Westpine Middle School  
*HOME OF THE PANTHERS*

**ATHLETIC PARTICIPATION PACKET**

In order to participate in Athletics, each student athlete must submit the following COMPLETED information:

- Student Information Form
- Field Trip Authorization Form
- Sportsmanship Policy (signed by student athlete AND parent/guardian)
- School Health Entry Form (completed no more than 12 months before the season starts)
- MSAA Parental Permission and Insurance Statement (MUST BE NOTARIZED)
- Copy of VALID insurance card

**SUBMIT COMPLETED PACKETS TO MRS. HOWARD IN THE FRONT OFFICE**

NO STUDENT ATHLETE WILL BE PERMITTED TO TRY-OUT, CONDITION, PRACTICE, OR COMPETE IN ANY ATHLETIC ACTIVITY UNTIL ALL OF THE ABOVE REQUIREMENTS ARE MET.

A PERMISSION TO PARTICIPATE CARD WILL BE GIVEN TO THE STUDENT ATHLETE TO PRESENT TO THE COACH PRIOR TO THE PARTICIPATION IN ANY ATHLETIC TRY-OUT, PRACTICE, OR EVENT.

**INCOMPLETE PACKETS WILL NOT BE ACCEPTED!**
WESTPINE ATHLETICS

SOCCER
Season Starts: AUGUST

Cross Country

Golf
Season Starts: AUGUST

Cheerleading
Season Starts: SEPTEMBER

BASKETBALL
Season Starts: SEPTEMBER

VOLLEYBALL
Season Starts: NOVEMBER

FLAG FOOTBALL
Season Starts: JANUARY

Track & Field
Season Starts: FEBRUARY

A Student Physical OR School Entry Health Form completed no more than 12 months before season starts is **REQUIRED** to try out

Westpine MS Athletics (@WPMSAthletics)

@WPMSAthletics
Westpine Middle School
HOME OF THE PANTHERS

STUDENT INFORMATION FORM

Please print clearly in ink

Student Info
Student Athlete Name ____________________________________ Grade ________

Student # __________________________ Date of Birth ________________________

Home Address ___________________________________________ Apt. # _______

City, Zip __________________________ Student Phone # ______________________

☐ Soccer ☐ Golf ☐ Cross Country ☐ Basketball ☐ Cheerleading ☐ Volleyball

☐ Flag Football ☐ Track & Field

Parent/Guardian Info
Parent/Guardian Name ____________________________________________

Parent/Guardian Phone # ____________________________________________

Parent/Guardian E-mail ____________________________________________

Please indicate if you are available to assist the Athletic Department as a parent volunteer (i.e. concession stand duty, game day volunteers, fundraising, etc.):

☐ I AM interested in volunteering to assist the Athletic Department
☐ I AM NOT interested in volunteering to assist the Athletic Department

If you are available, please list the days/times of your availability:

☐ Mondays ☐ Tuesdays ☐ Wednesdays ☐ Thursdays ☐ Fridays ☐ Weekends

☐ Mornings ☐ Afternoons ☐ Evenings

Media Release
Please check one:

☐ I WILL permit my child to be photographed, videotaped, and/or interviewed for school publications, such as school yearbooks, school newspapers, class pictures, school and/or District websites, social media, BECON TV, or for other communication tools by Broward County Public Schools and its approved vendors. I understand the District may be required to release this information if requested by the media or other members of the public (i.e. public records request).

☐ I WILL NOT permit my child to be photographed, videotaped, and/or interviewed for school publications, such as school yearbooks, school newspapers, class pictures, school and/or District websites, social media, BECON TV, or for other communication tools by Broward County Public Schools and its approved vendors.
Westpine Middle School
HOME OF THE PANTHERS

FIELD TRIP AUTHORIZATION FORM

Student Athlete Name ____________________________ Grade ______

Completion of this form grants permission for your student athlete to participate in Westpine Middle School Intramural Athletic activities (try-outs, practices, and meets). Students will be transported to all games and meets via a SCHOOL BUS.

Students that attend athletic activities must provide their own transportation home. Please indicate your preferred method of transportation below:

☐ Walker/Biker
☐ Car Rider
☐ YMCA

EMERGENCY CONTACT INFO

In case of an emergency, I may be reached at:

______________________________  __________________________
Parent/Guardian Name  Cell Phone

In the event I cannot be reached, please contact:

______________________________  __________________________
Parent/Guardian Name  Cell Phone

HEALTH/ACCIDENT INSURANCE INFO

My child is covered by twenty-four (24) hour student accident insurance or family insurance:

Insurance Company ____________________________ Policy Number _____________

Please attach a copy of your family insurance card

Health insurance is required for participation in intramural activities. If you do not have family coverage, please visit www.schoolinsuranceofflorida.com (starting at $9.00 for the year)

NOTE: If, during any athletic event, your child commits any act that results in being detained by a branch of law enforcement, it is the responsibility of the parent/guardian to arrange for release of the child.

______________________________  __________________________
Parent/Guardian Signature  Date
Westpine Middle School
HOME OF THE PANTHERS

SPORTSMANSHIP POLICY

Westpine Middle School is committed to a spirit of good sportsmanship as a means to achieve exemplary
citizenship and to enhance the image of our school community among students, patrons, and guests of our
district. To enhance and promote sportsmanship and citizenship goals, all student athletes, sponsors and fans
representing our school are expected to display exemplary levels of sportsmanship during all school-sponsored
events and activities.

OBJECTIVES OF STUDENT’S PARTICIPATION IN THE ATHLETIC PROGRAMS

Each student athlete in the WESTPINE MIDDLE SCHOOL athletic program is expected to:

**On the field/court:**
1. Be gracious and courteous regardless of whether he/she wins or loses.
2. Abstain from the use of illegal tactics.
3. Abstain from the use of profanity.
4. Abstain from displaying fits of temper, clowning, or other inappropriate behavior.
5. Cooperate with officials, coaches, and fellow athletes.

**At school:**
1. Maintain a 2.0 GPA
2. Pay respectful attention to classroom activities.
3. Show respect for other students.
4. Avoid horseplay and unnecessary boisterousness.
5. Maintain good attendance record.

**In the school building and on the school grounds:**
1. Conduct himself or herself so as to provide positive role models for other students.
2. Being respectful to himself/herself and the team he/she represents.
3. Use school equipment with respect and care.
4. Respect the property of others.

**REPRESENT WESTPINE MIDDLE SCHOOL WITH HONOR!**

**STUDENT ATHLETE EXPECTATIONS**

1. Student athletes are expected to be at all team practices ON TIME. A student should always consult his/her
coach before missing practice. Missing practice or a game without approval is unacceptable.

2. Student athletes are expected to treat all equipment as if it were his/her own. Each student is financially
responsible for all equipment and uniforms that are checked out to him/her and will not be allowed to
participate in another sport until the obligation is cleared (or item is returned).

3. Student Athletes are expected to conduct themselves in a reasonable, responsible manner in keeping with
the School Board of Broward County Code of Conduct.

4. Student athletes are expected to remain on a team until all contests are completed (including playoffs and
championships). Dropping out of a sport is a serious matter. No student should quit a team without first
consulting with his/her coach and/or the Athletic Director explaining his/her intentions. Any athlete leaving a
team voluntarily or being removed from a team will not be permitted to participate in another sport or
condition using athletic equipment without specific permission from the Athletic Director.
5. Student athletes must have a completed Athletic Participation Packet approved by the Athletic Director BEFORE participating in the athletic program in ANY capacity. This includes try-outs, conditioning, practices, or contests. The student will be issued a clearance card to present to the coach when Athletic Participation Packet has been approved.

6. Student athletes are to be dressed in the official team uniform when representing Westpine Middle School in a contest. Deviations from or additions to the uniform are not permitted.

7. Players and coaches are expected to travel as a team to and from all contests except in the case of emergency (injury or illness) or if special prior arrangements are made.

8. Student athletes are expected to attend and participate in all classes and put forth their best effort at all times.

9. If a student athlete is injured during a practice or a game, he/she should inform the coach/trainer IMMEDIATELY. This especially pertains to dizziness or not feeling well that may not be immediately visibly noted by a coach. Please DO NOT wait until getting home.

**PENALTIES**

First Infraction – WARNING, Phone call to parent
Second Infraction – 2 game Suspension
Third Infraction – Removal from team

**APPEALS**

If a student athlete suspended by a coach wishes to appeal the suspension, he/she must notify the Athletic Director to set up a meeting with the Athletic Rules Committee. The Committee is made up of the Principal (and/or designee), and the Athletic Director. The coach, athlete and parent/guardian will be present for appeal, as necessary.

**COACHES DISCRETION**

A coach may, if he/she desires, add to the above additional training rules and regulations and additional penalty at their discretion. These additional guidelines will be made available to athletes and parents for that sport.

**ADDITIONAL INFORMATION**

If you have additional questions, regarding participation guidelines, feel free to contact the Athletic Director, Precious Howard, at 754-322-4950 or Precious.Howard@browardschools.com.

**ACKNOWLEDGEMENT OF SPORTSMANSHIP POLICY**

I have read, understand, and agree to comply with the above rules of conduct and ethics as required as a member of the WESTPINE MIDDLE SCHOOL Athletic Program.

<table>
<thead>
<tr>
<th>Student Name (print)</th>
<th>Student Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian Name (print)</th>
<th>Parent/Guardian Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# STATE OF FLORIDA

**School Entry Health Exam**

**To Parent/Guardian:** Please complete and sign Part I — Child's Medical History.

State law for school entry requires a health examination by a legally qualified professional. Additional requirements may be determined by local school districts.

**Name of Child (Last, First, Middle)**

<table>
<thead>
<tr>
<th>Birth Date</th>
<th>Sex</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address (Street)</th>
<th>School</th>
</tr>
</thead>
</table>

| City and ZIP Code | Home Telephone Number | Parent/Guardian (Last, First, Middle) |

**PART I — CHILD'S MEDICAL HISTORY**

**To Parent/Guardian:** Please check answers to questions 1 through 8 below in the column on the left.

(please explain any “Yes” answers in the space provided below.)

1. **Yes** [ ] **No** [ ] Any concerns about general health (eating and sleeping habits, weight, etc.)?
2. **Yes** [ ] **No** [ ] Any other specific illness or social/mental or behavioral problems?
3. **Yes** [ ] **No** [ ] Any allergies (food, insects, medication, etc.)?
4. **Yes** [ ] **No** [ ] Any prescription medication (daily or occasionally)?
5. **Yes** [ ] **No** [ ] Any problems with vision, hearing, or speech (glasses, contacts, ear tubes, hearing aids)?
6. **Yes** [ ] **No** [ ] Any hospitalization, operation, or major illness (specify problem)?
7. **Yes** [ ] **No** [ ] Any significant injury or accident (specify problem)?
8. **Yes** [ ] **No** [ ] Would you like to discuss anything about your child’s health with a school nurse?

**To Parent/Guardian:** Please explain any “Yes” answers from above.

---

I am the parent/guardian of the child named above. I give permission for the information on PARTS I and II of this form provided about my child to be reviewed and utilized only by the staff of this school and any school health personnel providing school health services in the district for the limited purpose of meeting my child’s health and educational needs.

[ ]

**Signature of Parent/Guardian**

**Date**

---

**Partnership for School Readiness Recommendations for Prekindergarten and Kindergarten**

**To Parent/Guardian:** Please obtain the services listed below in order to find any problems. Please work with your health care provider to correct or treat any problems that may reduce your child’s ability to learn in school. (These services are recommended but not required.)

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Comprehensive Vision Examination</td>
<td></td>
</tr>
<tr>
<td>Date of Exam:</td>
<td></td>
</tr>
<tr>
<td>Results of Exam:</td>
<td></td>
</tr>
<tr>
<td><strong>Health Care Provider:</strong></td>
<td></td>
</tr>
<tr>
<td>(check one) Optometrist □ Ophthalmologist □</td>
<td></td>
</tr>
<tr>
<td>2. Comprehensive Dental Examination</td>
<td></td>
</tr>
<tr>
<td>Date of Exam:</td>
<td></td>
</tr>
<tr>
<td>Results of Exam:</td>
<td></td>
</tr>
<tr>
<td><strong>Dentist:</strong></td>
<td></td>
</tr>
<tr>
<td>3. Hearing Screening</td>
<td></td>
</tr>
<tr>
<td>Date of Exam:</td>
<td></td>
</tr>
<tr>
<td>Results of Exam:</td>
<td></td>
</tr>
<tr>
<td><strong>Health Care Provider:</strong></td>
<td></td>
</tr>
</tbody>
</table>

Please describe any corrective action for any problems detected and any accommodations required.
PART II — MEDICAL EVALUATION

To be completed and signed by the Health Care Provider ONLY:
The child named above has had a complete history and physical exam on the following date:
(Exam must be within one year of enrollment)

Screening Results:

<table>
<thead>
<tr>
<th>Height:</th>
<th>Weight:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision - Without Glasses</td>
<td>Right 20/___</td>
</tr>
<tr>
<td>Vision - With Glasses</td>
<td>Right 20/___</td>
</tr>
<tr>
<td>BMI%:</td>
<td>Passed</td>
</tr>
<tr>
<td>B/P:</td>
<td>Hearing - Right</td>
</tr>
<tr>
<td>Hct/Hgb:</td>
<td>Passed</td>
</tr>
<tr>
<td>Head:</td>
<td>Urinalysis:</td>
</tr>
<tr>
<td>Gross dental (teeth and gums)</td>
<td>Normal</td>
</tr>
<tr>
<td>Head/scalp/skin</td>
<td>Normal</td>
</tr>
<tr>
<td>Eyes/Ears/Nose/Throat</td>
<td>Normal</td>
</tr>
<tr>
<td>Chest/Lungs/Heart</td>
<td>Normal</td>
</tr>
<tr>
<td>Abdomen</td>
<td>Normal</td>
</tr>
<tr>
<td>Postural assessment</td>
<td>Normal</td>
</tr>
</tbody>
</table>

TB risk assessment done [ ] (Please review Targeted Testing Guidelines listed below.)

This child has the following problems that may impact the educational experience:

- Vision
- Hearing
- Speech/Language
- Physical
- Social/Behavioral
- Cognitive

Specify:

[ ] This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below.
(This form will be stored in the child's Cumulative Health Folder and may be accessed by both school and health personnel.)

Recommendations (Attach additional sheet if necessary):

(Please Check One)

[ ] This child may participate fully in school activities including physical education.
[ ] This child may participate in school activities including physical education with the following restriction/adaptation.

(Specify reason and restriction)

Signature/Title of Health Care Provider | Date | Address (Please print or stamp)

[ ]

Name (Please print or stamp)

---

Tuberculosis Targeted Testing Guidelines for Health Care Providers

**Tuberculosis Infection Risk:**
Review the following risks and administer a Mantoux TB skin test if child is in one or more categories. The TB test is administered confidentially as part of the health examination. Do not record administration of any TB test or related information on this form.

- Recent immigrant (< 5 years), frequent visitor to TB endemic areas
- Close contact to active TB case
- Frequent contact with adults at high-risk for disease, HIV+, homeless, incarcerated, illicit drug user
- HIV+ or have other medical conditions that increase the risk to progress from infection to disease, e.g., chronic renal failure, diabetes, hematologic or any other malignancy, weight loss > 10% of ideal body weight, on immunosuppressive medications

**Active TB Disease Risk:**

- Does the child exhibit signs/symptoms of tuberculosis (e.g. cough for three weeks or longer, weight loss, loss of appetite)?
- If symptoms are present, work-up or refer for TB disease evaluation.

DH3040-CHP-07/2013
MSAA INTERSCHOLASTIC SPORTS
PARENTAL PERMISSION AND INSURANCE STATEMENT

TO: Christopher D. Johnson, Principal
Westpine Middle School School

PART I

I, __________________________ (Parent or Guardian), hereby grant permission
for my son/daughter __________________________, (Birthdate: Mo. ___________
Day ___________ Year ___________), to participate in interscholastic sports during the
_________________________ school year.

(Please circle the sports in which your son/daughter MAY NOT participate.)
Soccer, Basketball, Flag Football, Volleyball, Track

My son/daughter has been examined by a physician and is physically qualified to participate in the sports stated above.

I authorize my child to accompany the school team, of which he or she is a member, on any of its local or out of town trips; also: I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for my child as a result of game participation.

We have accident insurance with __________________________ (Name of Insurance Company) which will cover my son/daughter in the event of an interscholastic sport injury as required by School Board Policy #5304. I will assume responsibility for payment of doctor and hospital bills for treatment of any injury my son/daughter might suffer while participating in athletic activities. If any change occurs in this policy, it is the responsibility of the parent to notify the School Principal or Athletic Director.

A photocopy of the front of the insurer’s policy card is attached.

(Signed) ____________________________________________
Parent or Guardian

******************************************************************************

NOTE

STATE OF FLORIDA
COUNTY OF __________________________
Sworn to and subscribed before me

A COPY OF VALID INSURANCE I.D. CARD MUST BE ATTACHED TO
THIS FORM

this ___________ day of __________, 20________

______________________________
Notary Public

******************************************************************************

PART II

INSTRUCTIONS TO PARENT OR GUARDIAN

1. Complete, sign and have the document notarized.