



Basketball 2017-2018

Winter Season Packet

WHEN?

Those expressing interest in participating on the Basketball team shall attend our two-day tryout on Monday November 27th and Tuesday November 28th at **Wolves Den Sports Complex** located at **340 Oak St, Pembroke, MA 02359** from 3:45 pm to 5:15 pm. Bus transportation will be provided to the Wolves Den from the school. Please make arrangements to have your child picked up at the Wolves Den at 5:15 pm.

WHO CAN TRY-OUT?

Boys Basketball - Students in grades 6 -12.

Girls Basketball - Students in grades 6 -12.

HOW MANY TEAMS ARE THERE?

There will be a varsity and sub-varsity team for both boys and girls basketball. Based on the number of participants last year, we anticipate having a girls middle school/JV team and boys JV team this winter. Teams will be determined after try-outs.

WHAT DO YOU NEED?

1. Signed athletic participation waiver form.
2. Completed concussion awareness form. Both the student and a parent/guardian must take the NFHS or CDC online concussion course and sign the form as proof of successful completion. If you have taken one within a year of the basketball program, please inform date completed.
3. Completed pre-participation head injury form. Must be signed by both the student and a parent/guardian.
4. Updated physical form on file with the school. **This means you need to have had a physical within 13 months of the last day of the season, and it must be on file in the nurse's office.**
5. Equipment/attire. Students should wear proper sneakers and athletic attire fit for participating on a basketball court. It is highly recommended that students wear a properly fitted mouthguard.
6. User Fee Deposit: A deposit of \$175.00 is required to participate in the tryouts. After your child has been assigned to a team, you will be asked to pay the remaining balance if necessary. Here is the fee for each team:

Varsity - \$200.00

Junior Varsity/Middle School - \$175.00

The money is used to contribute towards transportation, equipment, facility rental, and referee costs. If a student is not selected for the team, the check will not be deposited, so trying out costs nothing. Families with two or more children playing will receive 25% off each additional child's fee.

WHAT SHOULD I DO WITH THESE FORMS?

In order to participate in the two day try-out, students must drop off the forms at the main office or with Mr. Peterson, Athletic Director.

Forms are due Friday October 27th.

More Details:

- Team practices will run from 3:45 - 5:15 PM during the season. Game times will vary and will be listed on the Athletics Calendar. Practices and Home Games will be held at The Wolves Den.
- Varsity teams will meet for practices and games every weekday, with some possible weekend commitments. Sub-varsity teams will meet 2-5 days per week with a possible Saturday game(s). The specific meeting dates will be posted on the school website athletics calendar, risingtide.org under Programs, Athletics. Varsity games will also be posted on *miaa.net* as well. Updates to the calendar will occur daily if necessary.
- The Winter Basketball Season runs from Nov. 27th to Feb. 22nd. During the season, there are two vacation periods during which there may be practices or games scheduled. Rising Tide values vacation time as family time. If practices or games are necessary to schedule during a vacation period, your child will not be penalized for missing practice/game as long as proper notification is made to the coaching staff.
- We will develop an email list for communication with parents. Any sudden changes in schedules (such as a snow cancellation), or setting up a carpool will be sent out via this email blast. Please list the email addresses you would like to be part of this list if your child is selected on a team.

email: _____

email: _____

email: _____

email: _____

- A coaches meeting with families will occur within the first two weeks of the basketball season immediately following a scheduled practice. An email will be sent out to confirm the date.



Name of Student _____ Grade _____ Home Phone # _____

Address _____

Parent/Guardian's Name _____ Cell Phone # _____

Emergency Contact Person _____ Relationship _____

Emergency Contact Home Phone # _____ Cell Phone # _____

Participation in athletics can result in serious injury, even when measures have been taken to ensure safety. In the event of an injury the school will provide first aid, but all other treatment is the responsibility of the parent/guardian. Participating on an athletic team/club at Rising Tide is not required, and students do so on a voluntary basis with the permission of their parent(s) or guardian(s).

Families are required to pay a user fee for each season. If a student is removed from the team/club before the conclusion of the season for any reason, Rising Tide has the right to keep the entire user fee.

Rising Tide will use buses and/or parent carpools to transport students to and from practices and games. By signing this waiver you are permitting your child to ride in a private vehicle driven by another student's parent or guardian as well as a bus chartered by the school.

All uniforms are property of Rising Tide and should be returned to the school at the end of the season or the family will be charged for the replacement cost.

A student may be removed from team at any point in the season if the grade-level team determines it is necessary. Students can be dismissed from a team/club for both academic and non-academic reasons.

A student will not be permitted to participate in any activities until s/he has a physical form on file with the school which has been completed within 13 months of the tryout date. A completed concussion awareness form, pre-participation head injury/concussion reporting form, and user fee must also be submitted before a student is allowed to participate in the tryout.

I hereby give permission for _____ to participate in the Basketball 2017 - 2018 winter season.

Parent/Guardian signature

Date



CONCUSSION AWARENESS FORM

Dear Parents/Guardians:

As the prevalence and dangers of head injuries in athletics have become more evident, it is important for both student-athletes and their families to have a greater understanding of the issue. For the safety of our student-athletes, Rising Tide Charter Public School is requiring that both parents/guardians AND the student complete ONE of the following free online concussion courses. The completion of this course is required before your child tries out for an athletic team at Rising Tide. **It must be completed once per school year.**

Complete one of the online courses on concussion/head injuries. It should take less than 30 minutes to complete the course, including registration. Please print a copy of the completion certificate for your records.

- National Federation of High School Coaches Course, *Concussion In Sports - What You Need To Know*

<http://www.nfhslearn.com/electiveDetail.aspx?courseID=15000>

OR

- Centers for Disease Control Course, *Heads Up Concussion In Youth Sports*

http://www.cdc.gov/concussion/HeadsUp/online_training.html

Signing below acknowledges that you have successfully completed one of the online free sports concussion awareness courses.

Student-Athlete Name _____ Sport _____

Student-Athlete Signature _____ Date _____

Parent/Guardian Name _____

Parent/Guardian
Signature _____ Date _____



**PRE-PARTICIPATION HEAD INJURY/CONCUSSION REPORTING FORM FOR
EXTRACURRICULAR ACTIVITIES**

This form should be completed by the student's parent(s) or legal guardian(s). It must be submitted to the Athletic Director in the Try-Out Packet prior to the start of each season a student plans to participate in an extracurricular athletic activity.

Student's Name	Sex
Date of Birth	Grade
School	Sport BASKETBALL
Home Address	Telephone

Has student ever experienced a traumatic head injury (a blow to the head)? Yes / NO

If yes, when? Dates (month/year): _____

Has student ever received medical attention for a head injury? Yes / No

If yes, when? Dates (month/year): _____

If yes, please describe the circumstances:

Was student diagnosed with a concussion? Yes_____ No_____

If yes, when? Dates (month/year): _____

Duration of symptoms (*such as headache, difficulty concentrating, fatigue*) for most recent concussion: _____

Parent/Guardian:

Name: _____ Signature/Date _____

Student Athlete:

Signature/Date _____