

2024 - 2025

PENINSULA District

HIGH SCHOOL ATHLETIC Handbook

A RESOURCE BOOK FOR ATHLETES AND PARENTS



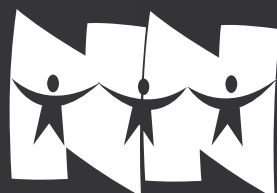
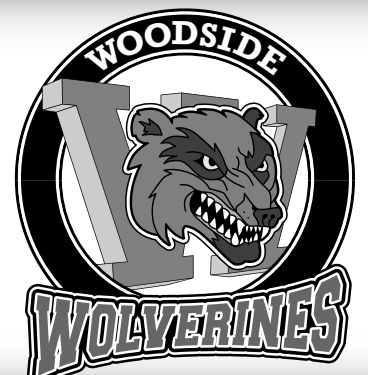
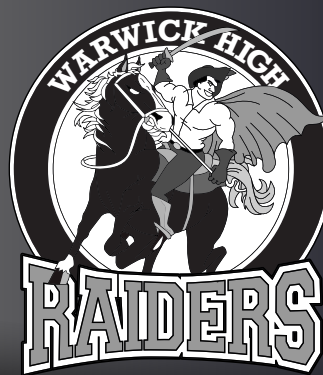
DENBIGH High School

HERITAGE High School

MENCHVILLE High School

WARWICK High School

WOODSIDE High School



**NEWPORT NEWS
PUBLIC SCHOOLS**

www.nnschools.org

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 2024						
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 Independence Day - Schools and Offices Closed
5, 12, 19, 26 Summer Hours

August 2024						
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 Summer Hours
5 New Teachers Report
15 All Teachers & Teacher Assts. Report
26 All Students Report
30 Schools Closed (as required by State Code), Twelve-Month Employees Report

September 2024						
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 Labor Day - Schools and Offices Closed

October 2024						
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		

11 Schools Closed for Students; Half Day Teacher PD in morning and family conferences in the afternoon (and held throughout the week)

November 2024						
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

5 E-Commute Teacher Workday (Election Day) - Students do not report
27 Schools Closed; Half Day for Twelve-Month Employees
28-29 Thanksgiving Observance
Schools & Offices Closed

December 2024						
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				

23-31 Winter Break - Schools and Offices Closed
(12 month employees to use 1/2 day leave each day, Dec. 23, 26, & 27)

January 2025						
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	

1-3 Winter Break - Schools and Offices Closed
6 Schools Closed for Students; Full Teacher Planning Day
7 Schools Reopen
20 Rev. Dr. Martin Luther King, Jr. Day
22-24 Exam Dates - 1/2 day high schools
27 Support Staff Workday and E-Commute Teacher Workday - Students do not report
28 Regional Prof. Development Day
29 Second Semester begins

February 2025						
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	

17 Presidents' Day - Schools Closed, Twelve-Month Employees Report

March 2025						
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					

7 Half day for students; family conferences in the afternoon (and held throughout the week)

April 2025						
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			

4 Students Half Day Dismissal; Teacher Workday in the afternoon
7-11 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 7-9)
14 Schools Closed for Students; Full Teacher Planning Day

May 2025						
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

26 Memorial Day Observance - Schools and Offices Closed

June 2025						
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					

7-8 High School Graduations (Tentative)
6, 9, 10 ECC, Elementary & Middle - Early Dismissal
6, 9, 10 High School - Half Day Dismissal
10 Last Student Day
11 Last Teacher Day
19 Juneteenth - Schools and Offices Closed
20, 27 Summer Hours

9 Weeks Report Cards			
Period	Ends	# of Days	Reports Issued
1	Nov. 4	48	Nov. 13
2	Jan. 24	43	Feb. 4
3	Apr. 4	47	Apr. 22
4	June 10	40	June 10

Religious observances beginning/occurring on 2024-2025 student school days:

Rosh Hashanah - October 3
Sukkot - October 17
Ash Wednesday - March 5

Eid al-Fitr - March 31
Ascension Day - May 29
Shavuot - June 2

Calendar instructional hours exceed 990 state hour requirement.

*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

<u>FALL</u>	<u>WINTER</u>	<u>SPRING</u>
Varsity	Varsity	Varsity
Football	Basketball (boys & girls)	Baseball
Field Hockey	Indoor Track (boys & girls)	Softball
Golf	Wrestling	Soccer (boys & girls)
Volleyball (boys & girls)	Swimming (boys & girls)	Outdoor Track (boys & girls)
Cross Country (boys & girls)	Diving (boys & girls)	Tennis (boys & girls)
Cheerleading (sideline)	Cheerleading (sideline)	
Cheerleading (competition)		
Jr. Varsity	Jr. Varsity	Jr. Varsity
Football	Basketball (boys & girls)	Baseball
Field Hockey	Wrestling	Softball
Cheerleading	Cheerleading	Soccer (boys & girls)
Girls Volleyball		

HIGH SCHOOL	PRINCIPAL	ATHLETIC DIRECTOR	ATHLETIC OFFICE
Denbigh High School	Dr. Adria Strothers	Marcus Johnson-Williams	886-7700, x 9-24660
Heritage High School	Dr. Earling Hunter	Jamie Plecker	928-6100, x9-17660
Menchville High School	Jason Hollar	Jennifer Nuttycombe	886-7722, x9-45660
Warwick High School	Tiffany Thompson	Lucas Brown	591-4700, x9-58660
Woodside High School	Dr. Mary Hardesty	Eric Battle	886-7530, x9-61660

Revised July 2024

Ticket Prices

Sport	Adults	Children 12 & Under	Senior Citizens
Football	\$7.00	\$5.00	\$5.00
Basketball	\$7.00	\$5.00	\$5.00
Wrestling	Tri - \$7.00 / Dual - \$5.00	\$5.00	\$5.00
Volleyball	\$7.00	\$5.00	\$5.00

JV BASKETBALL - \$5.00 FOR EVERYONE

JV VOLLEYBALL- \$5 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 any games at NNPS facilities. No Guests.
- 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 July 2023

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 play for their zoned high 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.

Students are allowed a one time transfer from a magnet program back to their zoned school without losing athletic eligibility. This transfer must be at the conclusion of a semester.

A rising 10th grader may apply for and transfer from one magnet program to another without losing athletic eligibility under the following stipulations:

- student must meet all criteria of the receiving magnet program (GPA, etc)
- student may need to increase their course work to catch up with the receiving magnet program
- upon acceptance, student will be placed at the bottom of the wait should there be one for their desired pathway
- Any transfer after the above scenario, without a change in residence, will result in a 365 day VHSL ineligibility period.

Appeals to this process can be made in writing to the Director of Student Athletics.

Revised November 2024

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.

Uniforms may be purchased/donated to any program provided the NNPS Donation Form is completed and approved by the NNPS Director of Student Athletics.

July 2023

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

Athletics & Driver Education

12465 Warwick Boulevard, Newport News, VA 23606-3401 • phone: 757-591-4601 • fax: 757-591-4683

For all students to participate in any extracurricular physical activity, each student-athlete, and the student- athlete's parent or guardian shall review, on an annual basis, information on concussions provided by the local school division. After having reviewed materials describing the short- and long-term health effects of concussions, each student-athlete and the student-athlete's parent or guardian shall sign a statement acknowledging receipt of such information. *For more information on concussions, visit: www.cdc.gov/Concussions*

I. Definition of Concussion

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. A concussion can occur with or without a loss of consciousness, and proper management is essential to the immediate safety and long-term future of the injured individual.

II. Signs and Symptoms

Signs observed by parents or guardians

- | | |
|---|--|
| * appears dazed or stunned | * is confused about assignment or position |
| * forgets an instruction | * is unsure of game, score, or opponent |
| * moves clumsily | * answers questions slowly |
| * loses consciousness (even briefly) | * shows behavior or personality changes |
| * can't recall events <i>prior</i> to hit or fall | * can't recall events <i>after</i> hit or fall |

Symptoms reported by athlete

- | | |
|----------------------------------|--|
| * headache or "pressure" in head | * nausea or vomiting |
| *balance problems or dizziness | * double or blurry vision |
| * sensitivity to light | * sensitivity to noise |
| * confusion | * feeling sluggish, hazy, foggy, or groggy |
| * does not "feel right" | * concentration or memory problems |

III. Return to Learn

Many of the signs and symptoms associated with a concussion can affect a student's ability to participate in normal academic activities. With different rates of recovery, students may need modifications to their academic setting. Adjustments could include cognitive and physical rest with no school, part-time school, or full day school with minimal instructional modifications and/or accommodations.

IV. Return to Play Progression

If an athlete is suspected of having incurred a concussion during practice or play, this procedure will be followed:

1. Removal from activity
2. Notification of parent/guardian regarding the incident
3. The student-athlete must bring written clearance from his/or licensed health care provider
4. Once the student athlete is asymptomatic they will complete a 5 step return to play progression under the supervision of the school's licensed athletic trainer or nurse

It's better to miss one game than the whole season. For more information on concussions, visit: www.cdc.gov/Concussions

Revised July 2023

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 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.

A FACT SHEET FOR High School Parents



This sheet has information to help protect your teens from concussion or other serious brain injury.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Teens Safe?

Sports are a great way for teens to stay healthy and can help them do well in school. To help lower your teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - Work with their coach to teach ways to lower the chances of getting a concussion.
 - Emphasize the importance of reporting concussions and taking time to recover from one.
 - Ensure that they follow their coach's rules for safety and the rules of the sport.
 - Tell your teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. There is no "concussion-proof" helmet. Even with a helmet, it is important for teens to avoid hits to the head.

Talk with your teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Remind them that *it's better to miss one game than the whole season.*

How Can I Spot a Possible Concussion?

Teens who show or report one or more of the signs and symptoms listed below—or simply say they just “don't feel right” after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents

- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events *prior to* or *after* a hit or fall

Symptoms Reported by Teens

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not “feeling right,” or “feeling down”

**GOOD TEAMMATES KNOW:
IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.**



cdc.gov/HEADSUP

CONCUSSIONS AFFECT EACH TEEN DIFFERENTLY.

While most teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your teens' healthcare provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



Plan ahead. What do you want your teen to know about concussion?

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1, or take your teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

Teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a teen for a lifetime. It can even be fatal.



What Should I Do If My Teen Has a Possible Concussion?

As a parent, if you think your teen may have a concussion, you should:

1. Remove your teen from play.
2. Keep your teen out of play the day of the injury. Your teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your teen's healthcare provider for written instructions on helping your teen return to school. You can give the instructions to your teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a teen for a possible concussion. You may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. A teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

Revised January 2019

To learn more,
go to cdc.gov/HEADSUP



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 ATHLETICS

Sudden Cardiac Arrest (SCA) Information for Student-Athletes and Parents/Guardians

What is sudden cardiac arrest? Sudden cardiac arrest (SCA) is a condition in which the heart suddenly stops beating. When that happens, blood stops flowing to the brain and other vital organs. SCA happens to adults as well as students. However, the causes of SCA in students and adults can differ. A student's SCA will likely result from an inherited condition, but an adult's SCA may be caused by inherited or lifestyle issues.

What are the causes of SCA? SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. SCA is caused by several structural and electrical diseases of the heart. These conditions predispose an individual to have an abnormal rhythm that can be fatal if not treated within a few minutes. Other possible causes of SCA are a sudden blunt non-penetrating blow to the chest and the use/abuse of recreational or performance-enhancing drugs and/or energy drinks.

How common is SCA in the United States? SCA is the #1 cause of death for adults and student-athletes in this country. About 2,000 patients under the age of 25 die of SCA each year.

<u>Warning Signs of SCA</u>	<u>Emergency Response to SCA</u>
<ul style="list-style-type: none"> • Fainting or seizures during exercise • Unexplained shortness of breath • Dizziness • Extreme fatigue • Chest pains • Racing heart • If an athlete collapses and is unresponsive, SCA should be suspected 	<ul style="list-style-type: none"> • Act immediately; time is most critical to increasing survival rates • Recognize SCA • Call 911 immediately, and activate Emergency Medical Services (EMS) • Administer CPR • Use Automatic External Defibrillator (AED)

What are the warning signs of potential heart issues? The following conditions need to be further evaluated by your primary care provider:

- Family history of heart disease/cardiac arrest
- Fainting, a seizure, or convulsions during physical activity

- Fainting or a seizure from emotional excitement or distress, or being startled
- Dizziness or lightheadedness, especially during exertion
- Exercise-induced chest pain
- Palpitations: awareness of the heart beating, especially if associated with other symptoms such as dizziness
- Extreme tiredness or shortness of breath related to exercise
- History of high blood pressure

What would be the risk of neglecting symptoms? Ignoring symptoms and continuing to play/practice could be catastrophic and result in sudden cardiac death. The warning symptoms should be taken seriously and seek timely, appropriate medical care that can prevent serious and possibly fatal consequences. The symptoms can be unclear in student-athletes since people often confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

What are the risks of practicing/playing after experiencing these symptoms? There are risks associated with continuing to practice/play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes.

Removal from play/return to play? Any student-athlete who shows signs or symptoms of SCA before, during, or after activity must be removed from practice/play. Play includes all athletic activities. Before returning to play, the athlete must be evaluated by a licensed physician, certified registered nurse practitioner, or cardiologist (heart doctor). The parent/guardian must provide written clearance from medical personnel for the student-athlete to return.

How can we minimize the risk of SCA and improve outcomes? Medical providers can minimize the risk of SCA by providing appropriate prevention, recognition, and treatment strategies. One important strategy is the requirement for a yearly pre-participation screening evaluation, often called a sports physical, and performed by the athlete's medical provider.

- It is imperative that you carefully and accurately complete the personal history and heart health questions about your family in the "VHSL Athletic Participation/Parental Consent/Physical Examination Form" available at vhsl.org/forms/.

You may visit the following sites for more information:

- American Heart Association heart.org
- Parent Heart Watch parentheartwatch.org
- Sudden Cardiac Arrest Foundation sca-aware.org

Parent/Student Athlete Acknowledgement

The Code of Virginia § 22.1-271.8 requires that in order to participate in any extracurricular physical activity, each student-athlete and the student-athlete's parent/guardian shall review, on an annual basis, the information provided by the local school division on symptoms that may lead to sudden cardiac arrest. After reviewing the materials, each student-athlete and the student-athletes parent/guardian shall sign a statement acknowledging receipt of such information in a manner approved by the Board of Education.

The Code of Virginia § 22.1-271.8 requires that a student-athlete experiencing symptoms that may lead to sudden cardiac arrest be immediately removed from play. A student-athlete who is removed from play shall not return to play until he is evaluated and receives written clearance to return to physical activity by an appropriately licensed health care provider as determined by the Board of Education. The licensed health care provider evaluating student-athletes may be a volunteer.

I have reviewed the Newport News Public Schools Sudden Cardiac Arrest Information Sheet.

Student-Athlete's Printed Name

Student-Athlete's Signature

Date

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date

School

Sport

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

54-3-1 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 region sponsors both a postseason junior varsity and postseason varsity competition/tournament, a player shall be limited to participating in only one of these competitions/tournaments.

Baseball - 21

Basketball - 23

Competition Cheer - 7

Cross Country - 10

Field Hockey - 17

Football - 10

Golf - 12

Gymnastics - 10

Indoor Track - 10

Lacrosse - 15

Soccer - 17

Softball - 21

Swimming - 10

Tennis - 16 Tennis players are limited to three "traditional" matches per day, or four 8- or 10-game "pro-set" matches per day.

Track - 10

Volleyball - 20 dual matches; or 18 duals and 1 invitational tournament; or 16 duals and 2 invitationals. Invitational tournaments may be conducted over no more than two consecutive days. Teams participating in invitational tournaments may play a maximum of 15 sets per tournament.

Wrestling - 12 contest dates, 5 of which could be tournaments (events of more than 4 teams are defined as a tournament). Wrestlers are limited to 6 matches per individual per day or 10 over no more than two days. Each individual is limited to 50 mat appearances prior to the culminating region tournament (or the published VHSL calendar region deadline if no region tournament is held).

28A-2-1 BONA FIDE STUDENT RULE

The student shall be a regular bona fide student in good standing of the school which he/she represents

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 this rule.

28A-4-1 GRADE RULE

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

- (1) Students may compete on the sub-varsity level while in the eighth grade; however, no student below the eighth grade level is eligible to participate in any VHSL interscholastic
- (2) Eighth-grade students may participate in nonathletic events for one year only while in the eighth grade. Such participation does not affect the subsequent eligibility of the student under the Semester Rule.

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-3-1B ENROLLMENT RULE

A student who is enrolled at a VHSL member school (School A) and participates on another school's team (School B) (whether that school is a VHSL member or not) is immediately ineligible and will remain ineligible for 365 days from the date of the last contest at School B.

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 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. The original residence must be abandoned as a residence, that is sold, rented or otherwise disposed of as a residence, and must not be used as a residence by the immediate family. The entire family must make the change and take with them the household goods and furniture appropriate to the circumstances. The change must be made with the intent that it is permanent. The sending and receiving VHSL school principals are required to complete and file the VHSL Transfer Form, acknowledging that to the best of their knowledge the student has met all aspects of the transfer rule or its exceptions. Home instruction does not constitute enrollment in a public school. Homeschooling is a process through which Virginia Code compulsory education requirements may be met, as is private schooling. Homeschooling is the equivalent of school enrollment for Transfer Rule purposes, and determining whether the student has met Scholarship Rule requirements of having passed five academic subjects recognized by the Virginia Department of Education in the most recent prior semester.

28A-7-3 INTERPRETATIONS

- (7) Residence is defined as the domicile of 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 participant 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.

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-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.

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.

27-11-6 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 September 2024

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

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) MUST BE A BODILY INJURY DUE TO AN ACCIDENT.					
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.	
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

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. 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.

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 II Academic Standards

Division II schools require you to meet academic standards. To be eligible to practice, compete and receive an athletics scholarship in your first year of full-time enrollment, you must meet the following requirements:

1. Earn 16 NCAA-approved core-course credits in the following areas:

ENGLISH	MATH (Algebra I or higher)	SCIENCE (Including one year of lab, if offered)	EXTRA (English, math or science)	SOCIAL SCIENCE	OTHER Any area listed to the left or courses listed in additional discipline (world language, comparative religion or philosophy)
3 years	2 years	2 years	3 years	2 years	4 years

2. Earn a minimum 2.2 **core-course GPA**.
3. Ask your high school counselor to upload your **final official transcript** with proof of graduation to your Eligibility Center account.

EARLY ACADEMIC QUALIFIER

If you meet **specific criteria** after six semesters of high school, you may be deemed an early academic qualifier for Division II and may practice, compete and receive an athletics scholarship during your first year of full-time enrollment.

QUALIFIER

You may practice, compete and receive an athletics scholarship during your first year of full-time enrollment.

PARTIAL QUALIFIER

You may practice and receive an athletics scholarship but may NOT compete during your first year of full-time enrollment.



DIVISION II

MAKE IT *YOURS*



ELIGIBILITY CENTER

GRADE
9
REGISTER

- » If you haven't yet, **register** for a free Profile Page account at eligibilitycenter.org for information on NCAA initial-eligibility requirements.
- » Use NCAA Research's **interactive map** to help locate NCAA schools you're interested in attending.
- » Find your high school's list of NCAA-approved core courses at eligibilitycenter.org/courselist to ensure you're taking the right courses, and earn the best grades possible!

GRADE
10
PLAN

- » If you're being actively recruited by an NCAA school and have a Profile Page account, **transition** it to the required **certification account**.
- » Monitor the **task list** in your NCAA Eligibility Center account for next steps.
- » At the end of the school year, ask your high school counselor from each school you attend to upload an official transcript to your Eligibility Center account.
- » If you fall behind academically, ask your high school counselor for help finding **approved courses** you can take.

GRADE
11
STUDY

- » Ensure your **sports participation** information is correct in your Eligibility Center account.
- » Check with your high school counselor to make sure you're on track to complete the required number of NCAA-approved **core courses**.
- » Share your **NCAA ID** with NCAA schools recruiting you so each school can place you on its **institutional request list**.
- » At the end of the school year, ask your high school counselor from each school you attend to upload an official transcript to your Eligibility Center account.

GRADE
12
GRADUATE

- » **Request your final amateurism certification** beginning April 1 (fall enrollees) or Oct. 1 (winter/spring enrollees) in your Eligibility Center account at eligibilitycenter.org.
- » Apply and be accepted to the NCAA school you plan to attend.
- » Complete your final NCAA-approved **core courses** as you prepare for graduation.
- » After you graduate, ask your high school counselor to upload your final **official transcript** with proof of graduation to your Eligibility Center account.

How to plan your high school courses to meet the 16 core-course requirement:

$$4 \times 4 = 16$$

9th GRADE

(1) English
(1) Math
(1) Science
(1) Social Science and/or other

4 CORE COURSES

10th GRADE

(1) English
(1) Math
(1) Science
(1) Social Science and/or other

4 CORE COURSES

11th GRADE

(1) English
(1) Math
(1) Science
(1) Social Science and/or other

4 CORE COURSES

12th GRADE

(1) English
(1) Math
(1) Science
(1) Social Science and/or other

4 CORE COURSES

CONTACT THE NCAA ELIGIBILITY CENTER

U.S. and Canada (except Quebec):
877-262-1492 (toll free), Monday-Friday
9 a.m. to 5 p.m. Eastern time
International (including Quebec):
on.ncaa.com/IntlContact



[@ncaaec](https://twitter.com/ncaaec) [@ncaaec](https://www.youtube.com/channel/UCncaaec) [@ncaaec](https://www.facebook.com/ncaaec) [@playcollegesports](https://www.instagram.com/playcollegesports)



ELIGIBILITY CENTER

Division I Academic Standards

Division I schools require you to meet academic standards. To be eligible to practice, compete and receive an athletics scholarship in your first year of full-time enrollment, you must meet the following requirements:



DIVISION I

1. Earn 16 NCAA-approved core-course credits in the following areas:

ENGLISH	MATH (Algebra I or higher)	SCIENCE (Including one year of lab, if offered)	EXTRA (English, math or science)	SOCIAL SCIENCE	OTHER Any area listed to the left or courses listed in additional discipline (world language, comparative religion or philosophy)
4 years	3 years	2 years	1 year	2 years	4 years

2. Complete your 16 NCAA-approved core-course credits in eight academic semesters or four consecutive academic years from the start of ninth grade. If you graduate from high school early, you still must meet core-course requirements.
3. Complete 10 of your 16 NCAA-approved core-course credits, including seven in English, math or science, before the start of your seventh semester. Once you begin your seventh semester, any course needed to meet the 10/7 requirement cannot be replaced or repeated.
4. Earn a minimum 2.3 **core-course GPA**.
5. Ask your high school counselor to upload your **final official transcript** with proof of graduation to your Eligibility Center account.

EARLY ACADEMIC QUALIFIER

If you meet **specific criteria** after six semesters of high school, you may be deemed an early academic qualifier for Division I and may practice, compete and receive an athletics scholarship during your first year of full-time enrollment.

QUALIFIER

You may practice, compete and receive an athletics scholarship during your first year of full-time enrollment.

ACADEMIC REDSHIRT

You may practice during your first regular academic term and receive an athletics scholarship during your first year of full-time enrollment but may NOT compete during your first year of full-time enrollment. You must pass either eight quarter or nine semester hours to practice in the next term.

NONQUALIFIER

You will not be able to practice, compete or receive an athletics scholarship during your first year of full-time enrollment.



ELIGIBILITY CENTER

GRADE
9
REGISTER

- » If you haven't yet, **register** for a free Profile Page account at eligibilitycenter.org for information on NCAA initial-eligibility requirements.
- » Use NCAA Research's **interactive map** to help locate NCAA schools you're interested in attending.
- » Find your high school's list of NCAA-approved core courses at eligibilitycenter.org/courselist to ensure you're taking the right courses, and earn the best grades possible!

GRADE
10
PLAN

- » If you're being actively recruited by an NCAA school and have a Profile Page account, **transition** it to the required **certification account**.
- » Monitor the **task list** in your NCAA Eligibility Center account for next steps.
- » At the end of the school year, ask your high school counselor from each school you attend to upload an official transcript to your Eligibility Center account.
- » If you fall behind academically, ask your high school counselor for help finding **approved courses** you can take.

GRADE
11
STUDY

- » Ensure your **sports participation** information is correct in your Eligibility Center account.
- » Check with your high school counselor to make sure you're on track to complete the required number of NCAA-approved **core courses** and graduate on time with your class.
- » Share your **NCAA ID** with NCAA schools recruiting you so each school can place you on its **institutional request list**.
- » At the end of the school year, ask your high school counselor from each school you attend to upload an official transcript to your Eligibility Center account.

GRADE
12
GRADUATE

- » **Request your final amateurism certification** beginning April 1 (fall enrollees) or Oct. 1 (winter/spring enrollees) in your Eligibility Center account at eligibilitycenter.org.
- » Apply and be accepted to the NCAA school you plan to attend.
- » Complete your final NCAA-approved **core courses** as you prepare for graduation.
- » After you graduate, ask your high school counselor to upload your final **official transcript** with proof of graduation to your Eligibility Center account.

How to plan your high school courses to meet the 16 core-course requirement:

$$4 \times 4 = 16$$

9th
GRADE

(1) English
(1) Math
(1) Science
(1) Social Science
and/or other

4 CORE COURSES

10th
GRADE

(1) English
(1) Math
(1) Science
(1) Social Science
and/or other

4 CORE COURSES

11th
GRADE

(1) English
(1) Math
(1) Science
(1) Social Science
and/or other

4 CORE COURSES

12th
GRADE

(1) English
(1) Math
(1) Science
(1) Social Science
and/or other

4 CORE COURSES

CONTACT THE NCAA ELIGIBILITY CENTER

U.S. and Canada (except Quebec):

877-262-1492 (toll free), Monday-Friday

9 a.m. to 5 p.m. Eastern time

International (including Quebec):

on.ncaa.com/IntlContact



@ncaaec @ncaaec @ncaaec @playcollegesports



ELIGIBILITY CENTER

Forms for Parents to Complete and Return to the School

SEND NOTIFICATION FORM TO:

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

NOTIFICATION OF INJURY

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.) MUST BE A BODILY INJURY DUE TO AN ACCIDENT.					
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	
a) while the claimant was supervised?		<input type="checkbox"/>	<input type="checkbox"/>	6C. Name of Activity	
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"/>	6D. Name and Title of Supervisor	
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

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. 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.

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

Page 1 of 4

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 AFTER being hit or falling?	<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"/>				
HEART HEALTH QUESTIONS ABOUT YOU			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"/>				
			38. Are you trying to or has anyone recommended that you gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>				
			39. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>				
			40. Have you ever had an eating disorder?	<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"/>				
			42. Allergies to food or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>				
			43. Have you ever had a COVID-19 diagnosis? Date: _____	<input type="checkbox"/>	<input type="checkbox"/>				
			44. What is the date of your last Tdap or Td (tetanus) immunization? (circle type) Date: _____						
14. Do you get light-headed or feel shorter of breath than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	FEMALES ONLY		YES	NO			
15. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	45. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>				
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY			46. Age when you had your first menstrual period: _____						
16. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	47. Number of periods in the last 12 months: _____						
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"/>	48. When was your most recent menstrual period? _____						
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"/>	EXPLAIN "YES" ANSWERS BELOW						
			#	>>					
			#	>>					
			#	>>					
			#	>>					
19. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	<input type="checkbox"/>	<input type="checkbox"/>	#	>>					
BONE AND JOINT QUESTIONS			#	>>					
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"/>	#	>>					
21. Do you currently have a bone, muscle or joint injury that bothers you?	<input type="checkbox"/>	<input type="checkbox"/>	List medications and nutritional supplements you are currently taking here:						
MEDICAL QUESTIONS								YES	NO
22. Do you cough, wheeze or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>							
23. Do you have asthma or use asthma medicine (inhaler, nebulizer)?	<input type="checkbox"/>	<input type="checkbox"/>							

→ 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 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.



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

Revised 5/09



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