

AURORA FRONTIER ATHLETICS 2015 - 2016



Dear Parents: Aurora Frontier offers the following sports to 6th, 7th, and 8th grade students.

Fall Sports (Starts August 11): Girls' Swimming / Boys' and Girls' Track

Late Fall Sports (Starts September 28): Wrestling / Girls' soccer

Winter Sports (Starts November 16): Girls' Volleyball

(Starts January 19): Boys' Basketball

Spring Sports (Starts March 7): Girls' Basketball / Boys' Soccer

Practice Times: Students will practice Monday – Friday during the season on all student contact days, unless there is a game or practice is cancelled. In general, practice will be after school until about 4:15. Please check with each coach to find out their practice schedule. If your child is to be picked up, please be on time.

All student athletes must meet the following criteria before they are eligible to participate in the athletic programs at Aurora Frontier. Students may not practice until all forms and fees are paid. Please make sure all of the items are filled out correctly. Any form that is not filled out will delay your child's participation.

- Have a physical examination done by a certified physician or physician's assistant. Physicals are good for one year from the date given. Please take the form from the packet to the doctor for a signature.
- Students must have medical insurance to participate. If your child does not have medical insurance, school insurance can be purchased. Forms are in the main office.
- Fill out the Athletic Participation Permission form.
- Fill out the Medical Examination form.
- Fill out the Emergency Card.
- Students / Parents must read and sign the Rules of Conduct for Athletes.
- Students / Parents must read and sign the Academic Eligibility.
- There is a fee of **\$33 per sport**. The maximum amount to be paid by a family with two or more students will be limited to \$99 per school year. The maximum amount to be paid by a family with one athlete will be \$66 per school year.

Please call 303-693-1995 if you have any questions!

Thomas P. Gibbens
Athletic Director



**Aurora
Public Schools**
1085 Peoria Street
Aurora, CO 80011



ATHLETIC PARTICIPATION PERMIT

To the Parents/Legal Guardians:

Please check or answer the statements given below:

1. Name (student) _____

Last
First
Middle
2. Address (family) _____

Telephone
3. Family Doctor _____

Telephone
4. I hereby give my permission for _____ to participate in the Aurora Public School Athletic Program in the following sport (please circle):

High School: Baseball, Basketball, Cheerleading, Cross Country, Football, Golf, Gymnastics, Pompons, Soccer, Softball, Swimming, Tennis, Track, Volleyball, and Wrestling.
Middle School: Basketball, Soccer, Swimming, Track, Volleyball and Wrestling.

5. **INSURANCE** - All students participating in interscholastic athletics are **required** to be covered by a student injury insurance plan. The following plans are acceptable. Please indicate the coverage for your child.

- a. Student's injury plan available through the Aurora Public Schools. 9 Yes 9 No
- b. Family student injury plan available through _____
- c. Military insurance coverage is acceptable. Please list identification number _____

6. In case of accident or serious illness, whom should the school call when parents cannot be reached by telephone? Please give names and telephone numbers of persons who can get word to you or take responsibility.

Name	Address	Telephone
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7. We understand that there is a risk of _____
(Name of student)

being injured that is inherent in all sports. We realize the risk of injury may be severe, including the risk of fractures, brain injuries, paralysis or even death, and we release and discharge the Aurora Public Schools, their agents, employees and directors, from any and all liability for such injury resulting, directly or indirectly, from such participation. We further recognize and agree that the Aurora Public Schools do not waive their defenses provided by the Colorado Governmental Immunity Act.

_____, 20_____
Date of this Report

Parent's Signature



1085 Peoria Street
Aurora, CO 80011

MEDICAL EXAMINATION - Athletics

Student Name _____ Date of Birth _____

Parents or Guardians _____

Address _____ School _____

Parent:

Current status of student's health:

Allergies? Yes__ No__ If so, describe _____

Contact lenses, glasses,
teeth braces, or any prosthesis
(artificial tooth, limbs, etc.) Yes__ No__ If so, describe _____

Long term prescribed medication?
Yes__ No__ If so, describe _____

Describe any other significant medical or health problems (asthma, diabetes, epilepsy, hearing condition, kidney problems, etc.)

Previous history of health:

Convulsions: Yes__ No__ If so, describe _____

Head Injuries: Yes__ No__ If so, describe _____

Prior athletic injuries Yes__ No__ If so, describe _____

Fractures: Yes__ No__ If so, describe _____

Serious or chronic illness Yes__ No__ If so, describe _____

Describe any other significant medical or health programs: _____

Parents Signature _____ Date _____

Physician's Medical Examination For Athletics

In order for this student to participate in the Aurora Public Schools athletic program, it is necessary that we have a complete record of health status. Please complete the following information and sign where indicated.

Height _____ Weight _____ Blood Pressure _____ UA _____ HCT _____

Check the Appropriate Space for Each Item

	Normal	Abnormal
Eyes		
Ears		
Nose		
Skin		
Glands		
Throat		
Heart		

	Normal	Abnormal
Lungs		
Extremities		
Hernia		
Others		

Describe any Abnormalities: _____

I certify that I have, on this date _____, _____, 20____, examined _____
(month) (day) (year) (name of student)
 and find him/her physically able to compete in supervised activities **NOT CROSSED OUT BELOW.**

BASKETBALL	GOLF	SWIMMING
BASEBALL	GYMNASTICS	TENNIS
CHEERLEADING	POMPONS	TRACK
CROSS COUNTRY	SOCCER	WRESTLING
FOOTBALL	SOFTBALL	VOLLEYBALL

List any modifications or constraints for participation:

Physician's Name, Address and Phone # (please type):

 Physician's Signature

Aurora Frontier Athlete's Code of Conduct

As a student/ athlete representing Aurora Frontier and Aurora Public Schools, you carry a huge responsibility to act in a way that will bring pride to the District, your school, your team, and your family. In as such, the following are guidelines of expected behavior. By signing at the bottom, after reading, you agree to abide by these standards of behavior set forth by Aurora Frontier.

1. I agree to attend all practices and be on time. If I am unable to attend practice, I will let my coach know ahead of time and bring an excused note from my parents or guardian the next day.
2. I agree to respect those in authority, including the coaches, administrators, custodians, teachers, officials, and adults in charge from other schools.
3. I agree to respect and care for the equipment I am issued and agree to do the best I can to return it at the end of the season in good condition. This also includes the locker I am issued. If I damage or lose any equipment or uniform, I know I will be responsible for paying for the replacement of the equipment.
4. I agree to practice good sportsmanship before, during and after contests.
 - I agree to congratulate my opponent on his/ her effort (shake hands after games)
 - I agree to not argue with calls made by officials
 - I agree to practice self control at all times, including no fighting or taunting or other negative behavior which would bring disrespect to my team and school
5. I agree to represent my team and Aurora Frontier with pride by following the procedures set by my coach, Aurora Frontier, and APS – at school and to/ from contests.
6. I agree to leave the facility I am visiting in better condition than when I arrived. This means not damaging or vandalizing school property, stealing, or leaving trash behind.
7. I agree to encourage and remind my teammates of expected behavior and to correct it when necessary. He/ she is representing the program of which I am proud to be a part of.
8. I agree to attempt to resolve conflicts or concerns with my coaches before asking my parents to get involved. I understand that part of the lesson I am learning thorough participation in sports is that I have responsibility for my actions and for learning how to handle adverse situations.

I, _____, have read the statements of expected behavior and do agree to follow these guidelines in order to bring respect of others to our team and to represent our team and school with class.

_____ (signature) _____ (date)

ELIGIBILITY:

Team members and managers in the athletic program are limited to 6th, 7th, and 8th grade students. A student must remain eligible to participate in sports competitions. Eligibility is determined by a student's work habits as indicated on the Work Habits Rubric, shown below. If a student receives a score below a 3 in any area from two classroom teachers, that student is deemed ineligible to compete for the following week. Coaches will notify students and parents if a student is deemed ineligible.

WORK HABITS GRADING RUBRIC

Indicators	4 Consistently Meets expectations	3 Frequently meets expectations	2 Infrequently Meets expectations	1 Does not Meet expectations
Effort	Consistently shows Commitment to academic growth Consistently demonstrates positive attitude and/or eagerness toward learning	Frequently shows commitment to academic growth Frequently demonstrates positive attitude and/or eagerness toward learning	Infrequently shows commitment to academic growth Infrequently demonstrates positive attitude and/or eagerness toward learning	Does not show commitment to academic growth Does not demonstrate positive attitude and/or eagerness toward learning
Engagement	Consistently interacts respectfully Always participates appropriately in class (independently, in small group, pair discussions and listens actively) Consistently challenges oneself	Frequently interacts respectfully Frequently participates appropriately in class (independently, in small group, pair discussions and listens actively) Frequently challenges oneself	Infrequently interacts respectfully Infrequently participates appropriately in class (independently, in small group, pair discussions and listens actively) Infrequently challenges oneself	Does not interact respectfully Does not participate in class discussion or listen actively Does not challenge oneself
Homework	Consistently completes on time Consistently demonstrates high quality	Frequently completes on time Frequently demonstrates high quality	Infrequently completes on time Infrequently demonstrates high quality	Does not complete on time Does not demonstrate high quality
Responsibility	Consistently present, on time, and prepared to learn Consistently meets deadlines and completes makeup work Consistently demonstrates academic honesty	Frequently present, on time, and prepared to learn Frequently meets deadlines and completes makeup work Frequently demonstrates academic honesty	Infrequently present, on time, and prepared to learn Infrequently meets deadlines and completes makeup work Infrequently demonstrates academic honesty	Rarely present, on time, and prepared to learn Rarely meets deadlines and completes makeup work Rarely demonstrates academic honesty

Parent Signature _____