

Bangor Middle School Athletics (JFDS / WSCS)
INTERSCHOLASTIC SPORTS GUIDELINES & AGREEMENT

A. OBJECTIVES

1. To provide an opportunity for talented athletes in Bangor's middle schools to compete against talented athletes from other schools
2. To provide an opportunity for the student to refine skills and knowledge of the game
3. To provide opportunity for the student to represent the school, promote school spirit, and citizenship
4. To provide an opportunity for the student to be a member of a team and to learn the importance and satisfaction of working together as a team.
5. To provide an opportunity for the student to strive for success and to accept lack of success in competition
6. To promote individual responsibilities and commitment

B. PRACTICES – GAMES

Practice will be held on regular basis. A complete practice and game schedule will be distributed to players in the near future.

C. ELIGIBILITY CRITERIA

1. Meet the Interscholastic Sport Eligibility Criteria.
2. All permission forms and health information must be completed and on file in the office before a student may participate in any practice or tryout

D. TEAM REQUIREMENTS

1. Sportsmanship will be shown at all times, on and off the field or court.
2. The player will obey all training rules regarding use of alcohol, tobacco, and drugs.
3. The player will attend all practices and games unless excused by the coach. An unexcused absence will mean the player sits out the next game. Two unexcused absences may lead to dismissal from the team.
4. The player will obey all school wide rules.
5. The player will be responsible for the cleanliness and proper care of their uniform
6. All players will ride bus transportation to and from all games and practices when provided unless excused by the coach into the care of their parent or guardian.
7. Players may be asked to dress as a team on game days.

E. SELECTION CRITERIA

1. Skills evident
2. Present physical condition/stamina
3. Knowledge of the game
4. Attitude and desire
5. Demonstrates cooperative spirit

F. ATHLETIC CANDIDATES' AGREEMENT

If selected as a member of any group representing the James F. Doughty School or the William S. Cohen School, I do hereby agree to abide by all requirements of the activity, school policies, code of conduct, and transportation rules as set forth by the school and coaching/advisory staff. I understand that these regulations are in effect for as long as I am a member of the activity on the playing fields, courts, or performances, during school and outside school during the activity season. I understand that violations may lead to immediate dismissal from the activity.

WILLIAM S. COHEN SCHOOL - JAMES F. DOUGHTY SCHOOL

ATHLETIC CONSENT FORM

PARENT/GUARDIAN – PLEASE FILL OUT COMPLETELY.

It is the responsibility of the parent/guardian, the student, and the coach or advisor to understand the behavioral expectations and the supports and protections related to participation established in the following Bangor School Department Policies: **JFC-Code of Conduct, JFCI-Chemical Health, AC Non-Discrimination & Affirmative Action, JHF-Injurious Hazing, JICK-Bullying in Schools**; as well as athletic and extra-curricular eligibility requirements and the team-based expectations as communicated by the coach or advisor.

I/we have read and understand the policies, regulations, and guidelines that govern participation in the extra-curricular activities and understand that failure to comply with these expectations may lead to disciplinary action, including dismissal from the team or activity.

PLEASE PRINT

Student's Name: _____ Sex: _____

Age: _____ Date of Birth: _____ Grade: _____

Medical restrictions known by parent: _____

Is student currently under a doctor's care or taking any medication? **Y/N** Explain: _____

NOTIFY IN CASE OF EMERGENCY:

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Family Doctor: _____ Doctor's Phone: _____

INSURANCE INFORMATION:

All students who participate in interscholastic athletic programs **MUST** have some form of Health Insurance to cover injuries. **This information must be filled in.**

Insurance Company: _____ Policy #: _____

Parental Consent: I hereby certify that the student named above may take part in interscholastic and extra-curricular activities for the _____ school year which may involve practice sessions, participation in events, and transportation to and from such events. I have read this contract and I am aware of the Bangor School Department Policies and agree to their terms.

Parent/Guardian Signature

Date

Student Agreement: I have read and understand the Rules and Contract and agree to the terms.

Student Signature

Date

MEDICAL HISTORY UPDATE FORM
(TO BE FILLED OUT BY PARENT/GUARDIAN ANNUALLY)

Student's Name: _____ Grade: _____

Age: _____ Date of Birth: _____ Sex: _____

Home Address: _____ Home Phone: _____

EMERGENCY CONTACT: _____ Phone: _____

Has/Is your child: (Please circle yes or no)

- | | |
|---|--------|
| 1. Ever had an illness last more than a week? | Yes No |
| 2. Under a physician's care now? | Yes No |
| 3. Taking any medications? | Yes No |
| 4. Ever had injuries requiring medical attention? | Yes No |
| 5. Ever had a surgical operation? | Yes No |
| 6. Ever stayed overnight in a hospital? | Yes No |
| 7. Allergic to any medication, foods, insect bites,
or other substances? | Yes No |

Please explain any "Yes" answers:

Does your child wear contact lenses? Yes No

Has your child seen a dentist in the past 6 months? Yes No

Most recent Tetanus Toxoid immunization: Date _____

Was this a booster? Yes No

Has your child or anyone in the immediate family had: (Please check if yes)

- | | |
|---------------------------|---------------------------------------|
| _____ Asthma | _____ Convulsions or epilepsy |
| _____ Diabetes | _____ Migraine Headaches |
| _____ High Blood Pressure | _____ Kidney or bladder trouble |
| _____ Heart murmur | _____ Hernia |
| _____ Rheumatic fever | _____ Tendency to bruise/bleed easily |

Please explain any checks for above conditions:

Parent/Guardian Signature: _____ Date: _____

PHYSICIAN FORM

Health Examination for Middle School Sports

Form F

Student's Name: _____ Age: _____

Date of Birth: _____ Sex: _____ Grade: _____ Homeroom: _____

Height: _____ Weight: _____ B/P: _____ Urinalysis: _____

HEENT _____

Mouth/Teeth _____

Neck _____

Cardiovascular _____

Respiratory _____

Abdomen _____

Hernia _____

Genitalia _____

Musculo/Skeletal _____

Neurological _____

Skin _____

General Impression:

I certify that I have, on this date, examined this student and that, on the basis of this examination and on the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to participate in supervised athletic activities except for the restrictions as noted below:

Restrictions:

Date of examination: _____

Doctor's name: _____

Doctor's signature: _____

William S. Cohen School

Using the Bangor App "GROUPS" Function

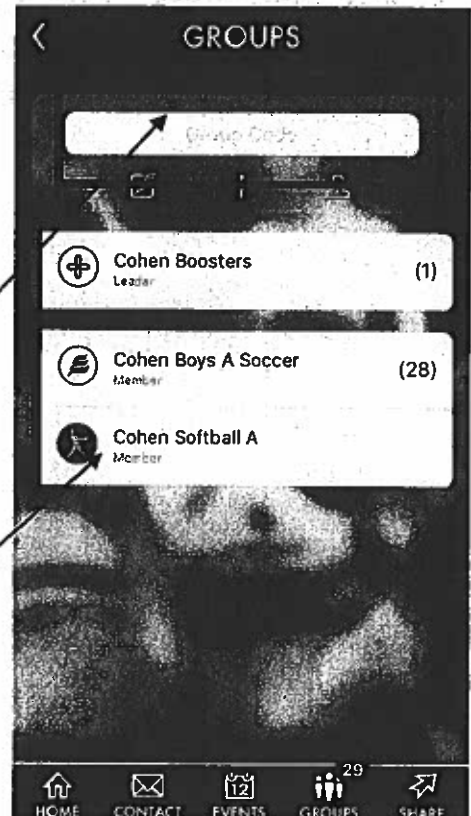


1) Download the BSD App from the App Store on any Smart Device.

2) Select the "GROUPS" function from the menu located at the bottom of the App Screen.

3) Once open, enter the GROUP CODE provided to you by a member of the Bangor School Department staff.

4) After clicking "JOIN", your group memberships will be displayed in the menu below.



The GROUPS function is designed to be a fast, efficient way for coaches to communicate reminders, changes, and time-sensitive information to students and families.

The forum is **not** designed for prolonged 2-way communication. **Every reply** generates an additional push notification sent to the entire group.

Individual questions should be made by phone, email, or through the "CONTACT" tab, depending on the coach's preference.



LR Lisa Richards
Oct 26, 9:56 AM
Here is the info on the soccer party on Monday. Thank you all for a great season!

Soccer End of ...rty.doc

2 Comment

LR Lisa Richards
Oct 24, 3:17 PM
To clarify for everyone, the A teams will play here tomorrow. Boys at 3:00, Girls at 4:30. The B teams will play at Doughty. Boys at 3:00, Girls at 4:30.

1 Comment

Thank you!
Oct 25, 11:47 AM

LR Lisa Richards
Oct 24, 2:57 PM



For easy, direct, instant information, Navigate to *Settings > Notifications > BSD App*, and select *Allow Push Notifications & Banners*.

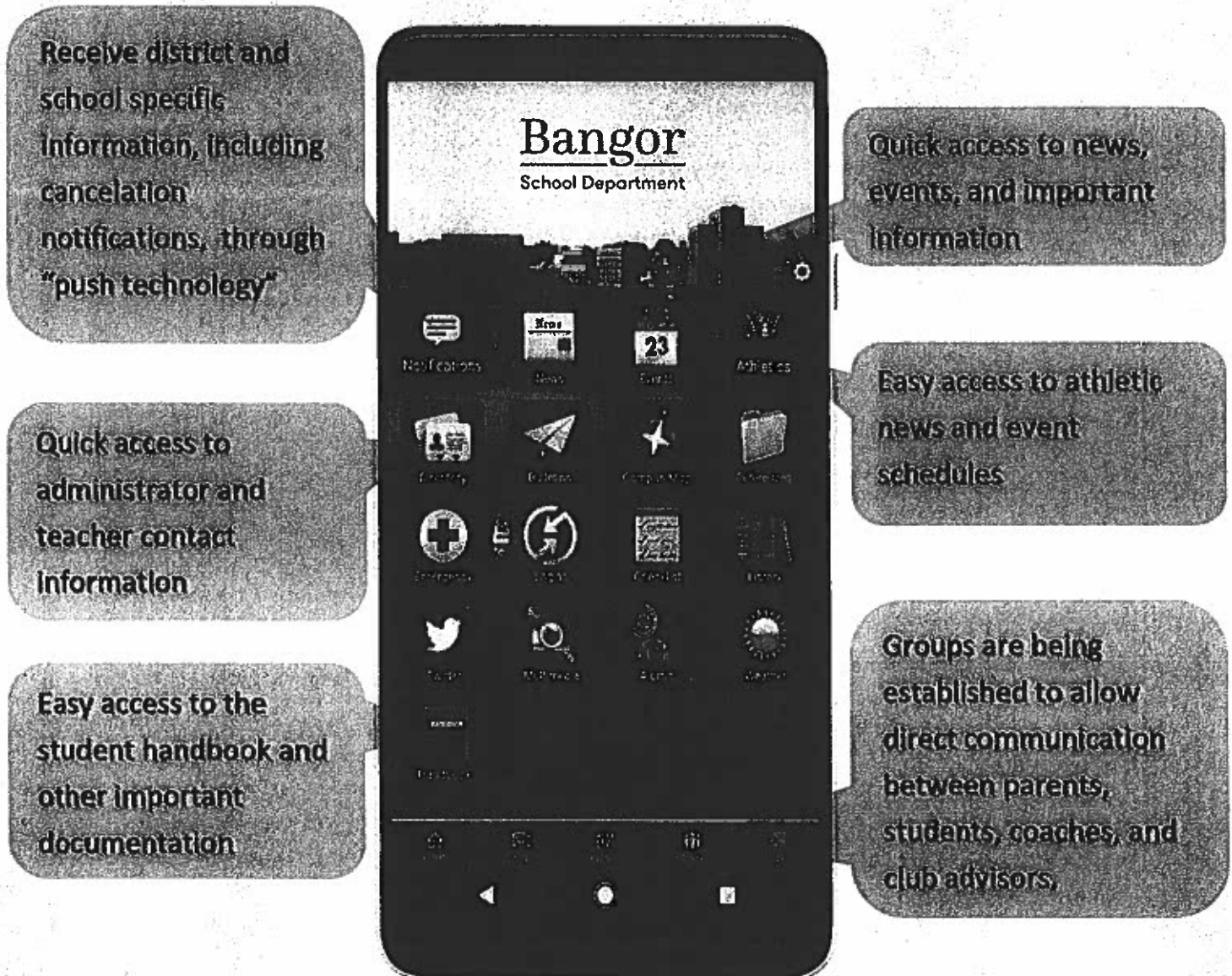
Competition dates and other important events can be found in the "EVENTS" tab.

You may elect to check the App manually instead. A notification will appear on the "GROUPS" tab when a new message is posted.

TEAM: _____

CODE: _____

The Bangor School Department Mobile App at a Glance



Install the Bangor School Department Mobile App in 3 easy steps!

1. Search for "Bangor School Department" on the Android Play store or the Apple store.
2. In the search results, select the app with our ram logo.
3. Select "install" to begin the installation process.



Flip this page over to view instructions on joining groups.