



Co-ed Golf
Fall 2018 Season
Packet

WHEN?

Boys and girls expressing interest in Golf shall attend tryouts on Thursday August 23, from 3:30 until 5:00 pm and Friday, August 24, from 3:30 until 5:30 pm. Tryouts will be located at Village Links Golf Course.

Golf practices will run from 3:30 to 5:00 pm during the fall season.

WHO CAN TRY-OUT?

Boys & Girls in grades 6 - 12.

HOW MANY TEAMS ARE THERE?

The Golf team will consist of a co-ed Varsity and JV team. Golf will need to be limited to 20 participants. If there are more than 20 participants, cuts may need to be made. The Varsity team will consist of 6-8 participants. All others will participate in practice or exhibition JV style match play when scheduled.

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. This baseline test is useful tool to assist in determining aspects of care in providing those who experience a concussion injury. This test is good for two years. Students will need to follow this link [IMPACT BASELINE TEST \(https://www.impacttestonline.com/htmllauncher/\)](https://www.impacttestonline.com/htmllauncher/) and use the code: **CQPM8GKKMM** . The test will take about 30 minutes. The test needs to be completed using a computer with a mouse. Please email the results upon completion to mpeterson@risingtide.org
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 golf attire such as a collared shirt, khaki style pants/shorts, and sneakers minimum. A jacket or long sleeve shirt due to changes in temperatures would be beneficial as well.
7. User Fee Deposit: A deposit 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 if necessary. Here is the fee for each team:

Varsity - \$200.00

JV - \$175.00

The user fee can be paid through myschoolbucks or by check/money order.

- Credit/debit card - myschoolbucks.com in which parents/guardians will need to set up an account with the students name and date of birth.
- Check or money order made out to Rising Tide

The user fee contributes towards transportation, equipment, facility rental, uniforms, and referee costs. If a student is not selected for the team, the deposit check will not be deposited, so trying out costs nothing. **Families with two or more children playing in the fall season will receive 25% off each additional child's fee.**

WHAT SHOULD I DO WITH THESE FORMS?

Please mail, drop off, or email the forms to Rising Tide Charter Public School. 59 Armstrong Rd. Plymouth, MA 02360. **Forms can be handed in asap. Please return them to the Main Office or email Mr. Peterson at mpeterson@risingtide.org.**

More Details:

- Golf practices will run from 3:30 until 5:00 pm during the season. Practices and home matches will be held at *at Squirrel Run Golf Course (32 Elderberry Dr, Plymouth) or at Village Links Golf (265 S Meadow Rd, Plymouth)*. You can view the Golf schedule through our google calendar link on our athletics page at risingtide.org/athletics. Updates on the calendar will occur daily if necessary.
- Transportation to Squirrel Run Golf Course or Village Links Golf Course will be provided. Occasionally a carpool will need to be created. If you are able to carpool from Rising Tide to the Golf Course, please fill out the attached cori form.
- 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 Golf team.

email: _____

email: _____

email: _____



RISING TIDE ATHLETIC PARTICIPATION WAIVER 2018-2019

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 Rising Tide Athletics program.

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 and turn it in with this packet.**

- National Federation of High School Coaches Course, *Concussion In Sports - What You Need To Know. Create a sign in if necessary.*

<https://nfhslearn.com/courses?searchText=Concussion>

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(s) _____

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 |
| Home Address | Primary 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 _____