

# Jamesville-DeWitt Interscholastic Athletics

Athletic Handbook



Mr. John Goodson  
Director

Check our website at

[www.jamesvilledewitt.org/athletics](http://www.jamesvilledewitt.org/athletics)

for

Sport Schedules/Rosters on Schedule Galaxy

Documents: NYSPHSAA Concussion, Upstate Concussion, MRSA  
Guides

Email Blast Sign Up

Register - Family ID Link

Directions: Opponents, JD Facilities

Sport Offerings, Registration Dates

Booster Club Links

Fall Sport Teams Summer Letters

Downloads: Athletic Handbook, Coaches, Surveys, A.P.P Parent  
Packet

Revised July 2019

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# Jamesville-DeWitt Red Rams

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Mr. John C. Goodson  
Director of HPE/Athletics  
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Dear Parents and Athletes,

We would like to take this opportunity to welcome you to Jamesville DeWitt Central Schools Interscholastic Athletic Program. It is the hope of the Board of Education and the Athletic Department that we can offer a distinct program that will meet the needs of the students and promote their optimum physical, mental, social and moral development.

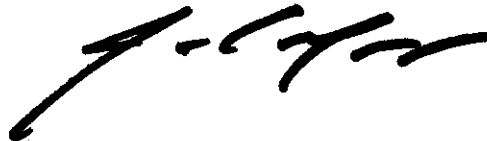
The Department of Physical Education and Athletics offers twenty-eight (28) varsity sports encompassing seventy-three (73) teams of interscholastic competition for boys and girls from grades 7-12. We are governed by the regulations established by the Commissioner of Education, New York State Public High School Athletic Association, Section III, Salt City Athletic Conference (SCAC), as well as our local Jamesville-DeWitt Board of Education.

The Jamesville-DeWitt District is a member of the New York State Public High School Athletic Association, competing in Section III. Currently we compete in the Empire Division of the Salt City Athletic Conference (SCAC) in most sports.

This guide will provide you needed information concerning many areas of our interscholastic program. The administration and coaches are here to offer a distinctive program in a positive and nurturing learning environment.

Thank you and best of luck this season.

Yours in athletics,



Mr. John C. Goodson  
Director of Health, Physical Education and Athletics  
Jamesville-DeWitt School District

## **THE ROLE OF THE PARENT IN SCHOOL SPORTS**

A very important goal of high school athletics should be to make the athletic experience a positive one for the athletes, the parents, and those who choose to watch our teams perform. To achieve that goal we must all work together to support the following ideals:

1. As a parent I recognize that it is vital that I support the efforts and decisions of the coaching staff.
2. As a parent I also recognize the importance of being a positive role model.  
Therefore, I agree to conduct myself in a manner consistent with the dictates of good sportsmanship at all contests, both at J-D as well as opposing school sites. I agree to cheer in a positive fashion for outstanding play and will refrain from criticizing the efforts of the officials, the players, (both teams), and the decisions made by the coaches.
3. Attendance at practice is a priority for all team members. As a parent/guardian of a team member I will make every attempt to assure that my child will be able to attend all practices and contests.
4. I will support and endorse all the rules, policies and procedures discussed in the rest of this handbook.

In the event that there is a question concerning your child's role, first encourage the child to communicate honestly, politely, and openly with the coach in a private setting. Parents who find it necessary to voice concerns should communicate with the coach in a respectful, timely, and private setting, but never immediately after a game when emotions are high.

## **CODE OF ETHICS**

The staff assigned to the interscholastic athletic program of our school subscribes to the following Code of Ethics as recommended by the N.Y.S.P.H.S.A.A.

1. To emphasize the proper ideals of sportsmanship, ethical conduct and fair play.
2. To eliminate all possibilities which tend to destroy the best values of the game.
3. To stress the values derived from playing the game fairly.
4. To show courtesy to visiting teams and officials.
5. To establish a happy relationship between visitors and hosts.
6. To respect the integrity and judgment of sports officials.
7. To achieve a thorough understanding and acceptance of the rules of the game and the standards of eligibility.
8. To encourage leadership, use of initiative and good judgment by the players on the team.
9. To recognize that the purpose of athletics is to promote the physical, mental, moral, social and emotional well-being of the individual players.

10. To remember that an athletic contest is only a game - not a matter of life or death for player, coach, school, official, fan, community, state or nation.

### **JAMESVILLE-DEWITT SPORTS OFFERINGS**

#### **Fall Season**

Boys Football - Varsity, Junior Varsity, MS (7th & 8th grade) Red, White  
Boys Soccer - Varsity, Junior Varsity, MS (7th & 8th grade) Red, White  
Girls Soccer - Varsity, Junior Varsity, MS (7th & 8th grade) Red, White  
Girls Gymnastics - Varsity only  
Girls Swimming - Varsity, MS (7th & 8th grade)  
Girls Tennis - Varsity & Junior Varsity  
Girls and Boys Cross Country - Varsity, MS (7th & 8th grade)  
Fall Cheerleading - Varsity, Junior Varsity  
Boys Golf - Varsity only  
Girls Volleyball - Varsity, Junior Varsity  
Boys Volleyball - Varsity, Junior Varsity

#### **Winter Season**

Boys Basketball - Varsity, JV, 9th, MS (7th and 8th Grade) Red, White  
Girls Basketball - Varsity, JV, 9th Grade, MS (7th and 8th Grade) Red, White  
Girls Volleyball - MS 8<sup>th</sup> Grade, 7<sup>th</sup> Grade  
Boys Volleyball - MS (7th and 8th grade)  
Boys and Girls Indoor Track - Varsity only  
Boys Swimming - Varsity, MS (7th and 8th grade)  
Winter Cheerleading - Varsity, Junior Varsity  
Boys Ice Hockey - Varsity only  
Boys Wrestling - Varsity, Junior Varsity and MS (7<sup>th</sup> & 8<sup>th</sup> Grade)

#### **Spring Season**

Boys Baseball - Varsity, Junior Varsity, MS (7th & 8th grade) Red, White  
Girls Softball - Varsity, Junior Varsity, MS (7th & 8th grade) Red, White  
Boys Lacrosse - Varsity, Junior Varsity, MS (7th & 8th grade) Red, White  
Girls Lacrosse - Varsity, Junior Varsity, MS (7th & 8th grade) Red, White  
Boys Track and Field - Varsity, MS (7th & 8th grades)  
Girls Track and Field - Varsity, MS (7th & 8th grades)  
Boys Tennis - Varsity, Junior Varsity  
Girls Golf - Varsity only

### **SPECIALIZATION**

It is the philosophy of the Jamesville-DeWitt athletic program to encourage student participation in a number of sports, co-curricular activities, and clubs. Student specialization in one sport year round goes against the District philosophy of developing well-rounded individuals. Multi-sport athletes are given preference in the selection process for all school awards.

## **SPORTS PHYSICALS**

Sports physicals will be given and approved by our school doctor or the athlete's own physician before a student is allowed to practice or participate in a game. The sports physical is good for one calendar year and is valid through the end of that sport season.

All athletes who are seen by a doctor for an injury or illness must be released (signed statement) by that doctor and approved by our athletic trainer in order to resume participation with their team. The doctor release must be filed with our school nurse.

## **ISSUANCE OF SCHOOL CLOTHING AND EQUIPMENT**

It is the responsibility of the athlete to return to the coach all clothing and equipment issued to that student. Failure to do this will result in the athlete paying for the missing articles. Athletes not paying for the missing articles will forfeit their eligibility for any certificate, pin, or letter, and may not participate in the next sport season. A list of all violators will be sent to the Director of Athletics and forwarded to the building principal involved.

### **WASHING INSTRUCTIONS FOR ALL UNIFORMS:**

1. Use a liquid soap -- do **not** use powder soap
2. Wash in cold water
3. Hang to dry -- do **not** put in a dryer
4. **Do not dry clean!**

## **RISK FACTOR IN SPORTS**

Participation in sports involves a certain degree of risk for injury. Before going out for a team, we want you to be aware of the risk so you will be better able to reduce your chances for injury. Pre-season conditioning, learning the skills and techniques, and knowledge of rules and safety factors will help you have a healthy season.

## **J-D ACADEMIC ELIGIBILITY POLICY FOR STUDENTS GRADES 9-12**

### **Eligibility Policy - Athletics/Extra Curricular Activities**

#### **High School Eligibility Requirements:**

To participate in any extracurricular activities that are not credit bearing or to access senior privileges, a student must meet the following requirements:

- A student must be passing four (4) credit-bearing courses plus physical education as of the most recent report card (incompletes are not passing grades),

- A student planning to graduate within the current school year must be passing all courses necessary for graduation.

**Penalties:**

A student who does not meet the eligibility requirements is considered to be on academic probation for the remainder of the marking period:

- A. Would not be allowed to participate in any extra-curricular activities, including athletics, clubs, or class activities, for a period of one week (one week equals 5 school days and intervening weekends) *beginning the Monday after the report cards are distributed*. After the first week of ineligibility, a student may practice with his or her team or performance. He or she may also attend regular meetings of their club or class.
- B. Will not be able to participate in games, performances, club, or class activities (i.e. Senior Showcase, special trips, etc) for a total of two calendar weeks *from the beginning of the ineligibility period*.
- C. Juniors will lose their driving privileges for two weeks *from the beginning of the ineligibility period*.
- D. Seniors will lose their senior privileges such as driving, early dismissal, and senior study hall for a full two weeks *from the beginning of the ineligibility period*.

**Academic Probation**

The student must complete the following “probation program” in order to be reinstated after two weeks:

1. Meet with her or his administrator or counselor to develop a plan to attend extra-help sessions during each activity period.
2. Attend extra help sessions during activity period with the assigned teacher for the entire marking period.
3. The student must hand in a completed weekly progress sheet to their administrator at the end of each week by 2:30.
4. Ineligible students are considered to be on “academic probation” until the next report card.
5. After the first two weeks of ineligibility, ineligible students are mandated to continue the “probation program” until the next marking - period.
6. During the Probationary Period, students must be passing 4 classes plus physical education for that marking period. Seniors must be passing all required courses.

**J-D MIDDLE SCHOOL EXTRACURRICULAR ELIGIBILITY POLICY**

Students are expected to maintain passing grades and abide by the middle school code of conduct. Middle school students who fall below acceptable standards will be notified by

the principal and/or their counselor. Parents will also be notified by school personnel. Students will be given a reasonable amount of time to show improvement. An individualized plan to remediate the situation will be developed by the teacher(s), counselor and coach (or club advisor.) If any of the above feel the student is not making an effort to improve, the student may be suspended from participation until it is determined that adequate progress has been made.

In addition, club advisors and coaches may monitor student progress and limit participation opportunities accordingly.

### **TRANSPORTATION**

Athletes will be transported to away contests and to practices held outside of the district by school authorized vehicles only. Only the Building Principal or Director of Athletics may authorize exceptions to this part of the policy and they must be handled in advance of the trip during regular business hours.

Athletes must return to the District on school authorized vehicles. The only exception would be those athletes who leave a contest with their own legal guardian. The parent or legal guardian must sign a permission slip before taking the athlete. Notes to ride home with individuals other than legal guardians cannot be accepted.

### **ATHLETIC AWARD SYSTEM**

- A. A **Certificate** will be awarded at the conclusion of the season to each athlete who finishes the season in good standing. The certificate is symbolic of the effort, dedication, and contribution necessary to complete a sport season. An athlete can earn a Middle School Certificate, Junior Varsity Certificate, and Varsity Letter Certificate.
- B. One **varsity letter** is issued to a student for his/her high school career in all varsity sports. It will be issued the first time an athlete earns a varsity letter. In addition, athletes will be given a **metal emblem pin** specific to that sport the first time they earn a varsity letter, and each successive time after that. The criteria for earning a varsity letter is up to each individual coach. That criteria will be communicated to athletes and parents prior to the season.  
Athletes must finish the season in good standing to be eligible for an award. Any student having outstanding debts for equipment (lost or stolen) will not receive an award until all debts are paid. Athletes unable to complete a season due to injury, illness or other such circumstances may earn an award if the coach feels it is justified.
- C. Coaches will also award a **captains metal emblem pin** to team captains and a **managers metal emblem pin** to managers and scorekeepers who are determined by the coach to have put in enough time and effort to justify the award.
- D. Senior Coaches Awards



The Jamesville-DeWitt Booster Club will conduct an Senior Awards Banquet in June. Each Varsity Coach may select a senior athlete for a Coaches Award. The athlete will receive a plaque, and his/her name will be placed on a permanent display board at the high school.

E. Senior Plaques

The athletic department presents a plaque to senior athletes who earn five (5) points. This award is presented at the Booster Club's June banquet. One point is earned for each MVP, captain, all-county/all league (1st or 2nd team), each varsity letter, and for the NYSPHSAA Scholar/Athlete Award during an athlete's senior year.

F. Special Awards

Various year-end rewards are given to top athletes at the school awards night and at the senior athletic awards dinner. Each award has its own criteria, but preference is given to multi-sport athletes for all special awards.

### **VACATION PRACTICE POLICY**

When athletes commit to a varsity or junior varsity sport, they should assume that practices and/or contests may take place over school vacations. Since it is the policy of the SCAC and Section 3 to schedule contests during some vacations Jamesville-DeWitt must also do so. Jamesville-DeWitt teams would be at an extreme disadvantage if they took the time off while others are playing. In addition, it would be unfair to ask other schools to reschedule J-D contests at another time thus forcing them to play 3, 4, or even 5 games during a week in order to accommodate our athletes.

Athletes who must go away and miss practice and/or contests during vacations can expect that there could be some effect on their standing on the team, their playing time, their chances of making a team when cuts take place, and their ability to earn a letter for that sport. Athletes who finish a season while away on vacation may have consequences carry over to their next sport season.

### **PROBLEMS**

Any time parents, athletes, etc. have problems, they will be directed to attempt to work them out with the source. If no solution is accomplished, the problem should go to the next level progressively until it is solved. For example, a problem with an assistant coach should be directed to that coach first. If further assistance is needed it should be directed to the head coach at that level, followed progressively by the head varsity coach, the director of athletics, the principal, superintendent, and finally the board of education.

### **INJURIES**

It is extremely important to report any injury to your coach immediately and to the athletic trainer the next school day. Medical expenses resulting from any injury must

first be submitted to your own insurance carrier and then any remaining balance can be submitted to the school accident insurance carrier. NOTE: The school accident insurance provides only excess coverage according to a fee schedule.

### **TRAINER SERVICES**

Jamesville-DeWitt High School subscribes to the services of a certified athletic trainer. The trainer is on duty on a regular schedule in the High School training room. Any student may use the trainer, free of charge, to assess any injury. The trainer will recommend a course of action best suitable for the injury. Our athletic trainer is Dave Schultz, he can be reached at [dschultz@jd.cnyric.org](mailto:dschultz@jd.cnyric.org)

### **PUPIL BENEFITS INSURANCE PLAN**

1. Established and sponsored by the NEW YORK STATE PUBLIC HIGH SCHOOL ATHLETIC ASSOCIATION and functioning under the supervision of the NEW YORK STATE INSURANCE DEPARTMENT.
2. Pupil shall report injury to the coach at the time injury is sustained, and to the athletic trainer on the next school day. To be eligible for a claim, report of injury shall be made within 30 DAYS, and the first medical treatment must be provided within 45 days from the date of injury.
3. Payments under this policy are ONLY in EXCESS of those benefits payable under your family and/or employer policy(s). Payments are made according to a schedule and sometimes do not cover all charges. The claim is to be first filed with your personal insurance carrier(s). After final settlement, obtain a claim form from the Athletic Office and submit the completed form to Pupil Benefits Plan, Inc. along with your ITEMIZED BILLS and EXPLANATION OF BENEFITS from your primary insurance carrier. Additional information regarding this plan is available in the Athletic Office. You must contact the Athletic Office to initiate a claim. Please contact Charlene Hughes at [chughes@jd.cnyric.org](mailto:chughes@jd.cnyric.org)

### **LEAVING A SQUAD**

Athletic participation is an educational experience that involves responsibility and commitment through good times and bad. Varsity athletes who try out for and make a squad are committed to that squad throughout the end of the season. If no cuts are made varsity athletes are committed after the first two weeks or the first contest, whichever comes first. Junior varsity and modified level athletes may leave a squad at any time if in good standing and if done properly: by meeting with the coach, explaining the reasons, and handing in all equipment in a timely manner. Varsity participants who leave a squad beyond the initial period, and JV or modified participant who leave a squad without fulfilling the above responsibilities, will forfeit some playing time during their next sport season as specified by the behavior code.

**N.Y.S.P.H.S.A.A. STANDARDS FOR INTERSCHOLASTIC ATHLETICS  
COMPETITION (High School) (Middle School)**

Link to NYSPHSAA website: [www.nysphsaa.org](http://www.nysphsaa.org)

**JEWELRY RULE**

No jewelry (which includes visible body piercing objects) shall be worn in any sport. Religious medals must be taped to the body and under the uniform. Medical medals must be taped to the body so they are visible. Soft, pliable barrettes are permissible. NOTE: The sport of golf is exempt from this rule.

**FOREIGN EXCHANGE STUDENTS**

In order to be eligible for athletic competition in New York State, foreign exchange students must meet all other eligibility requirements and must not have already graduated from their home country's secondary school system. The exchange must be through a program approved by the Council of Standards for International Exchange and Travel. Exchange students must notify the Athletic Director to have their eligibility verified prior to competition.

**MIXED COMPETITION**

**(Boys on Girls' Teams and Girls on Boys' Teams)**

**ELIGIBILITY OF TRANSFER STUDENTS**

**Transfer Rule of the New York State Public High School Athletics Association**

**ELIGIBILITY FOR COMPETITION**

According to the Commissioner's Regulations, a pupil shall be eligible for inter-school competition in a sport provided that he/she is a bona fide pupil, is registered in the equivalent of four regular courses, is meeting the physical education requirement, and is an amateur (never received payment for athletic talents in that sport.)

A pupil shall be eligible for four consecutive seasons of senior high school athletic competition in a sport commencing with the pupil's entry into the 9th grade and prior to graduation. A pupil reaching the age of 19 before July 1 may not participate during that next school year or beyond. Students below grade 9 may be eligible for participation on a high school team if they qualify according to selection/classification procedures.

Each individual team has its own regulations concerning daily attendance at practices and the minimum number of practices before being eligible for competition. Your coach will inform you of these rules.

Participation in interscholastic athletics at Jamesville - Dewitt is a privilege that commands responsibility. The purpose of the athletic program is to promote educational attitudes and behaviors that will help a student find success in their life beyond their schooling. Athletes are role models for other students both younger and older and therefore have a responsibility to model behaviors that display leadership, sportsmanship, cooperation, academic excellence, and proper health practices. Therefore the following training rules are expected of all athletes and team managers within the Jamesville - Dewitt athletic program.

**Part 1 - Prerequisites for Participation** - Prior to the first practice session all athletes must:

- A. Must be a registered Jamesville-DeWitt Central School student with a full academic schedule.
- B. Register for a specific sport on Family ID. This registration included your Health History Report and Authorization for Medical Treatment of a Minor.
- C. Have record of a current, valid physical exam on file in the nurses office. (Current means within the past calendar year from the first day of the month in which practice begins for that sports season.)

**Part 2 - General Responsibilities** - Athletes must:

- A. **Attend school** for at least one half of the school day (11am) in order to participate in practice or competition that day. (Exceptions can be made only with permission of the Director of Athletics or the building principal). A student who misses part of the school day due to illness must have the nurse evaluate his/her ability to participate in a practice or contest that day. Students that are consistently tardy may lose privileges.
- B. **Cooperate with all school personnel** (coaches, managers, bus drivers, custodians, supervisors, etc.)
- C. **Report on time** for all practices and contests unless excused by the coach in advance.
- D. **Travel** to and from all contests under the supervision of personnel assigned by school administration unless alternate arrangements have been approved. The team coach may authorize alternate return transportation by the athlete's own parent. Students may not be released with a parent other than his or her own. Only the Director of Athletics or building principal may authorize alternate transportation to an event.
- E. **Remain academically eligible** as per individual building guidelines.
- F. **Take care of school equipment** and return it personally in a timely manner upon leaving a team or at the conclusion of the season. Never wear school issued uniforms or equipment for personal use without permission from your coach or the Director of Athletics. Failure to comply may prevent further athletic participation, granting of awards, issuance of report cards, or graduation cap and gown.

**G. Participate in Physical Education class.** Physical Education class is part of the required curriculum for graduation in NY State; therefore students not participating in PE class (without legal excuse) may not participate in a practice or contest that day.

**H. Demonstrate high levels of sportsmanship.**

1. Treat all participants, coaches, officials, and spectators with respect and courtesy.

2. Refrain from the use of vulgar language or gestures.

3. Always play by the rules of the sport.

**I. Be honest and lawful** and are expected to maintain high standards of conduct at all times, both in school and out.

**J. Report to their coach any injury or change in physical condition** that affects their ability to safely participate in athletic practices or contests.

**K. Athletic participation is meant to teach commitment and responsibility and therefore athletes may not leave a squad beyond the initial tryout period without consequences.** Varsity athletes who choose to leave a squad after the initial tryout period will forfeit contest participation for the first 20% of the competitions during the next sport that they try out for and make the team. Junior varsity, freshman squad, and modified team athletes who leave a squad after the initial tryout period must be released by their coach after meeting in a timely manner to explain the circumstances and return all equipment. JV, freshman squad and modified team athletes that leave a squad under adverse circumstances will be held to the 20% penalty. Athletes who are removed from a squad for disciplinary reasons, will have their situation reviewed and the circumstances could effect future athletic program participation.

Penalties for Part 2 Infractions - Unless otherwise specified, athletes who violate the provisions of Part 2 will be given either additional practice responsibilities by the coach and/or receive a suspension from competition. Athletes who repeatedly violate Part 2 provisions or who are involved in extremely serious violations may be removed from a squad and/or excluded from future participation.

## Substance Use or Possession Penalties for Extra-curricular & Athletic Participation

Because of the serious nature of this offense, the penalties will be the same for all athletic teams, academic teams, theater ensembles, and student clubs.

Participants are not to use, possess or be under the influence of alcoholic beverages, illegal substances, tobacco products, vaping productions or performance enhancing drugs or possess drug paraphernalia. This provision is in effect from the first day of extra-curricular activity in August through graduation day in June, twenty-four hours a day both in school and out, regardless of whether the student is participating in a co-curricular activity or sport. Suspensions carry over from season to season, school year to school year.

### Penalties for Infractions

**FIRST OFFENSE** – Suspension from co-curricular or extra-curricular participation for six weeks. If a student is suspended from school as a result of the infraction, the student's extra-curricular or co-curricular suspension begins upon return from an out-of-school suspension related to substance use or possession. If the offense occurs outside of school supervision, the infraction begins when a reported incident is confirmed by administration. Students who violate this rule must complete an intervention/education counseling program with the school's Student Assistance Counselor (SAC) over the course of the activity suspension. The program will be designed by the SAC to meet the needs of the student. Successful completion means that met with the SAC during the suspension and the SAC verifies the meetings. Students and/or athletes who earn a participation letter or award will be issued the award upon successful completion of the intervention/education program. Students who violate the behavior code during a sport season or club activity season can, after the first two weeks of participatory suspension, continue to practice or rehearse with the organization to which they belong; however, the student cannot participate in any contests or events until the suspension is completed. They can attend the contests or organizational events in street clothes. If a student is not in season (with either a club activity or an athletic team), he or she may be suspended for 10% of the season in which they participate. Student-athletes must meet with the Athletic Director and club activity participants must meet with the Principal after the sanction has been established and prior to the beginning of the season in which they participate.

The Student Handbook and Code of Conduct which all students receive at the beginning of school and which is located on the high school webpage, outlines the infractions for students who violate the drug, alcohol, and tobacco policies of the school district.

**SECOND OFFENSE** – A student's second offense will result in the removal from his or her team or club activity for the remainder of the season and suspension from program participation for two months. Athletic program participation includes off-season clinics, open-gym practice sessions, or school-related club sports. Club activity program participation includes off-season preparatory meetings or fundraising activities related to the club. If a student is not in season, he or she must also sit out the first 25% of the contests or activities of the season (with either a club activity or an athletic team) in which they will next participate. Student-athletes must meet with the Athletic Director and club activity participants must meet with the Principal after the sanction has been established and prior to the beginning of the season in which they participate.

**THIRD OFFENSE** – A student will be removed from all program participation, in-season and off-season, for one calendar year.

Second time offenders and beyond lose the opportunity to receive a participation letter and/or certificate and forfeit all school issued awards earned during the season in which the infraction occurred. Third time offenders and beyond lose all accumulated points for senior awards.

Students who confidentially approach a coach or school official for help with a substance use problem will be given appropriate confidential help. If there has been no public incident or violation, there will be NO athletic suspension as long as it can be determined that participation is not a health risk to the individual or a safety risk to teammates and/or opposing athletes.

# FALL COACHES JAMESVILLE-DEWITT

<b>FOOTBALL</b>			
<b>VARSITY</b>	Head Coach	Eric Ormond	<a href="mailto:eormond@jd.cnyric.org">eormond@jd.cnyric.org</a>
	Assistant	Andrew Cottet	<a href="mailto:acottet@jd.cnyric.org">acottet@jd.cnyric.org</a>
	Assistant	Dennis Schahczenski	<a href="mailto:dschahcz@gmail.com">dschahcz@gmail.com</a>
<b>JV</b>	Head Coach	John Barlow	<a href="mailto:jbarlow@jd.cnyric.org">jbarlow@jd.cnyric.org</a>
	Assistant	Patrick Gillette	<a href="mailto:packey065@gmail.com">packey065@gmail.com</a>
	Assistant	Jim Tuck	<a href="mailto:jtuck@jd.cnyric.org">jtuck@jd.cnyric.org</a>
	Volunteer	Joe Tesori	<a href="mailto:jtesori49@gmail.com">jtesori49@gmail.com</a>
<b>MOD Red</b>	Head Coach	Kurt Sweeney	<a href="mailto:ksweeney@jd.cnyric.org">ksweeney@jd.cnyric.org</a>
	Assistant	Jeff Cantor	<a href="mailto:cantorcoach@aol.com">cantorcoach@aol.com</a>
<b>MOD White</b>	Head Coach	Alex Way	<a href="mailto:alexander_way@aol.com">alexander_way@aol.com</a>
	Assistant		
<b>GIRLS SOCCER</b>			
<b>VARSITY</b>	Head Coach	Hayley Nies	<a href="mailto:hnies@jd.cnyric.org">hnies@jd.cnyric.org</a>
	Volunteer Assistant	Rebecca Peter	<a href="mailto:rpeter@jd.cnyric.org">rpeter@jd.cnyric.org</a>
<b>JV</b>	Head Coach	Bernadette Dziczkaniec	<a href="mailto:berdiz7@yahoo.com">berdiz7@yahoo.com</a>
<b>MOD Red</b>	Head Coach	Melissa Quinn	<a href="mailto:mquinn@jd.cnyric.org">mquinn@jd.cnyric.org</a>
<b>MOD White</b>	Head Coach	Justin Bird	<a href="mailto:jbird@jd.cnyric.org">jbird@jd.cnyric.org</a>
<b>BOYS SOCCER</b>			
<b>VARSITY</b>	Head Coach	Dan Law	<a href="mailto:dlaw@jd.cnyric.org">dlaw@jd.cnyric.org</a>
<b>JV</b>	Head Coach	Paul Krause	<a href="mailto:pdkrause@jd.cnyric.org">pdkrause@jd.cnyric.org</a>
<b>MOD Red</b>	Head Coach	Jamie Archer	<a href="mailto:jarcher@jd.cnyric.org">jarcher@jd.cnyric.org</a>
<b>MOD White</b>	Head Coach	David Bunyan	<a href="mailto:dbunyan@jd.cnyric.org">dbunyan@jd.cnyric.org</a>
<b>GIRLS SWIMMING</b>			
<b>VARSITY SWIMMING</b>	Head Coach	Robert Bewley	<a href="mailto:bewleyjdcha@gmail.com">bewleyjdcha@gmail.com</a>
	Assistant	Joe Amedro	<a href="mailto:jamedro1@gmail.com">jamedro1@gmail.com</a>
	Head Coach	Lisa Patchen	<a href="mailto:Lisapatchen1@gmail.com">Lisapatchen1@gmail.com</a>
<b>MOD 7/8</b>	Assistant	Margaret McBurney	<a href="mailto:Mmcburney@jd.cnyric.org">Mmcburney@jd.cnyric.org</a>
<b>GIRLS TENNIS</b>			
<b>VARSITY</b>	Head Coach	Yong Sul	<a href="mailto:ysul@jd.cnyric.org">ysul@jd.cnyric.org</a>
<b>JV</b>	Head Coach	Joe Goldberg	<a href="mailto:jgoldberg@jd.cnyric.org">jgoldberg@jd.cnyric.org</a>
<b>GIRLS GYMNASTICS</b>			
	Head Coach	Tracey Fishkin	<a href="mailto:traceyfishkin0630@gmail.com">traceyfishkin0630@gmail.com</a>
	Assistant	Elyssa Rosenbaum	<a href="mailto:elyssarosenbaum@gmail.com">elyssarosenbaum@gmail.com</a>
<b>CROSS COUNTRY</b>			
<b>VAR GIRLS</b>	Head Coach	Jim Lawton	<a href="mailto:jlawton12488@gmail.com">jlawton12488@gmail.com</a>
<b>VAR BOYS</b>	Head Coach	Emily Rowles	<a href="mailto:erowles@jd.cnyric.org">erowles@jd.cnyric.org</a>
<b>MOD GIRLS</b>	Head Coach	Nancy Raicht	<a href="mailto:nraicht@jd.cnyric.org">nraicht@jd.cnyric.org</a>
<b>MOD BOYS</b>	Head Coach	Michele Maciejewski	<a href="mailto:Michelem@leaffeetsyracuse.com">Michelem@leaffeetsyracuse.com</a>
<b>Volunteer</b>		Caitlyn Lawless	<a href="mailto:clawless1624@gmail.com">clawless1624@gmail.com</a>
<b>CHEERLEADING</b>			
	Head Coach	Alanna Jones	<a href="mailto:alannadenisej@gmail.com">alannadenisej@gmail.com</a>
<b>BOYS GOLF</b>			
	Head Coach	Paul Valentino	<a href="mailto:pvalentino@jd.cnyric.org">pvalentino@jd.cnyric.org</a>
<b>GIRLS VOLLEYBALL</b>			
<b>Varsity</b>	Head Coach	Patty Ferris	<a href="mailto:pferris@jd.cnyric.org">pferris@jd.cnyric.org</a>
<b>JV</b>	Head Coach	Molly Anthony	<a href="mailto:manthony@jd.cnyric.org">manthony@jd.cnyric.org</a>
<b>Volunteer</b>		Michael Ferris	<a href="mailto:mferris@esmschools.org">mferris@esmschools.org</a>
<b>BOYS VOLLEYBALL</b>			
<b>VARSITY</b>	Head Coach	Kyle Michael	<a href="mailto:kylem004@gmail.com">kylem004@gmail.com</a>
<b>JV</b>	Head Coach	Kyle Michael	<a href="mailto:kylem004@gmail.com">kylem004@gmail.com</a>

# Jamesville-DeWitt Red Rams

Athletic Office  
PO Box 606  
Edinger Drive  
DeWitt, NY 13214

Telephone 315.445.8345  
Fax 315.445.8307  
jgoodson@jd.cnyric.org

John Goodson  
Director of HPE/Athletics  
www.jamesvilledewitt.org/athletics

Dear High School Students and Parents,

As students move into the 9<sup>th</sup> grade – 12<sup>th</sup> grade, they become eligible for participation in the interscholastic athletic program at Jamesville-DeWitt High School. The following are our offerings:

<u>Season</u>	<u>Sport</u>		<u>Start Date</u>	<u>FamilyID REGISTRATION/Health Update</u>
<u>Fall</u>			8/19/19	7/21/19-8/14/19
B	Football	JV and Varsity		
G	Cheerleading	Varsity		
B/G	Soccer	JV and Varsity		
B/G	Cross Country	Varsity		
G	Swimming & Diving	Varsity		
G	Gymnastics	Varsity		
G	Tennis	JV and Varsity		
B	Golf	Varsity		
B/G	Volleyball	JV and Varsity		
Fall Booster Club Parent Meeting - Saturday, 8/24/19 9am JD HS Auditorium/GYM				
<u>Winter</u>			11/18/19	10/20/19-11/13/19
B/G	Basketball	JV and Varsity		
B	Swim & Dive	Varsity		
B	Ice Hockey @ CBA	Varsity		
G	Cheerleading	Varsity		
B/G	Indoor Track	Varsity		
B	Wrestling	JV and Varsity	11/11/19	10/13/19-11/10/19
Winter Booster Club Parent Meeting - Friday, 11/22/19 5pm JD HS Auditorium				
<u>Spring</u>			3/16/19	2/16/20-3/11/20
B/G	Lacrosse	JV and Varsity		
B	Baseball	JV and Varsity		
G	Softball	JV and Varsity		
B/G	Track & Field	Varsity		
B	Tennis	JV and Varsity		
G	Golf	Varsity		
Spring Booster Club Parent Meeting - Saturday, 3/21/20 9am JD HS Auditorium				

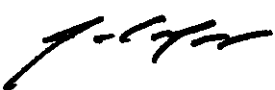
New York State regulations require all athletes to have a valid physical exam on file with our school nurse, dated within one year of the start of practice. We urge this examination be done by the family physician who knows your child best and can give a complete examination including tests and immunizations. **NEW:** All physical exam papers from your own doctor. Please turn in to the building nurse at least **2 weeks prior** to the start of practice to ensure that you may participate on the first day.

Fall practices generally take place just after school and conclude by 5:00pm. Note that most teams have Saturday games and practices. During the winter months and early spring when practices are indoors, teams practice on a rotating schedule that could last until 9:30pm. Transportation home after practice each day, and to practices held in the evening and on weekends must be provided by the family. High school level interscholastic athletics require student-athletes to practice and play over school breaks.

If you have any questions please feel free to call the athletic office, or check our web site at [www.jamesvilledewitt.org/athletics](http://www.jamesvilledewitt.org/athletics). Current game schedules and directions to opponents are also available at this site.

Sincerely,

John Goodson





# Jamesville-DeWitt Red Rams

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John Goodson  
Director of HPE/Athletics  
[www.jamesvilledewitt.org/athletics](http://www.jamesvilledewitt.org/athletics)

Dear Middle School Students and Parents,

As students move into the 7<sup>th</sup> and 8<sup>th</sup> grade, they become eligible for participation in the interscholastic athletic program at Jamesville-DeWitt Middle School. The following are our offerings:

Season	Sport	Start Date	End Date	FamilyID REGISTRATION/Health Update
<u>Fall</u>				
B	Football	8/26/19	10/30/19	7/28/19-8/22/19
B/G	Soccer	9/3/19	10/26/19	8/5/19-8/28/19
B/G	Cross Country	9/3/19	10/26/19	8/5/19-8/28/19
G	Swimming & Diving	9/3/19	10/26/19	8/5/19-8/28/19

Fall Booster Club Parent Mgt. Saturday 9/7/19 9am JD MS GYM/CAFE

<u>Winter I</u>				
G	Volleyball	10/28/19	12/20/19	9/29/19-10/23/19
B	Basketball 7th/8th	10/31/19	12/20/10	9/29/19-10/23/19
B	Basketball Mod A(9th)	10/31/19	Mid January	9/29/19-10/23/19

Winter Booster Club Parent Mgt. 10/28/19 4:45pm after practice

<u>Winter II</u>				
B	Swimming & Diving	1/6/20	Mid March	12/8/19-12/18/19
G	Basketball	1/6/20	Mid March	12/8/19-12/18/19
B	Wrestling	1/6/20	Mid March	12/8/19-12/18/19
B	Volleyball	1/6/20	Mid March	12/8/19-12/18/19

Winter Booster Club Parent Mgt. 1/6/20 4:45pm after practice

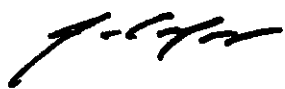
<u>Spring</u>				
B/G	Lacrosse	3/30/20	Mid June	3/1/20-3/25/20
B	Baseball	3/30/20	Mid June	3/1/20-3/25/20
G	Softball	3/30/20	Mid June	3/1/20-3/25/20
B/G	Track & Field	3/30/20	Mid June	3/1/20-3/25/20

Spring Booster Club Parent Mgt. 3/20/20 4:45 after practice

New York State regulations require all athletes to have a valid physical exam on file with our school nurse, dated within one year of the start of practice. We urge this examination be done by the family physician who knows your child best and can give a complete examination including tests and immunizations. NEW All physical exam papers from your own doctor must be completed on the New York State APPROVED FORM (ATTACHED). Please turn in to the building nurse at least **2 weeks prior** to the start of practice to ensure that you may participate on the first day.

Practices generally take place just after school and conclude by 5:30pm. Note that some teams have Saturday games and practices. Transportation home after practice each day, and to practices held in the evening and on weekends must be provided by the family. If you have any questions please feel free to call the athletic office, or check our web site at [www.jamesvilledewitt.org/athletics](http://www.jamesvilledewitt.org/athletics). Current game schedules and directions to opponents are also available at this site.

Sincerely,



John Goodson Director HPE/Athletics

**REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM**  
**TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR**

**Note:** NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

**STUDENT INFORMATION**

Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

**HEALTH HISTORY**

<b>Allergies</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Latex <input type="checkbox"/> Medication <input type="checkbox"/> Environmental	<input type="checkbox"/> Anaphylaxis Care Plan Attached
---	--	---

<b>Asthma</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : _____	<input type="checkbox"/> Asthma Care Plan Attached
--	--	--

<b>Seizures</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Type: _____	<input type="checkbox"/> Seizure Care Plan Attached Date of last seizure: _____
--	--	--

<b>Diabetes</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> HbA1c results: _____ Date Drawn: _____	<input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached
--	---	---

**Risk Factors for Diabetes or Pre-Diabetes:**  
 Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother; and/or pre-diabetes.

**BMI** \_\_\_\_\_ kg/m2 **Percentile (Weight Status Category):**  <5<sup>th</sup>  5<sup>th</sup>-49<sup>th</sup>  50<sup>th</sup>-84<sup>th</sup>  85<sup>th</sup>-94<sup>th</sup>  95<sup>th</sup>-98<sup>th</sup>  99<sup>th</sup> and >

**Hyperlipidemia:**  No  Yes      **Hypertension:**  No  Yes

**PHYSICAL EXAMINATION/ASSESSMENT**

<b>Height:</b>	<b>Weight:</b>	<b>BP:</b>	<b>Pulse:</b>	<b>Respirations:</b>
<b>TESTS</b>	<b>Positive</b>	<b>Negative</b>	<b>Date</b>	<b>Other Pertinent Medical Concerns</b>
PPD/ PRN	<input type="checkbox"/>	<input type="checkbox"/>		One Functioning: <input type="checkbox"/> Eye <input type="checkbox"/> Kidney <input type="checkbox"/> Testicle <input type="checkbox"/> Concussion – Last Occurrence: _____ <input type="checkbox"/> Mental Health: _____ <input type="checkbox"/> Other: _____
Sickle Cell Screen/PRN	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Lead Level Required Grades Pre- K &amp; K</b>			<b>Date</b>	
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated $\geq 10$ $\mu\text{g/dL}$				

System Review and Exam Entirely Normal

**Check Any Assessment Boxes Outside Normal Limits And Note Below Under Abnormalities**

<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal

<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:	<b>Diagnoses/Problems (list)</b>	<b>ICD-10 Code</b>
	_____	_____
	_____	_____
	_____	_____

Additional Information Attached

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**SCREENINGS**

Vision	Right	Left	Referral	Notes
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Distance Acuity With Lenses	20/	20/		
Vision – Near Vision	20/	20/		
Vision – Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail				
Hearing	Right dB	Left dB	Referral	
Pure Tone Screening			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Scoliosis</b> Required for boys grade 9 And girls grades 5 & 7	<b>Negative</b> <input type="checkbox"/>	<b>Positive</b> <input type="checkbox"/>	<b>Referral</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Deviation Degree:		Trunk Rotation Angle:		

**Recommendations:**

**RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK**

- Full Activity** without restrictions including Physical Education and Athletics.
- Restrictions/Adaptations** Use the Interscholastic Sports Categories (below) for Restrictions or modifications
  - No Contact Sports** Includes: baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling
  - No Non-Contact Sports** Includes: archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field
  - Other Restrictions:**
- Developmental Stage for Athletic Placement Process ONLY**  
 Grades 7 & 8 to play at high school level OR Grades 9-12 to play middle school level sports  
 Student is at Tanner Stage:  I  II  III  IV  V
- Accommodations:** Use additional space below to explain
 

<input type="checkbox"/> Brace*/Orthotic	<input type="checkbox"/> Colostomy Appliance*	<input type="checkbox"/> Hearing Aids
<input type="checkbox"/> Insulin Pump/Insulin Sensor*	<input type="checkbox"/> Medical/Prosthetic Device*	<input type="checkbox"/> Pacemaker/Defibrillator*
<input type="checkbox"/> Protective Equipment	<input type="checkbox"/> Sport Safety Goggles	<input type="checkbox"/> Other:

\*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

Explain: \_\_\_\_\_

**MEDICATIONS**

- Order Form for Medication(s) Needed at School attached**
- List medications taken at home: \_\_\_\_\_

**IMMUNIZATIONS**

Record Attached  Reported in NYSIS Received Today:  Yes  No

**HEALTH CARE PROVIDER**

Medical Provider Signature:	<b>Date:</b> <b>Stamp:</b>
Provider Name: <i>(please print)</i>	
Provider Address:	
Phone:	
Fax:	

**Please Return This Form To Your Child's School When Entirely Completed.**

**Sample Recommended NYSED Interval Health History for Athletics—Two Page Form**

Both pages must be completed.

Student Name:		DOB:	
School Name:		Age:	
Grade (check): <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Level (check): <input type="radio"/> Modified <input type="radio"/> Fresh <input type="radio"/> JV <input type="radio"/> Varsity		
Sport:	Limitations: <input type="radio"/> Yes <input type="radio"/> No		
Date of last health exam:	Date form completed:		

**Health History To Be Completed By Parent/Guardian, Provide Details To Any Yes Answers On Back.**  
 Any medications to be taken at practice and/or athletic event will require the proper paperwork, contact school with questions.

Has/Does your child:		
General Health Concerns	Yes	No
1. Ever been restricted by a doctor, physician assistant, or nurse practitioner from sports participation for any reason?	<input type="radio"/>	<input type="radio"/>
2. Have an ongoing medical condition? <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Sickle Cell trait or disease <input type="checkbox"/> Other		
3. Ever had surgery?	<input type="radio"/>	<input type="radio"/>
4. Ever spent the night in a hospital?	<input type="radio"/>	<input type="radio"/>
5. Been diagnosed with Mononucleosis within the last month?	<input type="radio"/>	<input type="radio"/>
6. Have only one functioning kidney?	<input type="radio"/>	<input type="radio"/>
7. Have a bleeding disorder?	<input type="radio"/>	<input type="radio"/>
8. Have any problems with his/her hearing or wears hearing aid(s)?	<input type="radio"/>	<input type="radio"/>
9. Have any problems with his/her vision or has vision in only one eye?	<input type="radio"/>	<input type="radio"/>
10. Wear glasses or contacts?	<input type="radio"/>	<input type="radio"/>
Allergies	Yes	No
11. Have a life threatening allergy? Check any that apply: <input type="checkbox"/> Food <input type="checkbox"/> Insect Bite <input type="checkbox"/> Latex <input type="checkbox"/> Medicine <input type="checkbox"/> Pollen <input type="checkbox"/> Other		
12. Carry an epinephrine auto-injector?	<input type="radio"/>	<input type="radio"/>
Breathing (Respiratory) Health	Yes	No
13. Ever complained of getting more tired or short of breath than his/her friends during exercise?	<input type="radio"/>	<input type="radio"/>
14. Wheeze or cough frequently during or after exercise?	<input type="radio"/>	<input type="radio"/>
15. Ever been told by their health care provider they have asthma?	<input type="radio"/>	<input type="radio"/>
16. Use or carry an inhaler or nebulizer?	<input type="radio"/>	<input type="radio"/>

Has/Does your child:		
Concussion/ Head Injury History	Yes	No
17. Ever had a hit to the head that caused headache, dizziness, nausea, confusion, or been told he/she had a concussion?	<input type="radio"/>	<input type="radio"/>
18. Have you ever had a head injury or concussion?	<input type="radio"/>	<input type="radio"/>
19. Ever had headaches with exercise?	<input type="radio"/>	<input type="radio"/>
20. Ever had any unexplained seizures?	<input type="radio"/>	<input type="radio"/>
21. Currently receive treatment for a seizure disorder or epilepsy?	<input type="radio"/>	<input type="radio"/>
Devices/Accommodations	Yes	No
22. Use a brace, orthotic, or other device?	<input type="radio"/>	<input type="radio"/>
23. Have any special devices or prostheses (insulin pump, glucose sensor, ostomy bag, etc.)? If yes there may be need for another required form to be filled out.	<input type="radio"/>	<input type="radio"/>
24. Wear protective eyewear, such as goggles or a face shield?	<input type="radio"/>	<input type="radio"/>
Family History	Yes	No
25. Have any relative who's been diagnosed with a heart condition, such as a murmur, developed hypertrophic cardiomyopathy, Marfan Syndrome, Brugada Syndrome, right ventricular cardiomyopathy, long QT or short QT syndrome, or catecholaminergic polymorphic ventricular tachycardia?	<input type="radio"/>	<input type="radio"/>
Females Only	Yes	No
26. Begun having her period?	<input type="radio"/>	<input type="radio"/>
27. Age periods began:		
28. Have regular periods?	<input type="radio"/>	<input type="radio"/>
29. Date of last menstrual period:		
Males Only	Yes	No
30. Have only one testicle?	<input type="radio"/>	<input type="radio"/>
31. Have groin pain or a bulge or hernia in the groin?	<input type="radio"/>	<input type="radio"/>

**Sample Recommended-NYSED Interval Health History for Athletics – Page 2**

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

School Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Has/Does your child:		
Heart Health	Yes	No
32. Ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
33. Ever complained of light headedness or dizziness during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
34. Ever complained of chest pain, tightness or pressure during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
35. Ever complained of fluttering in their chest, skipped beats, or their heart racing, or does he/she have a pacemaker?	<input type="checkbox"/>	<input type="checkbox"/>
36. Ever had a test by their medical provider for his/her heart (e.g. EKG, echocardiogram stress test)?	<input type="checkbox"/>	<input type="checkbox"/>
37. Ever been told they have a heart condition or problem by a physician? If so, check all that apply:		
<input type="checkbox"/> Heart infection	<input type="checkbox"/> Heart Murmur	
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Low Blood Pressure	
<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Kawasaki Disease	
<input type="checkbox"/> Other:		
Injury History	Yes	No
38. Ever been diagnosed with a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>

Has/Does your child:		
Injury History <i>continued</i>	Yes	No
39. Ever been unable to move his/her arms and legs, or had tingling, numbness, or weakness after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
40. Ever had an injury, pain, or swelling of joint that caused him/her to miss practice or a game?	<input type="checkbox"/>	<input type="checkbox"/>
41. Have a bone, muscle, or joint injury that bothers him/her?	<input type="checkbox"/>	<input type="checkbox"/>
42. Have joints become painful, swollen, warm, or red with use?	<input type="checkbox"/>	<input type="checkbox"/>
Skin Health	Yes	No
43. Currently have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
44. Have had a herpes or MRSA skin infections?	<input type="checkbox"/>	<input type="checkbox"/>
Stomach Health	Yes	No
45. Ever become ill while exercising in hot weather?	<input type="checkbox"/>	<input type="checkbox"/>
46. Have a special diet or have to avoid certain foods?	<input type="checkbox"/>	<input type="checkbox"/>
47. Have to worry about his/her weight?	<input type="checkbox"/>	<input type="checkbox"/>
48. Have stomach problems?	<input type="checkbox"/>	<input type="checkbox"/>
49. Have you ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>

**Please explain fully any question you answered yes to in the space below.** (Please print clearly and provide dates if known.)

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Athletic Program Survey  
Jamesville-DeWitt Red Rams**

Please return this completed form to:  
John Goodson  
Jamesville-DeWitt High School  
PO Box 606  
DeWitt, NY 13214

Sport: \_\_\_\_\_

Level: \_\_\_\_\_ Year: \_\_\_\_\_

*Please circle responses:*

I am a:      Parent      Participant      Other - please specify: \_\_\_\_\_

1. Rate the condition of the uniforms and equipment provided for this team:

Comments:      Super!      Good      OK      Poor

2. Rate the practice and game facilities provided for this team:

Comments:      Super!      Good      OK      Poor

3. Rate the experience playing on this team this year:

Comments:      Super!      Good      OK      Poor

4. Do you feel your athlete's playing time was appropriate considering his/her ability and the ability of the other players?

Yes      No

5. What were the best parts of your experience with this sport / team?

6. List any suggestions to help improve the experience in this sport for next season:

