

# **THE FLETCHER ACADEMY**



## **Student-Athlete & Parent Handbook**

## PURPOSE

The purpose of this handbook is to acquaint the student-athlete and their parents with information pertaining to The Fletcher Academy Athletic Department, including the policies that each student-athlete should follow. While we cannot cover all situations, the intent is to provide guidelines for solving incidents and problems if they arise. It is vital that everyone involved in TFA Athletics be familiar with and adhere to these policies. The Athletic Director will oversee all programs and ensure the policies are being enforced.

## ATHLETICS MISSION STATEMENT

The Fletcher's Academy Athletic Department provides a variety of co-curricular opportunities centered on developing the student-athlete's character, fundamental skill and knowledge of the game as well as commitment to the team concept. Student-athletes will strive to balance academic and athletic responsibilities and will model strong, confident leadership in the school and the community.

## CENTRAL CAROLINA ATHLETIC LEAGUE

[www.ccaleague.net](http://www.ccaleague.net)

TFA is a proud member of the Central Carolina Athletic League (CCAL) - a league of small private and charter schools in the Raleigh, Durham, Burlington, Greensboro, Roxboro and Chapel Hill area. The CCAL's vision is to provide quality athletic competitive opportunities for student-athletes. Each member school understands and promotes the importance of academics and athletics as a partnership in nurturing the physical, cognitive, and social development of its student-athletes. Each member school is committed to modeling personal integrity, responsibility to self and others, commitment to a team, and sportsmanship, regardless of outcome. The CCAL strives to promote these values as an extension of the educational process.

## SPORTS INFORMATION

SPORT	GRADES	COACHES	SEASON
Cross Country	6 <sup>th</sup> - 12 <sup>th</sup>	Head: Phillip St. Clair	Fall Mid August-Mid October
Soccer	6 <sup>th</sup> - 12 <sup>th</sup>	Head: Sean MacDonald	Fall Mid August-Mid October
Basketball	8 <sup>th</sup> - 12 <sup>th</sup>	Head: Amber Joyner	Winter End of October – Mid February
Cheerleading	5 <sup>th</sup> - 12 <sup>th</sup>	Head: Tiffany Gregory	Fall/Winter End of October – Mid February
Ultimate Frisbee	6 <sup>th</sup> - 12 <sup>th</sup>	Head: Phillip St. Clair	Spring End of February – Mid May

\*\*All sports are open to male and female students.\*\*

## REQUIRED FORMS

The following forms must be completed and submitted before a student-athlete will be allowed to participate in practices or competitions.

- The [Athletic Participation Form](#) must be completed in its entirety and signed by a physician before a student can participate in athletic practices or competitions. The physical is valid for 365 days from the date the examination was performed. We recommend that parents retain a copy of this form. This form also asks the parents/guardians for permission for medical treatment for the student-athlete in the event that the parent or guardian is not present or cannot be immediately reached.
- The [Student-Athlete & Parent Handbook Agreement & Transportation Form](#) states the parent/guardian and student-athlete understand and agree to abide by the TFA Athletic Department policies. This form also addresses student-athlete transportation to and from athletic events.
- The student-athlete and parent must read [Concussion: Information for Student-Athletes and Parent/Legal Custodians](#) sheet. After reviewing the document, the student-athlete and parent must initial and sign the [Student-Athlete & Parent/Legal Custodian Concussion Statement](#).

## ATHLETIC PARTICIPATION FEE

To best support our athletic programs and student-athletes, The Fletcher Academy implements an athletic participation fee of \$40.00 which covers their participation in all sports for the school year. The fee will aid in the cost of transportation, facility maintenance, uniforms (with exception of Cheerleading), officials, and all other expenses endured for the athletic year. The fee will be applied to the student-athlete's account prior to the first athletic contest for each sport.

## ATHLETIC CODE & RESPONSIBILITIES

The Fletcher Academy has established an athletic code where the responsibilities of the athletes and parents are defined. Acting in opposition to this code will be addressed by the Coach and Athletic Director and may result in removal from involvement in TFA Athletics.

### Student-athletes:

1. Attend all practices, contests, and team activities. Arrive on time and be prepared to participate at their highest level.
2. Respect the integrity and judgment of the officials and coaches.
3. Represent The Fletcher Academy in a positive way by exhibiting good sportsmanship and abiding by school rules and expectations on and off the playing field. A coach has the right to dismiss an athlete from practice and competition if he/she is exhibiting inappropriate behaviors.
4. Student-athletes should accept victory with grace and defeat with dignity.
5. Care for all gear issued to the athlete by the coach and return all gear in good condition. The student-athlete and their parents will be charged the full replacement value for any lost or damaged gear.
6. Abide by the academic and attendance policies outlined in this handbook.
7. Refrain from the use of illegal substances. The use of tobacco products, alcohol, or drugs is prohibited.
8. Refrain from hazing or bullying. No group or individual shall require a student to wear abnormal dress, play abusive or ridiculous tricks on him/her, frighten, scold, beat, harass, or subject him/her to personal indignity.

### Parent/Guardians:

1. Encourage your student-athlete to fulfill their responsibilities as a team member and to abide by the academic and attendance policies outlined in this handbook.
2. Respect the integrity and judgment of the officials and coaches.
3. Exemplify positive sportsmanship and courteous behavior to all. Parents should accept victory with grace and defeat with dignity.
4. Along with your student-athlete, assume responsibility for the care of all gear issued to the athlete by the coach and return all gear in good condition. The parents and student-athlete will be charged the full replacement value for any lost or damaged gear.
5. Encourage your student-athlete to communicate with his/her coach if there is a concern. Parents with concerns should schedule an appointment with the coach to discuss matters.
6. Please consider joining our athletic booster club "The Falcon Club". This organization provides support to all sports programs and athletes at The Fletcher Academy.

## ACADEMIC & ATTENDANCE ELIGIBILITY

### Academic Policy

Student-athletes must earn a C (77) or higher in each class at the end of each marking period to participate in athletics. Any student-athlete earning a D (76) or lower in any class for a marking period will be immediately removed from the team. He or she may participate again if they earn a C (77) or better in all classes the following marking period. For example, if a student athlete earns a D in their math class for the second marking period, he/she must sit out of athletics for the entire third marking period. If he/she earns a C (77) or better in each class for the third marking period, they may begin participating in athletics during the fourth marking period. Coaches will conduct grade checks periodically and may assign the student-athlete Academic Hall as needed. However, it is the responsibility of the student-athlete to maintain their grades throughout the athletic season.

### Class Attendance

Regular attendance in classes is an essential part of the educational process. Excessive absences from a class by the student-athlete may result in a loss of playing time or dismissal from the team. Per the TFA Absence and Tardy Policy, student grades may be dropped one or two letter grades for excessive absences and unexcused tardies. Student-athletes must attend at least 50 percent of the school day to participate in practice or competitions. Any student suspended from school will serve their suspended term and will not be allowed to attend practices or competitions during this time.

### Practice & Competition Attendance

Consistent attendance at practices is essential to the success of the student-athlete and the team. The practice attendance policy including excused and unexcused absences is outlined below. It is the responsibility of the student-athlete to inform the coach of an expected absence. Otherwise, the absences will be considered unexcused.

Excused Absences: Medical appointments, illness of the student-athlete, severe illness or death in the student-athlete's family, official religious observances, pre-approved college visitations, required court appointments, driver's license tests, and any other absences excused by TFA.

Unexcused Absences: Injuries without a doctor's note (attendance at practice to observe is required), family vacations not approved by administration, organization or club trips without prior approval, the student-athlete needing rest/sleep or time to complete school work, job obligations, and out of town company visiting.

1<sup>st</sup> Unexcused Absence = Student-athlete will lose one half of play in next scheduled game.

2<sup>nd</sup> Unexcused Absence = Student-athlete will not dress for the next scheduled game but he/she will sit on the bench with the team.

3<sup>rd</sup> Unexcused Absence = Student-athlete will be dismissed from the team.

## ATHLETIC AWARDS & RECOGNITION

An Athletic Banquet celebrating the success of the athletic teams will be held each May. Student-athletes who maintained their eligibility throughout their participating season will receive recognition for their effort and contributions to the athletics programs. Any student-athlete removed from a team for academic or behavioral issues will not be recognized at the banquet. Special awards will be given to athletes who exhibited exceptional effort, improvement, and leadership.

# THE FLETCHER ACADEMY



## STUDENT-ATHLETE & PARENT HANDBOOK AGREEMENT

We have read the foregoing Student-athlete Handbook and understand and agree with the requirements. We grant parental permission for \_\_\_\_\_ to participate in all sports or athletics events for The Fletcher Academy for the 2014-2015 school year and understand that he/she is covered under our personal or family insurance.

_____ Signature of Parent/Guardian	_____ Date
_____ Signature of Parent/Guardian	_____ Date
_____ Signature of Student-athlete	_____ Date

## PARENTAL AUTHORIZATION FOR STUDENT-ATHLETE TRAVEL

I grant permission for my child, \_\_\_\_\_, to travel to and from scheduled Fletcher Academy athletic events in the following manner:

YES    NO    My child has permission to ride on school-provided transportation to and from scheduled athletic events.

YES    NO    My child has permission to ride with another adult (21 years or older) to and from scheduled athletic events.

Please be aware that insurance coverage "follows the vehicle". This means that the insurance carrier scheduling a specific vehicle has primary coverage applicable to an injury to an occupant of that vehicle. For example, TFA's coverage on its bus would apply to an injury to a bus passenger. In contrast, a parent's coverage on his or her personal vehicle (driven by the parent) would apply to a passenger in that parent's vehicle. We recommend that you consult your own professional advisors on this matter.

The undersigned, for himself or herself and for the above named student, hereby releases and agrees to hold harmless The Fletcher Academy, the members of The Fletcher Academy Athletic Department, and any designated Fletcher Academy's chaperone for any accident, injury, or death that may occur during travel to and from an official Fletcher Academy athletic event.

_____ Signature of Parent/Guardian	_____ Date
_____ Signature of Parent/Guardian	_____ Date

**Please sign and submit this document to the Coach or Athletic Director to receive clearance for participation in TFA Athletics.**

## THE FLETCHER ACADEMY ATHLETIC PARTICIPATION FORM

TO BE COMPLETED BY PARENT/GUARDIAN:

Student's Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_ - \_\_\_\_\_  
 Gender: M F Race: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_  
 Student's Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Father/Guardian's Information

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Mother/Guardian's Information

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Alternate Emergency Contact's Information

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

This is a screening examination for participation in sports. This does not substitute for a comprehensive examination with your child's regular physician where important preventive health information can be covered. **Athlete's Directions:** Please review all questions with your parent or legal guardian and answer them to the best of your knowledge. **Parent's/Legal Guardian's Directions:** Please assure that all questions are answered to the best of your knowledge. If you do not understand or don't know the answer to a question please ask your doctor. Not disclosing accurate information may put your child at risk during sports activity. **Physician's Directions:** We recommend carefully reviewing these questions and clarifying any positive or Don't Know answers.

	EXPLAIN "YES" ANSWERS BELOW	YES	NO	DON'T KNOW
1.	Does the athlete have any chronic medical illnesses (diabetes, asthma/exercise asthma, kidney problems, etc.)? List below.			
2.	Is the athlete presently taking any medications or pills?			
3.	Does the athlete have any allergies (medicine, bee/insect stings, latex, etc.)?			
4.	Does the athlete have the sickle cell trait?			
5.	Has the athlete ever had a head injury, been knocked out, or had a concussion?			
6.	Has the athlete ever had a heat injury (heat stroke) or severe muscle cramps with activities?			
7.	Has the athlete ever passed out or nearly passed out DURING exercise, emotion or startle?			
8.	Has the athlete ever fainted or passed out AFTER exercise?			
9.	Has the athlete had extreme fatigue (been really tired) with exercise (different from other children)?			
10.	Has the athlete ever had trouble breathing during exercise or a cough with exercise?			
11.	Has the doctor ever told the athlete they have high blood pressure?			
12.	Has the doctor ever told the athlete they have a heart infection?			
13.	Has a doctor ever ordered an EKG or other test for the athlete's heart or has the athlete ever been told they have a murmur?			
14.	Has the athlete ever had discomfort, pain or pressure in his/her chest during or after exercise or complained of their heart "racing" or "skipping beats"?			
15.	Has the athlete ever had a seizure or been diagnosed with an unexplained seizure problem?			
16.	Has the athlete ever had a stinger, burner, or pinched nerve?			
17.	Has the athlete ever had any problems with their eyes or vision?			
18.	Has the athlete ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injury of any bones or joints? <input type="checkbox"/> Head <input type="checkbox"/> Shoulder <input type="checkbox"/> Thigh <input type="checkbox"/> Neck <input type="checkbox"/> Elbow <input type="checkbox"/> Knee <input type="checkbox"/> Chest <input type="checkbox"/> Hip <input type="checkbox"/> Forearm <input type="checkbox"/> Shin/calf <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Ankle <input type="checkbox"/> Hand <input type="checkbox"/> Foot			
19.	Has the athlete ever had an eating disorder, or do you have any concerns about your eating habits or weight?			
20.	Has the athlete ever been hospitalized or had surgery?			
21.	Has the athlete had a medical problem or injury since their last evaluation?			
22.	Has any family member had a sudden, unexpected death before age 50 (including SIDS, car accident, drowning, etc.)?			
23.	Has any family member had unexplained heart attacks, fainting or seizures?			
24.	Does the athlete have a father, mother, or brother with sickle cell disease?			

Please explain any "YES" answers here: \_\_\_\_\_

As the parent or legal guardian of this student-athlete, I agree that I have reviewed and answered every question above completely and correctly to the best of my knowledge. Furthermore, I give consent for this examination and give permission for my child to participate in sports. I grant permission for treatment deemed necessary for a condition arising during or affecting participation in sports, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment. Signature of Parent/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

PHYSICAL EXAM – To be completed by a Licensed Physician, Physician’s Assistant, or Nurse Practitioner. Doctor of Chiropractic Medicine is not satisfactory.

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ ( \_\_\_\_\_ %ile)/ \_\_\_\_\_ ( \_\_\_\_\_ %ile) Pulse \_\_\_\_\_ Vision: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected Y N

REQUIRED ELEMENTS FOR ALL EXAMINATIONS			
	NORMAL	ABNORMAL	ABNORMAL FINDINGS
PULSES			
HEART			
LUNGS			
SKIN			
NECK/BACK			
SHOULDER			
KNEE			
ANKLE/FOOT			
OTHER ORTHOPEDIC PROBLEMS			
OPTIONAL EXAMINATION ELEMENTS – SHOULD BE DONE IF HISTORY INDICATES			
HEENT			
ABDOMINAL			
GENITALIA (MALES)			
HERNIA (MALES)			

Clearance:

- A. Cleared
- B. Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_
- \*\*C. Medical Waiver Form must be attached for the condition of: \_\_\_\_\_
- D. Not cleared for:  Collision  Contact  Non-contact \_\_\_\_\_ Strenuous \_\_\_\_\_ Moderately strenuous \_\_\_\_\_ Non-strenuous  
Due to: \_\_\_\_\_

Additional Recommendations/Rehab Instructions: \_\_\_\_\_

Name of Physician/Extender: \_\_\_\_\_

Signature of Physician/Extender: \_\_\_\_\_ MD DO PA NP

(Signature and circle of designated degree required)

Date of exam: \_\_\_\_\_

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

Physician Office Stamp:
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\*\*\* The following are considered disqualifying until appropriate medical and parental releases are obtained: post-operative clearance, acute infections, obvious growth retardation, uncontrolled diabetes, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or Stage 2 hypertension, enlarged liver or spleen, a chronic musculoskeletal condition that limits ability for safe exercise/sport (i.e. Klippel-Feil anomaly, Sprengel’s deformity), history of uncontrolled seizures, absence of/or one kidney, eye, testicle or ovary, etc.

This form is approved by the North Carolina High School Athletic Association Sports Medicine Advisory Committee and the NCHSAA Board of Directors. This form is reviewed annually. This form is current as of April 2014 and was last updated April 2013.

**Please sign and submit this document to the Coach or Athletic Director to receive clearance for participation in TFA Athletics.**

## CONCUSSION

### ***INFORMATION FOR STUDENT-ATHLETES & PARENTS/LEGAL CUSTODIANS***

**What is a concussion?** A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

**How do I know if I have a concussion?** There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability-things bother you more easily	Sleeping more than usual
Taking longer to figure things out	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Feeling sick to your stomach/queasy	Being more moody	Trouble falling asleep
Difficulty remembering new information	Vomiting/throwing up	Feeling nervous or worried	Feeling tired
	Dizziness	Crying more	
	Balance problems		
	Sensitivity to noise or light		

*Table is adapted from the Centers for Disease Control and Prevention (<http://www.cdc.gov/concussion/>)*

**What should I do if I think I have a concussion?** If you are having any of the signs or symptoms listed above, you should tell your parents, coach, athletic trainer or school nurse so they can get you the help you need. If a parent notices these symptoms, they should inform the school nurse or athletic trainer.

**When should I be particularly concerned?** If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slurred, you should let an adult like your parent or coach or teacher know right away, so they can get you the help you need before things get any worse.

**What are some of the problems that may affect me after a concussion?** You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur. Once you have a concussion, you are more likely to have another concussion.

**How do I know when it's ok to return to physical activity and my sport after a concussion?** After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your school and your parents can help you decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. Your school will have a policy in place for how to treat concussions. You should not return to play or practice on the same day as your suspected concussion.

***You should not have any symptoms at rest or during/after activity when you return to play, as this is a sign your brain has not recovered from the injury.***

This information is provided to you by the UNC Matthew Gfeller Sport-Related TBI Research Center, North Carolina Medical Society, North Carolina Athletic Trainers' Association, Brain Injury Association of North Carolina, North Carolina Neuropsychological Society, and North Carolina High School Athletic Association.



## Student-Athlete & Parent/Legal Custodian Concussion Statement

*\*If there is anything on this sheet that you do not understand, please ask an adult to explain or read it to you.*

Student-Athlete Name: \_\_\_\_\_

*This form must be completed for each student-athlete, even if there are multiple student-athletes in each household.*

Parent/Legal Custodian Name(s): \_\_\_\_\_

We have read the *Student-Athlete & Parent/Legal Custodian Concussion Information Sheet*.

*If true, please check box.*

After reading the information sheet, I am aware of the following information:

Student-Athlete Initials		Parent/Legal Custodian Initials
	A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	N/A
	If I think a teammate has a concussion, I should tell my coach(es), parents, or medical professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion.	
	Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away right away. I realize that resolution from this injury is a process and may require more than one medical evaluation.	
	I realize that ER/Urgent Care physicians will not provide clearance if seen right away after the injury.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms on the Concussion Information Sheet.	

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Custodian

\_\_\_\_\_  
Date

**Please sign and submit this document to the Coach or Athletic Director to receive clearance for participation in TFA Athletics.**