

# THUNDERBOLT MIDDLE SCHOOL ATHLETIC HANDBOOK AND PAPERWORK

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Physical Form  
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“Know the Risks” video ([Watch video online.](#))

The documents that require signatures will need to be printed off, signed, and returned to Thunderbolt Middle School *before* tryouts or a sport begins. The \$100 fee per sport is not due until the student makes the team.

## Documents required before tryouts:

- Physical form
- Student/Parent Consent to Treat Form
- Proof of Medical Insurance
- Birth certificate or appropriate substitute on file

The Informed Consent video is also online for you to view and sign off that you’ve seen it.

The Tax Credit Program allows for the sports participation fee to be paid by either couples contributing up to \$400 or a single person up to \$200. Most people have to pay some taxes so it makes sense to pay through the tax credit program. This keeps your money in Lake Havasu by supporting an athlete or the overall program. The Tax Credit is a dollar for dollar credit on taxes owed to the State of Arizona. If your employer would like to set up a payroll deduction system, Jackie Taylor is available to present the program to your company. She can be reached at 928-505-6917 or at [jtaylor@havasu.k12.az.us](mailto:jtaylor@havasu.k12.az.us).

## THUNDERBOLT SPORTS SCHEDULE - TENTATIVE DATES

### FALL SPORTS (August-October)

<i>Volleyball (Interscholastic)</i>	<i>Girls Only</i>	<i>Grades 7,8</i>
<i>Cross Country (Interscholastic)</i>	<i>Boys &amp; Girls</i>	<i>Grades 6, 7, 8</i>

### WINTER SPORTS (November-February)

<i>Basketball (Interscholastic)</i>	<i>Boys &amp; Girls</i>	<i>Grades 7, 8</i>
<i>Spiritline (Basketball games)</i>	<i>Girls</i>	<i>Grades 7, 8</i>

### SPRING SPORTS (March-May)

<i>Softball (Interscholastic)</i>	<i>Girls Only</i>	<i>Grades 7, 8</i>
<i>Baseball (Interscholastic)</i>	<i>Boys Only</i>	<i>Grades 7, 8</i>
<i>Track (Interscholastic)</i>	<i>Boys &amp; Girls</i>	<i>Grades 6, 7, 8</i>

**\*Game schedules will be determined at the seasonal Directors' Meeting, & will be provided to players after teams are selected.**

**\$100 fee per sport**

# Thunderbolt Middle School

## Parent/Athlete Handbook



## **THUNDERBOLT MIDDLE SCHOOL ATHLETIC PHILOSOPHY**

The athletic program at Thunderbolt Middle School is intended to develop a successful orientation toward life. In athletics, no one performs well accidentally; it is the result of preparation. Preparation gives one a sense of confidence to perform well by dedicating him or herself toward a purpose. The same is true in life. A person who has set goals and knows where he or she is going, is preparing to be successful in many areas beyond athletics.

At all levels of competition, TMS's athletic department will strive to make every athlete's experience a success whether we win or lose. We will strive for a winning attitude and for excellence in every program, encouraging maximum participation and teaching the value of teamwork in all efforts in life.

### **GOALS AND OBJECTIVES**

- Emphasize the highest standards of sportsmanship, ethical conduct, and fair play
- Provide coaches who will be positive role models for students
- Foster an understanding and appreciation of athletics and the rules of the game
- Encourage and develop qualities of leadership, respect, cooperation, and understanding among participants
- Provide a satisfying and enjoyable activity for the athletes, student body, and community
- Create a desire to succeed and excel within the bounds of good sportsmanship
- Develop an appreciation for physical fitness and health
- Encourage athletes to train and be more active in sports year-round
- Maximize participation within budgetary realities
- Strive for success in individual programs with a commitment to excellence in the TOTAL athletic program

### **ELIGIBILITY**

#### **Age Limits**

If a student has reached 16 years of age, he/she is no longer eligible to compete in any sport. Also, if a student will turn 16 years old prior to the end of a particular season (as scheduled), he/she is ineligible to compete in that sport.

#### **Records of File**

The following must be recorded in the Athletic Director's office PRIOR to a student participating in try-outs or practice:

1. Physical examination
2. Student/Parent Consent Form
3. Birth certificate (or appropriate substitute)
4. Proof of medical insurance

**Participation Fee** -The fee is \$100 per sport. Fees for interscholastic sports are not due until the student has made the team.

#### **Insurance**

It is required that students participating in athletics have insurance coverage. If personal insurance is not in force, the school has brochures available on student accident insurance.

#### **Academics**

Students MUST pass all classes each week in order to be eligible to compete in interscholastic activities. Failure to receive a cumulative passing grade in EVERY class will result in the student being restricted from competition, but not from practice. Eligibility will be determined on Friday each week.

- Students are responsible to notify parents of eligibility status.
- If a student is ineligible, suspension from participation will be for **the following Monday through Saturday**.
- More than three (3) weeks of ineligibility will result in suspension from the team and all sports/activities for that season. No refunds will be given.

## **Citizenship**

Students who fail to receive a satisfactory mark in three or more classes for a quarter will not be permitted to participate in interscholastic activities during the following quarter (nine week grading period).

## **TRAINING RULES**

It is an honor and privilege to compete in interscholastic athletics. Athletes at Thunderbolt Middle School occupy a position of leadership and influence. They are expected to set an example of sportsmanship, integrity, and exemplary conduct. We are proud of our athletic accomplishments and reputation which is based not only on won/loss records, but on the conduct our athletes have exhibited on and off the field. The following guidelines will be applied to ALL participants in our athletic program:

- The student conduct code as outlined in the student handbook will apply to ALL athletes.
- The use, possession, and/or distribution of tobacco, alcohol, drugs, and/or paraphernalia may result in suspension from the team for the season. Violation of this rule for a second time may result in suspension from the athletic program for the remainder of the school year.
- Severe disciplinary infractions may result in suspension from the team and/or athletic program. EXAMPLES: Theft, pilferage, unsportsmanlike conduct, improper bus behavior, fighting, insubordination, or any other actions which reflect unfavorably on the team or TMS. Suspensions will be handled by the coach and the Athletic Director.
- Each head coach will establish specific rules and regulations for their programs. They will communicate these rules to parents and student athletes prior to the start of the season. EXAMPLE: First referral, sit out one game, second referral, sit out two games, etc.

## **Disciplinary Referrals**

Students who have been assigned after school detention, SESA, or OSS (Out-of-School Suspension) will not be allowed to travel or participate in athletics until the disciplinary obligation is completed.

## **Attendance**

If a student is absent from school, he/she will not be allowed to practice and/or participate in an athletic event the evening or night of the day on which the absence occurred. Participation in a weeknight game is **NOT** an excuse for absence from school the following day. Non-compliance with the attendance policy may result in disciplinary action.

## **Appearance**

The athletic department and administration believe that pride, discipline, morale, team unity, and community relationships are influenced by the general appearance of our athletes. The following regulations will be applied:

- No athlete shall wear clothing to practice and/or an athletic event that violates the dress code as outlined in the student handbook.
- Team dress will be determined by the head coach of each sport.

## **SPORTSMANSHIP RULE (A.I.A.)**

### **Ejection from a contest**

If an AIA contest official determines that a coach or player has acted in an unsportsmanlike manner during either a period or intermission, the coach or player may be ordered to leave the contest.

### **Penalties for ejection**

A player ejected from a contest for any reason shall be subject to disciplinary actions by either the Athletic Director or coach. If the unsportsmanlike conduct is repeated, penalties will increase and may lead to the player being removed from the team.

### **Leaving Bench Area**

When two or more persons (including coaches, non-playing contestants, and non-participating school personnel) leave their team's bench area to initiate a confrontation, or during an altercation in progress, the following shall occur:

- The contest officials may eject any person they determine to be in violation of “Leaving bench area” as indicated above.
- The contest officials may terminate the contest.
  1. If the contest is terminated, the team(s) that left the bench area must forfeit the contest and record a loss.
  2. If the contest is terminated during a tournament or post-season play, the offending team(s) will be removed from further tournament or post-season competition.

### **COMMITMENT TO SCHOOL SPORTS TEAM**

A student who becomes a member of a school team commits him or herself to that team over any other sports club or organization for the duration of the school’s season. (Example: an athlete competing on the school’s track team will not miss a practice or meet in order to participate on another team).

### **EQUIPMENT**

Equipment is all numbered and recorded by the coach. At the end of the season athletes are responsible for returning the exact item(s) issued to them.

- If an item is lost or damaged through abuse, the athlete is responsible for paying the cost to replace it.
- Athletes will turn in equipment at the end of the last game or the next school day.
- No athlete may check out equipment for another sport until he/she has been cleared from the previous sport.
- Any athlete who has quit or been removed from a team will turn in all equipment immediately.

### **INJURIES**

It is the responsibility of the athlete and his/her parent to report injuries that have not been witnessed by the coach or other responsible persons. Injuries **MUST** be reported promptly and accurately to the coach in charge.

### **TRANSPORTATION**

Students are required to travel to and from athletic events by school transportation. **EXCEPTION:** Students may be allowed to return with **THEIR PARENT** if written permission is submitted to the Athletic Director for approval **PRIOR** to the trip.

- No food or drinks are allowed on school vans or buses.
- Athletes are not permitted to leave the site of the athletic contest unless they are with a coach.
- Athletes not adhering to the transportation policy will be disciplined.

### **COMPLETION OF SPORT/ACTIVITY**

- Head coaches will establish criteria for making their teams. Athletes who are cut should be informed of the reasons and should be encouraged to go out for another sport.
- Any athlete who quits a team after the first interscholastic contest may **NOT** participate in any other school sport until the sport he/she quit is over. **EXCEPTION:** A written release from the head coach of the sport the athlete has quit. The release must be approved by the Athletic Director.
- Provision #2 will also apply to any athlete who is removed from a team for disciplinary reasons. The exception does not apply.

### **AWARDS**

All awards are presented at the next scheduled Awards Assembly after completion of the season.

- Coaches will establish criteria for athletic awards.
- At the end of each season, special awards may be given to outstanding athletes. The coaches will be responsible for these award selections.
- No athlete who has quit, been removed from a team, or has failed to complete the season will be eligible for an athletic award.
- Coaches have the prerogative to recommend an award to an athlete who was unable to complete the season because of injuries or illness.

Game schedules will be determined at the seasonal Directors’ meeting and will be provided to players after teams are selected.

**Student/Parental Consent – Agreement to Participate**

We have seen the video entitled “Know the Risks”, and we are aware that there are risks involved in participating in any sport. We understand that the risks include a full range of injuries from minor to severe. We recognize the possibility that the participant might die, become paralyzed, or suffer brain damage or other serious permanent injury as a result of his/her participation in this sports program. We realize that the protective equipment used in the sport, the safety rules and procedures of the sport, the coaching instruction he/she receives nor the sports medicine care he/she is provided will guarantee safety or prevent all injuries he/she might sustain. My child is interested in the following sports offered:

- |                                  |                                  |                    |
|----------------------------------|----------------------------------|--------------------|
| Cross Country (6,7,8)            | Interscholastic Volleyball (7,8) | Spirit Squad (7,8) |
| Interscholastic Basketball (7,8) | Track and Field (6,7,8)          | Baseball (7,8)     |
| Softball (7,8)                   |                                  |                    |

(Please circle ALL sports your child wishes to participate in)

I acknowledge that I understand and appreciate the potential risks of injury associated with my child’s participation in the indicated sport(s), and the student athlete understands it is his/her responsibility to follow the coaches’ instructions regarding playing techniques, training, and team rules. We also understand that in order to maintain eligibility to participate in all sports that these instructions, as well as, all applicable athletic association, school, and team rules, will be adhered to. Student conduct code as outlined in the student handbook will apply to ALL athletes. Please refer to your Athletic Handbook.

This acknowledges that I grant permission for my child to participate in the indicated sport(s). I also give my consent to authorize the team trainers, coaches, or physicians to render any necessary first aid or other medical treatment. I further give my consent to authorize team trainers, coaches, or physicians to use their own judgment in securing medical aid and emergency medical transport in my absence.

\_\_\_\_\_  
Parent Name (please print)

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Insurance Company \*REQUIRED

\_\_\_\_\_  
Insurance Policy Number \*REQUIRED

\_\_\_\_\_  
Day Phone

\_\_\_\_\_  
Evening Phone

\_\_\_\_\_  
Emergency Contact Number

PLEASE PRINT: (Last Name) (First Name) (School)

Sex \_\_\_\_\_  
 Grade \_\_\_\_\_  
 Birth Date \_\_\_\_\_

**Interscholastic Athletic Physical Examination Summary**  
 (To be filled out and signed by examining physician)

Eyes R \_\_\_\_\_ L \_\_\_\_\_ Glasses: Yes \_\_\_\_\_ No \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Skin \_\_\_\_\_ Ears \_\_\_\_\_

Nose & Throat \_\_\_\_\_ Lungs \_\_\_\_\_

Hearing R \_\_\_\_\_ L \_\_\_\_\_ Urinalysis \_\_\_\_\_ Diabetes \_\_\_\_\_

Blood Pressure & Heart \_\_\_\_\_ Heart Murmur \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_

Deformities or Present Illnesses \_\_\_\_\_

Hernia Evidence \_\_\_\_\_ Would Athletic Competition Be Injurious? \_\_\_\_\_

Teeth: Good \_\_\_\_\_ Repair \_\_\_\_\_ Need Attention \_\_\_\_\_ Prosthesis \_\_\_\_\_

Concussion \_\_\_\_\_ Epilepsy \_\_\_\_\_ Other \_\_\_\_\_

I hereby certify that I have on this date examined the above student and recommend him (or her) as being physically able to participate in all supervised athletics and physical education activities:

**INTERSCHOLASTIC SPORTS**  
 All Sports with the exception of \_\_\_\_\_  
 \_\_\_\_\_

**PHYSICAL EDUCATION ACTIVITIES**  
 All Sports with the exception of \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 (DATE) \_\_\_\_\_ 19 \_\_\_\_\_

\_\_\_\_\_  
 (SIGNATURE OF EXAMINING PHYSICIAN)

-----  
**HEALTH HISTORY**  
 (To be filled out and signed by parent)

Has your child \_\_\_\_\_, ever had or now has:

YES	NO	(CHECK EACH ITEM)	YES	NO	(CHECK EACH ITEM)	YES	NO	(CHECK EACH ITEM)
		Allergy to bee stings			Fainting (Frequent)			Mumps
		Anemia			Heart murmur			Pneumonia
		Arthritis			Hepatitis			Polio
		Asthma			Hernia			Rheumatic fever
		Chicken pox			Hives			Sinus trouble (Severe)
		Concussion			Kidney trouble			Sore throats (Chronic)
		Diabetes			Measles			Tuberculosis
		Eczema			Menstrual Cramps-Severe			Whooping cough
		Emotional problems			Migraine headaches			Other
		Epilepsy			Mononucleosis			

Operations \_\_\_\_\_  
 Nature \_\_\_\_\_ Year \_\_\_\_\_ Nature \_\_\_\_\_ Year \_\_\_\_\_  
 Fractures \_\_\_\_\_  
 Nature \_\_\_\_\_ Year \_\_\_\_\_ Nature \_\_\_\_\_ Year \_\_\_\_\_  
 Tuberculin Skin Test: Positive Reaction \_\_\_\_\_ Negative Reaction \_\_\_\_\_ Year \_\_\_\_\_

If student has had prolonged absences from school, state why and when: \_\_\_\_\_  
 To which drugs is student allergic \_\_\_\_\_

If student is now under medical treatment, why and the doctor \_\_\_\_\_  
 Dates of Last: Tetanus Booster \_\_\_\_\_ Chest X-Ray \_\_\_\_\_

If emergency service involving medical action or treatment is required and neither the parents or guardians can be contacted, I hereby consent for the student named above to be given medical care by the doctor selected by the school.

I also give my permission for the student named above to participate in all interscholastic sports, with the exception of:  
 \_\_\_\_\_

NAME OF INSURANCE COMPANY: \_\_\_\_\_

\_\_\_\_\_  
 (DATE)

\_\_\_\_\_  
 (SIGNATURE OF PARENT OR GUARDIAN)

**THUNDERBOLT MIDDLE SCHOOL  
STUDENT LEAVE BUS WAIVER  
SINGLE TRIP**

**NOTE:** This form is to be completed, signed and returned to the athletic office for approval **24 hours prior to departure.** Once approved, the note will be forwarded to the coach.

I fully understand the following:

1. Parent/legal guardian permission must be given in writing **24 hours prior to the departure of any school trip.**
2. A student will only be released on a school trip to their **own parent/legal guardian** if the parent/legal guardian is traveling to a destination other than Thunderbolt Middle School.
3. Written release from parent/legal guardian must be on file in order for parent/legal guardian to pick up the student at any **away** school activity. If parent/legal guardian cannot pick up student as planned, the student **must** return home with school transportation.
4. In consideration of being allowed to participate in the field/activity trip, the undersigned agrees to release and hold harmless LHUSD #1 and its employees or agents from any and all claims, liabilities or demands whatsoever arising or claimed to have arisen out of the student's participation in this field trip. It is specifically noted that students are solely responsible for all personal items they choose to bring in field/activity trips and any loss or damage should be reported to the family's homeowner's insurance company.

Therefore, I request permission for my son/daughter \_\_\_\_\_  
(Student's Name)

to leave from \_\_\_\_\_ for the \_\_\_\_\_ athletic  
(location of event) (sport)

event scheduled on \_\_\_\_\_.  
(date of event)

**By this request, I assume full responsibility for my student after being released by school personnel.**

Signature of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
**Administrative Approval**

OFFICIAL USE ONLY

Receipt #: \_\_\_\_\_  
Check #: \_\_\_\_\_  
Ck Amt. \$: \_\_\_\_\_  
Cash \$: \_\_\_\_\_

**LAKE HAVASU UNIFIED SCHOOL DISTRICT #1**  
2200 Havasupai Blvd. **Building A**, Lake Havasu City, AZ 86403-3798  
Phone: (928) 505-6917, Fax: (928) 505-6980  
**www.havasu.k12.az.us**

**EXTRACURRICULAR ACTIVITY FEE TAX CREDIT**

**This payment is eligible for the Arizona State income tax credit as allowed by A.R.S. §43-1089.01.**  
Please consult with your personal tax preparer to determine the application of this credit. If you mail in your form and check, a pre-numbered receipt will be mailed to you.

Please fill out one form per contributor. **PLEASE PRINT. Make check payable to** Lake Havasu Unified School District #1, 2200 Havasupai Blvd. **BUILDING A**, Lake Havasu City, AZ. 86403-3798.

Contributor/Taxpayer (One Name Only): \_\_\_\_\_ Date: \_\_\_\_\_  
Contributor/Taxpayer Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

*Please select your participation amount:*

\$ \_\_\_\_\_ **Maximum of up to \$200 (AZ Income tax filing: Single or Widowed)**  
\$ \_\_\_\_\_ **Maximum of up to \$400 (AZ Income tax filing: Married Filing Jointly)**

*Please select your school preference:*

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Lake Havasu High School   | <input type="checkbox"/> Smoketree Elementary  | <input type="checkbox"/> Havasupai Elementary |
| <input type="checkbox"/> Round Table Program       | <input type="checkbox"/> Oro Grande Elementary | <input type="checkbox"/> Starline Elementary  |
| <input type="checkbox"/> Thunderbolt Middle School | <input type="checkbox"/> Nautilus Elementary   | <input type="checkbox"/> Jamaica Elementary   |

*Please check the box of your choice:* (Check <http://www.havasu.k12.az.us/> for Preference List)

- No Preference (Distributed based on program need.)**
- Preference if any:** \_\_\_\_\_  
\*Must be from approved preference list only.

**If designating Middle School or High School students, complete below:**

**The high school Sport fee is \$400 per athlete per school year. NO FAMILY CAP.**  
**T-Bolt Sport fee is \$100 per Athlete per sport except Soccer is \$75 per athlete. NO FAMILY CAP.**

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_ Activity: \_\_\_\_\_ Amt: \_\_\_\_\_

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_ Activity: \_\_\_\_\_ Amt: \_\_\_\_\_

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_ Activity: \_\_\_\_\_ Amt: \_\_\_\_\_

School District Official's Signature: \_\_\_\_\_