



**Cross Country
Fall 2017 Season
Packet**

WHEN?

There will be a two day try-out session on Thursday, August 24th and Friday, Aug. 25 for both the boys' and girls' cross country teams.

Try-outs will be held during the following times:

Thursday, August 25 4:00 - 5:00 pm, Rising Tide, 59 Armstrong Rd.

Friday, August 26 4:00 - 5:30 pm, Rising Tide, 59 Armstrong Rd.

WHO CAN TRY-OUT?

Boys & Girls in grades 8 - 12.

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.
3. Completed pre-participation head injury form. Must be signed by both the student and a parent/guardian.
4. Concussion Impact Testing. Initial Impact test will need to be completed prior to the start of try-outs. Dates for the testing will be determined at a later time.
5. 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.
6. Equipment. Students should wear proper running shoes, athletic clothing, and a water bottle.
7. User Fee Deposit: A deposit of \$200.00 is required to participate in the tryouts. After your child has been assigned to a team, you will be asked to pay any remaining balance. Here is the fee for each team:

Varsity - \$200.00

The user fee contributes towards transportation, equipment, facility rental, and uniforms. Families with two or more children participating in the fall season will receive 25% off each additional child's fee.

WHAT SHOULD I DO WITH THESE FORMS?

In order to try out for the team, mail or drop off the forms at the Rising Tide Middle School building, located at 6 Resnik Road in Plymouth, or the Upper School with Mr. Peterson.

Forms are due by Monday, June 19th. If you need more time, please email Mr. Peterson at mpeterson@risingtide.org.

More Details:

- A Voluntary summer cross country training program will be available on the athletics section of the Rising Tide website (risingtide.org).
- Regular practices will start at Rising Tide. Wednesday's are listed as no practice days, but may become rescheduled practice or meet days if there are any postponements or weather cancellations. There are meets or events that take place on weekends. Please refer to the athletics calendar for the schedule.
- You can view the Cross Country schedule through our google calendar link on our athletics page at risingtide.org. Updates on the athletic calendar will occur daily if necessary.
- A Parent communication email will be developed. Any sudden changes in schedules (such as a snow/rain cancellation), or setting up a daily carpool list 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 participating on the Cross Country team.

email: _____

email: _____

email: _____

email: _____



2017-2018 ATHLETIC PARTICIPATION WAIVER

Name of Student: _____ Grade: _____ Home Phone #: _____

Address: _____

Parent/Guardian's Name: _____ Cell Phone #: _____

Emergency Contact Person: _____ Relationship: _____

Emergency Contact 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 the team at any point in the season if the grade-level team, coach, and/or AD 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 Rising Tide Athletics programs.

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 MIDDLE UPPER	Sport CROSS COUNTRY
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 _____