

**St. Albans City School Raiders**  
**Athletics Participation Form**  
**2021-2022**

Dear SACS students and families,

Welcome to the 2021-2022 school year! This year we will be offering the following athletic opportunities for our students:

- Fall
  - Soccer (boys/girls; 5th through 8th)
  - Cross Country (Co-Ed, 5th through 8th)
- Winter
  - Basketball (boys/girls; 5th through 8th)
  - Cheerleading (Co-Ed, 5th through 8th)
- Spring
  - Track and Field (Co-Ed, 5th through 8th)
  - Baseball (Boys, 5th through 8th)
  - Softball (Girls, 5th through 8th)
  - Volleyball (Co-Ed, 5th through 8th)

Please read through the following pages, and complete all necessary form(s) to ensure you/your student will be able to participate once the season(s) come!

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## St. Albans City School Athletics Philosophy

Here at SACS, we believe that athletics and physical activity are an integral part of the educational experience. As an athlete and a team member, you will learn and grow your skills in collaboration, hard work, perseverance, and positivity.

As important as athletics are, they should be seen as a **complement** to your education, rather than vice-versa. With this in mind, the primary goal of the athletic department is to develop student-athletes who strive for improvement, sportsmanship, and enjoyment; if students work towards those ideals, then success will result.

## Participation Requirements

To be eligible for participation in athletics, students must meet all of the following requirements:

1. Academic Eligibility- Students must be in good academic standing in all classes. If there is a concern about any classes, students may be asked to take a break from their athletics.
2. Attend all practices and games. Students must let their coach(es) know if they will be absent, if possible. Participation may be impacted for students who miss an excess of team activities.
3. All students, coaches, and families are expected to demonstrate respect for all players, officials, and spectators. Violations of this may result in removal from the sporting event, loss of participation, or in-school consequences.
4. Completion of all required athletic forms, including: Student and Parent/Guardian Agreement, Proof of Insurance, Proof of Physical, and Emergency information.
5. When participating on a team, students and families agree to abide by all expectations put forth by the coaching staff. If a student or family member does not follow these expectations, they may be asked to leave the event immediately, and may lose their spot on the team.

## Expectations

The student's general conduct in and out of school shall be such as to bring no discredit to the student, team, or school. The participant is expected to behave in a legal, reasonable, and appropriate manner. Failure to abide by this behavior expectation may result in loss of playing privileges, up to and including, dismissal from the team.

Student and Parent/Guardian Agreement  
SACS Athletics

I \_\_\_\_\_ (*print student name*) have read and understand all parts of the SACS athletics philosophy, participation requirements, and expectations. I understand that by signing this document, I acknowledge that I may lose my spot on the team if I break any of these.

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

\_\_\_\_\_  
Date

I \_\_\_\_\_ (*print parent/guardian name*) have read and understand all parts of the SACS athletics philosophy, participation requirements, and expectations. I understand that by signing this document, I acknowledge that my student may lose their spot on the team if I break any of these.

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

\_\_\_\_\_  
Date

Proof of Health Insurance

**Student Name:** \_\_\_\_\_

**Policy Holder Name:** \_\_\_\_\_

**Health Insurance Company:** \_\_\_\_\_

**Health Insurance Phone Number:** \_\_\_\_\_

**Health Insurance Policy Number:** \_\_\_\_\_

## Proof of Physical

All students must have a current (within the last 2 years) physical examination on record. A physician's office can use their own form or use the form below.

# Well Exam - Sports Participation Clearance Form

NOTE: How often a clearance form is needed to play sports, is determined by your school. This clearance form is the only Sports Participation Clearance Form supported by the Vermont Principals' Association, the Vermont Departments of Health and Education, and the Vermont Chapters of the American Academy of Pediatrics and the American Academy of Family Physicians. The American Academy of Pediatrics Council on Sports Medicine and Fitness developed the research based screening activities done during a Well Exam, to determine sports readiness.

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

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

This Athlete is:

☐ Cleared without restriction

☐ Cleared, with restrictions: \_\_\_\_\_

☐ Not cleared for:

☐ All sports

☐ Certain sports: \_\_\_\_\_ Reason: \_\_\_\_\_

### Relevant Medical Information For Coaches and Athletic Department:

Allergies: \_\_\_\_\_ EpiPen Necessary: Yes No

Asthma: Yes No Emergency Medications: \_\_\_\_\_

Diabetes: Yes No Emergency Medications: \_\_\_\_\_

Seizure Disorder: Yes No Emergency Medications: \_\_\_\_\_

Well Exam using ICD-9-CM code:

☐ 99383 or 99393 (5-11 years) ☐ 99384 or 99394 (12-17 years ) ☐ 99385 or 99395 (18-39 years)

**NOTE: Clearance form is not valid unless one of these Well Exam codes is checked by Provider**

Comments \_\_\_\_\_

Name of Provider (print/type): \_\_\_\_\_ Provider Phone # \_\_\_\_\_

Signature of Provider: \_\_\_\_\_ Date of Exam: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Emergency Contact and Medical Information

Student Name: \_\_\_\_\_

Name of Emergency Contact #1: \_\_\_\_\_

Emergency Contact #1 Phone Number: \_\_\_\_\_

Name of Emergency Contact #2: \_\_\_\_\_

Emergency Contact #2 Phone Number: \_\_\_\_\_

Medical Concerns, Allergies, etc.:

I/we the parents and or guardian of the above named candidate for a position on a St. Albans City School sponsored team hereby give my/our approval to participate in any or all league activities including transportation to and from activities. I/we know and acknowledge that participation may result in serious injury and that protective equipment does not always prevent injury to players and because of this I/we hereby waive, release, absolve, indemnify and agree to hold harmless St. Albans City School, the organization, sponsors, supervisors, participants and other persons transporting my/our child to and from league sponsored activities from any claims arising out of any injury to my/our child; whether the result of negligence or any other cause, except to the extent and the amount that is not covered by accident or liability insurance. In the event of an emergency and I/we can not be reached, I/we give permission to the St. Albans City School and officials, to authorize emergency treatment of the above named child by an EMT, physician or staff.

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

\_\_\_\_\_  
Date