> Yes <input type="checkbox"/> No e) while traveling directly and uninterruptedly to or from home premises and school for regular school sessions or school sponsored and supervised activities? <input type="checkbox"/> Yes <input type="checkbox"/> No		6B. a) Date of Accident  b) Time  c) Place		6C. Name of Activity   6D. Name and Title of Supervisor	
7A. _____ Signature of School Officer		7B. _____ Title		7C. _____ Date	
PART II – TO BE COMPLETED BY PARENT/GUARDIAN OR CLAIMANT (IF ADULT)					
1A. Name of Father/Guardian or Claimant (if adult) <input type="checkbox"/> None		1B. Social Security No.	1C. Address/City/State/Zip		1D. Phone Number
2A. Name of Mother/Guardian or Spouse (if adult) <input type="checkbox"/> None		2B. Social Security No.	2C. Address/City/State/Zip		2D. Phone Number
3A. Name of Father/Guardian's or Claimant's (if adult) Employer <input type="checkbox"/> None		3B. Address/City/State/Zip of Employer		3C. Phone Number	
4A. Name of Mother/Guardian's or Spouse's (if adult) Employer <input type="checkbox"/> None		4B. Address/City/State/Zip of Employer		4C. Phone Number	
5A. List all Insurance Company(ies) under which the claimant is insured <input type="checkbox"/> None		5B. Policy Number(s)		5C. <input type="checkbox"/> Medicaid <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Govt. <input type="checkbox"/> Medicaid <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Govt. <input type="checkbox"/> Medicaid <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Govt. <input type="checkbox"/> Medicaid <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Govt. <input type="checkbox"/> Medicaid <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Govt.	
<b>Advisit:</b> I verify that the above information regarding insurance is accurate and complete. I understand that the intentional furnishing of incorrect information via the U.S. Mail may be fraudulent and violate federal laws as well as state laws.					
Signature of Parent/Guardian or Claimant (if adult)		Date			
<b>Authorization:</b> I hereby authorize any physician or hospital who has treated or attended to the above claimant to furnish the insurance company or its representative any information requested. A photocopy of this authorization is to be considered valid.					
Signature of Insured (Parent or Guardian if claimant is under 18)		Date			

### CLAIM INSTRUCTIONS

Treatment must commence within 90 days from the date of the accident.

1. In case of an accident, notify the school/organization immediately.
2. Notify **ALL** treatment facilities (physician's office, hospital, etc.) of this insurance coverage so that any invoices and/or Explanation of Benefits (EOB) can be sent directly from the medical facility to Tower Financial Group.
3. Have Part I and Part II completed on the Notification of Injury form. Do not leave any blank spaces or write "N/A" in any space. If either parent or guardian is uninjured, deceased, unemployed, self-employed or disabled, please state so. If you are employed, but do not have insurance, please state "NO INSURANCE" and provide us with a statement from your employer that the claimant has no insurance. Otherwise, our office will submit an insurance questionnaire to your employer to be used as verification of no dependent coverage.
4. Attach any itemized bills to the claim form, along with any corresponding Explanation of Benefits (EOB) for each itemized bill. An itemized bill includes treatment rendered, the dates of the treatment, diagnosis codes, physician's or hospital's name, address and tax i.d. number. Balance Due bills are not acceptable. Be sure to attach any receipts for bills paid out-of-pocket. Otherwise, benefits will be paid to the provider of service. Please Note: Both an itemized bill and EOB (if applicable) must be submitted for claims to be considered for accident medical expense benefits.
5. Mail the Notification of Injury form, along with any other applicable correspondence to our office within 90 days from the date of the accident. Do not leave this form with the school, coach, hospital, physician, etc. Our address is **Tower Financial Group, P.O. Box 62263, Virginia Beach, VA 23466 or claims@towerfinancialgroupinc.com**. If you need further assistance, feel free to contact Customer Service at (757) 499-4488. We will be happy to assist you.

If your medical coverage is under an HMO, PPO or similar plan, you must follow their requirements for obtaining benefits. Otherwise, our benefits may be reduced, where applicable, as stated in the policy provisions. This restriction does not apply in every state.

SEE CLAIM INSTRUCTIONS ON THE BACK OF THIS FORM

## Ineligible Players

The Virginia High School League has notified all school divisions that ineligible students who practice with a team are NOT covered by the VHSL catastrophic insurance. Due to the fact that there is no catastrophic athletic insurance coverage for students who are ineligible to participate in VHSL sports, ineligible students **ARE NOT** permitted to practice with any team until they become eligible under VHSL standards.

# DIVISION I ACADEMIC REQUIREMENTS

## CORE-COURSE REQUIREMENTS

Complete 16 core courses in the following areas:

<b>ENGLISH</b>	<b>MATH</b> (Algebra I or higher)	<b>NATURAL/ PHYSICAL SCIENCE</b> (Including one year of lab, if offered)	<b>ADDITIONAL</b> (English, math or natural/physical science)	<b>SOCIAL SCIENCE</b>	<b>ADDITIONAL COURSES</b> (Any area listed to the left, foreign language or comparative religion/philosophy)
4 years	3 years	2 years	1 year	2 years	4 years

## FULL QUALIFIER

College-bound student-athletes enrolling at an NCAA Division I school need to meet these academic requirements to practice, compete and receive an athletics scholarship in their first year of full-time enrollment.

- Complete 16 core courses in the appropriate areas.
  - Ten of the 16 core courses must be completed before the seventh semester (senior year) of high school.
  - Seven of the 10 core courses must be in English, math or natural/physical science.
- Earn a core-course GPA of at least 2.300.
- Earn an SAT combined score or ACT sum score matching the core-course GPA on the Division I sliding scale.
- Submit proof of graduation to the Eligibility Center.

## ACADEMIC REDSHIRT

All Division I academic redshirts may receive an athletics scholarship and practice during their first year of full-time enrollment at a Division I school, but may NOT compete.

- Complete 16 core courses in the appropriate areas.
- Earn a core-course GPA of at least 2.000.
- Earn an SAT combined score or ACT sum score matching the core-course GPA on the Division I sliding scale.
- Submit proof of graduation to the Eligibility Center.

## INTERNATIONAL STUDENTS

Please review the [international initial-eligibility flyer](#) for information and academic requirements specific to international student-athletes.

For information on Division II, view the [Division II academic requirements flyer](#).



## TEST SCORES

If a student-athlete plans to attend an NCAA Division I college or university, they should use the sliding scale to review the core-course GPA and SAT/ACT score they will need to meet Division I full qualifier standards. When registering for the SAT or ACT, students should use code **9999** to ensure their test scores are sent directly to their Eligibility Center account. More information regarding the impact of COVID-19 and test scores can be found at [on.ncaa.com/COVID19\\_Fall2022](https://on.ncaa.com/COVID19_Fall2022).

An SAT combined score is calculated by adding critical reading and math subscores. An ACT sum score is calculated by adding English, math, reading and science subscores. Students may take the SAT or ACT an unlimited number of times before they enroll full time in college. If a student takes either test more than once, the best subscores from each test are used for their academic certification process.

## CORE-COURSE LIST

Student-athletes should check to see if their high school has a list of [NCAA-approved core courses](#). No core-course list means courses taken from that high school will not count toward NCAA eligibility.

## ONLINE COURSES/ NONTRADITIONAL

Nontraditional courses are classes taught online or through distance learning, hybrid/blended, independent study, individualized instruction, correspondence or similar means.

These types of courses may be acceptable for use in the NCAA initial-eligibility certification process; however, it is important to make sure the nontraditional program has been approved and appears on the high school's list of [NCAA-approved core courses](#).

## BE AHEAD OF THE GAME

If student-athletes want to get ahead of the game, they need to register with the [NCAA Eligibility Center](#) during their freshman/9th year.

After college-bound student-athletes complete their sophomore, junior and senior years, it is important for them to ask their counselor at each high school or program they attended to upload their official transcript to their Eligibility Center account.

**Want more information? Visit**  
[ncaa.org/playcollegesports](https://ncaa.org/playcollegesports).

Follow us:  @ncaaec  @playcollegesports  @ncaaec

## DIVISION I FULL QUALIFIER SLIDING SCALE

Core GPA	SAT*	ACT Sum*	Core GPA	SAT*	ACT Sum*
3.550	400	37	2.750	810	59
3.525	410	38	2.725	820	60
3.500	430	39	2.700	830	61
3.475	440	40	2.675	840	61
3.450	460	41	2.650	850	62
3.425	470	41	2.625	860	63
3.400	490	42	2.600	860	64
3.375	500	42	2.575	870	65
3.350	520	43	2.550	880	66
3.325	530	44	2.525	890	67
3.300	550	44	2.500	900	68
3.275	560	45	2.475	910	69
3.250	580	46	2.450	920	70
3.225	590	46	2.425	930	70
3.200	600	47	2.400	940	71
3.175	620	47	2.375	950	72
3.150	630	48	2.350	960	73
3.125	650	49	2.325	970	74
3.100	660	49	2.300	980	75
3.075	680	50	2.299	990	76
3.050	690	50	2.275	990	76
3.025	710	51	2.250	1000	77
3.000	720	52	2.225	1010	78
2.975	730	52	2.200	1020	79
2.950	740	53	2.175	1030	80
2.925	750	53	2.150	1040	81
2.900	750	54	2.125	1050	82
2.875	760	55	2.100	1060	83
2.850	770	56	2.075	1070	84
2.825	780	56	2.050	1080	85
2.800	790	57	2.025	1090	86
2.775	800	58	2.000	1100	86

\*Full sliding scale research between the new SAT and ACT is ongoing.

ACADEMIC REDSHIRT



# DIVISION II ACADEMIC REQUIREMENTS

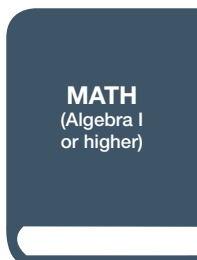
## CORE-COURSE REQUIREMENTS

Complete 16 core courses in the following areas:



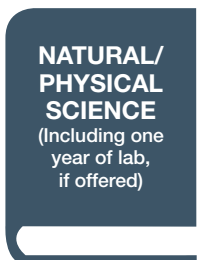
**ENGLISH**

3 years



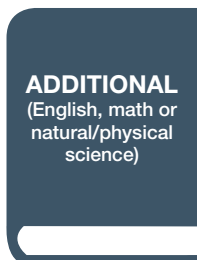
**MATH**  
(Algebra I or higher)

2 years



**NATURAL/  
PHYSICAL  
SCIENCE**  
(Including one year of lab, if offered)

2 years



**ADDITIONAL**  
(English, math or natural/physical science)

3 years



**SOCIAL  
SCIENCE**

2 years



**ADDITIONAL  
COURSES**  
(Any area listed to the left, foreign language or comparative religion/philosophy)

4 years

## FULL QUALIFIER

College-bound student-athletes enrolling at an NCAA Division II school need to meet these academic requirements to practice, compete and receive an athletics scholarship in their first year of full-time enrollment.

- Complete 16 core courses in the appropriate areas.
- Earn a core-course GPA of at least 2.200.
- Earn an SAT combined score or ACT sum score matching the core-course GPA on the Division II full qualifier sliding scale.
- Submit proof of graduation to the Eligibility Center.

## PARTIAL QUALIFIER

College-bound student-athletes that do not meet Division II full qualifier standards will be deemed a partial qualifier. All Division II partial qualifiers may receive an athletics scholarship and practice during their first year of full-time enrollment at a Division II school, but may NOT compete.

## INTERNATIONAL STUDENTS

Please review the [international initial-eligibility flyer](#) for information and academic requirements specific to international student-athletes.

For information on Division I, view the [Division I academic requirements flyer](#).



## TEST SCORES

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## BE AHEAD OF THE GAME

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After college-bound student-athletes complete their sophomore, junior and senior years, it is important for them to ask their counselor at each high school or program they attended to upload their official transcript to their Eligibility Center account.

For more information on Division II, visit [ncaa.org/D2](https://ncaa.org/D2).

**Want more information? Visit**  
[ncaa.org/playcollegesports](https://ncaa.org/playcollegesports).

Follow us:  @ncaaec  @playcollegesports  @ncaaec

## DIVISION II FULL QUALIFIER SLIDING SCALE

Core GPA	SAT*	ACT Sum*
3.300 & above	400	37
3.275	410	38
3.250	430	39
3.225	440	40
3.200	460	41
3.175	470	41
3.150	490	42
3.125	500	42
3.100	520	43
3.075	530	44
3.050	550	44
3.025	560	45
3.000	580	46
2.975	590	46
2.950	600	47
2.925	620	47
2.900	630	48
2.875	650	49
2.850	660	49
2.825	680	50
2.800	690	50
2.775	710	51
2.750	720	52

Core GPA	SAT*	ACT Sum*
2.725	730	52
2.700	740	53
2.675	750	53
2.650	750	54
2.625	760	55
2.600	770	56
2.575	780	56
2.550	790	57
2.525	800	58
2.500	810	59
2.475	820	60
2.450	830	61
2.425	840	61
2.400	850	62
2.375	860	63
2.350	860	64
2.325	870	65
2.300	880	66
2.275	890	67
2.250	900	68
2.225	910	69
2.200	920	70 & above

\*Full sliding scale research between the SAT and ACT is ongoing.

 Division II  
**MAKE IT YOURS**



# Forms for Parents to Complete and Return to the School

## CLAIM INSTRUCTIONS

Treatment must commence within 90 days from the date of the accident.

1. In case of an accident, notify the school/organization immediately.
2. Notify **ALL** treatment facilities (physician's office, hospital, etc.) of this insurance coverage so that any invoices and/or Explanation of Benefits (EOB) can be sent directly from the medical facility to Tower Financial Group.
3. Have Part I and Part II completed on the Notification of Injury form. Do not leave any blank spaces or write "N/A" in any space. If either parent or guardian is uninvolved, deceased, unemployed, self-employed or disabled, please state so. If you are employed, but do not have insurance, please state "NO INSURANCE" and provide us with a statement from your employer that the claimant has no insurance. Otherwise, our office will submit an insurance questionnaire to your employer to be used as verification of no dependent coverage.
4. Attach any itemized bills to the claim form, along with any corresponding Explanation of Benefits (EOB) for each itemized bill. An itemized bill includes treatment rendered, the dates of the treatment, diagnosis codes, physician's or hospital's name, address and tax i.d. number. Balance Due bills are not acceptable. Be sure to attach any receipts for bills paid out-of-pocket. Otherwise, benefits will be paid to the provider of service. Please Note: Both an itemized bill and EOB (if applicable) must be submitted for claims to be considered for accident medical expense benefits.
5. Mail the Notification of Injury form, along with any other applicable correspondence to our office within 90 days from the date of the accident. Do not leave this form with the school, coach, hospital, physician, etc. Our address is **Tower Financial Group, P.O. Box 62263, Virginia Beach, VA 23466** or [claims@towerfinancialgroupinc.com](mailto:claims@towerfinancialgroupinc.com). If you need further assistance, feel free to contact Customer Service at **(757) 499-4488**. We will be happy to assist you.

If your medical coverage is under an HMO, PPO or similar plan, you must follow their requirements for obtaining benefits. Otherwise, our benefits may be reduced, where applicable, as stated in the policy provisions. This restriction does not apply in every state.



**SEND NOTIFICATION FORM TO:****NOTIFICATION OF INJURY**

Reference Number

**TOWER FINANCIAL GROUP**  
**P.O. Box 62263**  
**VIRGINIA BEACH, VA 23466**  
**Phone (757) 499-4488**  
**Fax: (757) 499-1522**  
**claims@towerfinancialgroupinc.com**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FOR OFFICE USE**

Policy Number

Coverage Code

**FORM MUST BE COMPLETED IN FULL & MAILED TO OUR OFFICE WITHIN 90 DAYS FROM THE DATE OF THE ACCIDENT****PART I – ACCIDENT REPORT**

1A. Name of School		1B. Name of School District/Diocese/Association				
2A. Name of Student (Last)	(First)	(Middle Initial)	2B. Social Security No.	2C. Grade	2D. Birthdate	2E. Sex
3. Nature of Injury (Please describe fully indicating what part of body was injured – e.g. broken arm, sprained ankle, etc.)						
4. Describe how accident occurred. (Please provide all details.) <b>MUST BE A BODILY INJURY DUE TO AN ACCIDENT.</b>						
5A. Was the accident school-related? <input type="checkbox"/> Yes <input type="checkbox"/> No			5B. Is the accident covered under a catastrophic policy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6A. Did Accident Occur:		Yes	No	6B. a) Date of Accident		6C. Name of Activity
a) while the claimant was supervised?		<input type="checkbox"/>	<input type="checkbox"/>	b) Time		6D. Name and Title of Supervisor
b) during sponsored activity?		<input type="checkbox"/>	<input type="checkbox"/>			
c) during programmed hours?		<input type="checkbox"/>	<input type="checkbox"/>			
d) on activity premises?		<input type="checkbox"/>	<input type="checkbox"/>			
e) while traveling directly and uninterruptedly to or from home premises and school for regular school sessions or school sponsored and supervised activities?		<input type="checkbox"/>	<input type="checkbox"/>	c) Place		
7A. _____		7B. _____		7C. _____		
Signature of School Officer		Title		Date		

**PART II – TO BE COMPLETED BY PARENT/GUARDIAN OR CLAIMANT (IF ADULT)**

1A. Name of Father/Guardian or Claimant (if adult) <input type="checkbox"/> None	1B. Social Security No.	1C. Address/City/State/Zip	1D. Phone Number
2A. Name of Mother/Guardian or Spouse (if adult) <input type="checkbox"/> None	2B. Social Security No.	2C. Address/City/State/Zip	2D. Phone Number
3A. Name of Father/Guardian's or Claimant's (if adult) Employer <input type="checkbox"/> None	3B. Address/City/State/Zip of Employer		3C. Phone Number
4A. Name of Mother/Guardian's or Spouse's (if adult) Employer <input type="checkbox"/> None	4B. Address/City/State/Zip of Employer		4C. Phone Number
5A. List all Insurance Company(ies) under which the claimant is insured <input type="checkbox"/> None	5B. Policy Number(s)	5C.	
_____	_____	<input type="checkbox"/> Medicaid <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Govt.	
_____	_____	<input type="checkbox"/> Medicaid <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Govt.	
_____	_____	<input type="checkbox"/> Medicaid <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Govt.	
_____	_____	<input type="checkbox"/> Medicaid <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Govt.	
_____	_____	<input type="checkbox"/> Medicaid <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Govt.	

**Affidavit:** I verify that the above information regarding insurance is accurate and complete. I understand that the intentional furnishing of incorrect information via the U.S. Mail may be fraudulent and violate federal laws as well as state laws.

Signature of Parent/Guardian or Claimant (if adult)

Date

**Authorization:** I hereby authorize any physician or hospital who has treated or attended to the above claimant to furnish the insurance company or its representative any information requested. A photocopy of this authorization is to be considered valid.

Signature of Insured (Parent or Guardian if claimant is under 18)

Date

**SEE CLAIM INSTRUCTIONS ON THE BACK OF THIS FORM**

VIRGINIA HIGH SCHOOL LEAGUE, INC.  
 1642 State Farm Blvd., Charlottesville, Va. 22911

**ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICAL EXAMINATION FORM**

Separate signed form is required for each school year MAY 1 of the current year through JUNE 30 of the succeeding year.

For school year \_\_\_\_\_

**PART I- ATHLETIC PARTICIPATION**  
 (To be filled in and signed by the student)

Male \_\_\_\_\_  
 Female \_\_\_\_\_

**PRINT CLEARLY**

Name \_\_\_\_\_ Student ID# \_\_\_\_\_  
 (Last) (First) (Middle Initial)

Home Address \_\_\_\_\_

City/Zip Code \_\_\_\_\_

Home Address of Parents \_\_\_\_\_

City/Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

This is my \_\_\_\_\_ semester in \_\_\_\_\_ High School, and my \_\_\_\_\_ semester since first entering the ninth grade. Last semester I attended \_\_\_\_\_ School and passed \_\_\_\_\_ credit subjects, and I am taking \_\_\_\_\_ credit subjects this semester. I have read the condensed individual eligibility rules of the Virginia High School League that appear below and believe I am eligible to represent my present high school in athletics.

**INDIVIDUALIZED ELIGIBILITY RULES**

To be eligible to represent your school in any VHSL interscholastic athletic contest, you:

- Must be a regular bona fide student in good standing of the school you represent.
- Must be enrolled in the last four years of high school. (Eighth-grade students may be eligible for junior varsity)
- Must have enrolled not later than the fifteenth day of the current semester.
- For the first semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding year or the immediately preceding semester for schools that certify credits on a semester basis. (Check with your principal for equivalent requirements.) **May not repeat courses for eligibility purposes for which credit has been previously awarded.**
- For the second semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding semester. (Check with your principal for equivalent requirements.)
- Must sit out all VHSL competition for 365 consecutive calendar days following a school transfer unless the transfer corresponded with a family move. (Check with your principal for exceptions.)
- Must not have reached your nineteenth birthday on or before the first day of August of the current school year.
- Must not, after entering ninth grade for the first time, have been enrolled in or been eligible for enrollment in high school more than eight consecutive semesters.
- Must have submitted to your principal before any kind of participation, including tryouts or practice as a member of any school athletic or cheerleading team, an Athletic Participation/Parent Consent/Physical Examination Form, completely filled in and properly signed attesting that you have been examined during this school year and found to be physically fit for competition and that your parents' consent to your participation.
- Must not be in violation of VHSL Amateur, Awards, All Star or College Team Rules. (Check with your principal for clarification about cheerleading.)

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above-listed minimum standards, but also all other standards set by your League, district and school. If you have any question regarding your eligibility or are in doubt about the effect an activity might have on your eligibility, **check with your principal for interpretations and exceptions provided under League rules.** Meeting the intent and spirit of League standards will prevent you, your team, school and community from being penalized. Additionally, I give my consent and approval for my picture and name to be printed in any high school or VHSL athletic program, publication or video.

**LOCAL SCHOOL DIVISIONS AND VHSL DISTRICTS MAY REQUIRE ADDITIONAL STANDARDS TO THOSE LISTED ABOVE.**

→Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PROVIDING FALSE INFORMATION WILL RESULT IN INELIGIBILITY FOR ONE YEAR.**

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.

**PART II- MEDICAL HISTORY (Explain "YES" answers below)**

This form must be complete and signed, prior to the physical examination, for review by examining practitioner.  
Explain "YES" answers below with number of the question. Circle questions you don't know the answers to.

GENERAL MEDICAL HISTORY		YES	NO	MEDICAL QUESTIONS CONTINUED		YES	NO
1.	Do you have any concerns that you would like to discuss with your provider?	<input type="checkbox"/>	<input type="checkbox"/>	24.	Have you had mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Has a provider ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	25.	Are you missing a kidney, eye, testicle, spleen or other internal organ?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do you have any ongoing medical conditions? If so, please identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	26.	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are you currently taking any medications or supplements on a daily basis?	<input type="checkbox"/>	<input type="checkbox"/>	27.	Have you ever become ill while exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do you have allergies to any medications?	<input type="checkbox"/>	<input type="checkbox"/>	28.	When exercising in the heat, do you have severe muscle cramps?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?	<input type="checkbox"/>	<input type="checkbox"/>	29.	Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Have you ever spent the night in the hospital? If yes, why? _____	<input type="checkbox"/>	<input type="checkbox"/>	30.	Have you ever had numbness, tingling or weakness in your arms or legs or been unable to move your arms or legs <u>AFTER being hit or falling?</u>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	31.	Do you or does someone in your family have sickle cell trait or disease?	<input type="checkbox"/>	<input type="checkbox"/>
<b>HEART HEALTH QUESTIONS ABOUT YOU</b>		<b>YES</b>	<b>NO</b>	32.	Have you had any other blood disorders?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Have you ever passed out or nearly passed out DURING or AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	33.	Have you had a concussion or head injury that caused confusion, a prolonged headache or memory problems?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	34.	Have you had or do you have any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Does your heart race, flutter in your chest or skip beats (irregular beats) during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	35.	Do you wear glasses or contacts?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Has a doctor ever ordered a test for your heart? For example, electrocardiography or echocardiography.	<input type="checkbox"/>	<input type="checkbox"/>	36.	Do you wear protective eyewear like goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Has a doctor ever told you that you have any heart problems, including: <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 _____	<input type="checkbox"/>	<input type="checkbox"/>	37.	Do you worry about your weight?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Do you get light-headed or feel shorter of breath than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	38.	Are you trying to or has anyone recommended that you gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	39.	Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
<b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>		<b>YES</b>	<b>NO</b>	40.	Have you ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	41.	Are you on a special diet or do you avoid certain types of foods or food groups?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car crash)?	<input type="checkbox"/>	<input type="checkbox"/>	42.	Allergies to food or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>
18.	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)?	<input type="checkbox"/>	<input type="checkbox"/>	43.	Have you ever had a COVID-19 diagnosis? Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
19.	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	<input type="checkbox"/>	<input type="checkbox"/>	44.	What is the date of your last Tdap or Td (tetanus) immunization? (circle type) Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>BONE AND JOINT QUESTIONS</b>		<b>YES</b>	<b>NO</b>	<b>FEMALES ONLY</b>		<b>YES</b>	<b>NO</b>
20.	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?	<input type="checkbox"/>	<input type="checkbox"/>	45.	Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
21.	Do you currently have a bone, muscle or joint injury that bothers you?	<input type="checkbox"/>	<input type="checkbox"/>	46.	Age when you had your first menstrual period: _____		
<b>MEDICAL QUESTIONS</b>		<b>YES</b>	<b>NO</b>	47.	Number of periods in the last 12 months: _____		
22.	Do you cough, wheeze or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	48.	When was your most recent menstrual period? _____		
23.	Do you have asthma or use asthma medicine (inhaler, nebulizer)?	<input type="checkbox"/>	<input type="checkbox"/>	<b>EXPLAIN "YES" ANSWERS BELOW</b>			
				#	>>		
				#	>>		
				#	>>		
				#	>>		
				#	>>		
				#	>>		
				<b>List medications and nutritional supplements you are currently taking here:</b>			

→ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ → Athlete's Signature: \_\_\_\_\_

**PART III- PHYSICAL EXAMINATION**

(Physical examination form is required each school year dated after May 1 of the preceding school year and is good through June 30 of the current school year)\*\*

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SCHOOL \_\_\_\_\_

Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP /	Resting pulse	Vision R 20/	L 20/
		Corrected <input type="checkbox"/> Yes	<input type="checkbox"/> No

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance (Marfan stigmata: kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse, and aortic insufficiency)		
Eyes/ears/nose/throat (Pupils equal, hearing)		
Lymph nodes		
Heart (Murmurs: auscultation standing, supine, +/- Valsalva)		
Pulses		
Lungs		
Abdomen		
Skin (Herpes simplex virus, lesions suggestive of MRSA or tinea corporis)		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional (i.e. Double leg squat, single leg squat, box drop or step drop test)		
Emergency medications required on-site: <input type="checkbox"/> Inhaler <input type="checkbox"/> Epinephrine <input type="checkbox"/> Glucagon <input type="checkbox"/> Other:		
COMMENTS:		

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics:

- MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION**
- MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION WITH RECOMMENDATION FOR FURTHER EVALUATION OR TREATMENT OF:** \_\_\_\_\_
- MEDICALLY ELIGIBLE ONLY FOR THE FOLLOWING SPORTS:** \_\_\_\_\_  
Reason: \_\_\_\_\_
- NOT MEDICALLY ELIGIBLE PENDING FURTHER EVALUATION OF:** \_\_\_\_\_
- NOT MEDICALLY ELIGIBLE FOR ANY SPORTS**

By this signature, I attest that I have examined the above student and completed this pre-participation physical including a review of Part II- Medical History.

→ PRACTITIONER SIGNATURE: \_\_\_\_\_ (MD, DO, NP or PA)+ DATE\*\*: \_\_\_\_\_  
 EXAMINER'S NAME AND DEGREE (PRINT): \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**+Only signature of Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician's Assistant licensed to practice in the United States will be accepted.**

Rule 28B-1 (3) Physical Examination Rule/Transfer Student (10-90)- When an out-of-state student who has received a current physical examination elsewhere transfers to Virginia and attaches proof of that physical examination to the League form #2, the student is in compliance with physical examination requirements.

**PART IV- ACKNOWLEDGEMENTS OF RISK AND INSURANCE STATEMENT**

(To be completed by parent/guardian)

I give permission for \_\_\_\_\_ (name of child/ward) to participate in any of the following sports that are NOT crossed out: baseball, basketball, cheerleading, cross country, field hockey, football, golf, gymnastics, lacrosse, soccer, softball, swim/dive, tennis, track, volleyball, wrestling, other (identify sports): \_\_\_\_\_

I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, written handouts or some other means. He/she has student medical/accident insurance available through the school (yes\_\_ no\_\_); has athletic participation insurance coverage through the school (yes\_\_ no\_\_); is insured by our family policy with:  
Name of medical insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_ Name of policy holder: \_\_\_\_\_

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team.

By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the school to perform a pre-participation examination on my child and to provide treatment for any injury or condition resulting from participation in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) of health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.

Additionally, I give my consent and approval for the above named student's picture and name to be printed in any high school or VHSL athletic program, publication or video.

To access quality, low-cost comprehensive health insurance through FAMIS for your child, please contact Cover Virginia by going to [www.coverva.org](http://www.coverva.org) or calling 855-242-8282.

**PART V- EMERGENCY PERMISSION FORM\***

(To be completed and signed by the parent/guardian)

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_ CITY: \_\_\_\_\_

Please list any significant health problems that might be significant to a physician evaluating your child **in case of an emergency**:

PLEASE LIST ANY ALLERGIES TO MEDICATIONS, ETC: \_\_\_\_\_

IS THE STUDENT CURRENTLY PRESCRIBED AN INHALER OR EPI-PEN? \_\_\_\_\_ LIST THE EMERGENCY MEDICATION: \_\_\_\_\_

IS THE STUDENT PRESENTLY TAKING ANY OTHER MEDICATION? \_\_\_\_\_ IF SO, WHAT? \_\_\_\_\_

DOES THE STUDENT WEAR CONTACT LENSES? \_\_\_\_\_ DATE OF LAST Tdap OR Td (TETANUS) SHOT: \_\_\_\_\_

**EMERGENCY AUTHORIZATION:** In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of \_\_\_\_\_ High School to hospitalize, secure proper treatment for and to order the injection and/or anesthesia and/or surgery for the person named above.

DAYTIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY): \_\_\_\_\_

EVENING TIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY): \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

→ SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

\*Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment in needed.

→ I CERTIFY ALL OF THE ABOVE INFORMATION IS CORRECT: \_\_\_\_\_

**Parent/Guardian signature**

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.

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**Athletics & Driver Education**

12465 Warwick Boulevard, Newport News, VA 23606-3041 • phone: 757-591-4601 • fax: 757-591-4683

I, the Parent/ Guardian of \_\_\_\_\_, have read and fully understand the Newport News Concussion Policy and Return to Sport Protocol. I also have reviewed and understand the short and long term effects of sports related concussions and am committed to ensuring the safety of this child.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Revised May 2013

**Newport News Public Schools**  
**Permission for Emergency Care – HS Athletics**

School \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ Birthday \_\_\_\_\_ Homeroom \_\_\_\_\_

Parent's Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Allergic to medication (specify type) \_\_\_\_\_

Has student been prescribed an inhaler / epipen? \_\_\_\_\_ Is student presently taking medication? \_\_\_\_\_

If so, what type? \_\_\_\_\_ Does the student wear contact lenses? \_\_\_\_\_

Please list date of last tetanus shot \_\_\_\_\_

Any other medical problems \_\_\_\_\_

Insurance in addition to athletic insurance Yes \_\_\_\_\_ (complete other side of this form)

**IN CASE OF EMERGENCY, CONTACT**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work and/or Cell Number \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

In case of an emergency and I cannot be reached, the school has my permission to take my child to the emergency room of the nearest hospital and the hospital and its medical staff has my permission to provide treatment which a physician deems necessary for the well-being of my child.

\_\_\_\_\_  
Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**ATHLETIC INSURANCE INFORMATION**

Student's Full Name \_\_\_\_\_

Name of Parent Who Carries Insurance \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

I certify that the above named student athlete has the above health and accident insurance coverage in addition to the Newport News Public Schools athletic accidental medical coverage.

\_\_\_\_\_  
Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



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