## HIGH SCHOOL ATHLETIC PROGRAMS

<table>
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<tr>
<th>Season</th>
<th>Boys</th>
<th>Girls</th>
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<tr>
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<td>Cross Country</td>
<td>Cross Country</td>
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**BEACH DISTRICT OFFICERS AND CHAIRPERSONS**

<table>
<thead>
<tr>
<th>Position</th>
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<tbody>
<tr>
<td>Chairman</td>
<td>Dr. Claire LeBlanc</td>
<td>Ocean Lakes High School</td>
</tr>
<tr>
<td>Vice-Chairman</td>
<td>Mrs. Melissa S. George</td>
<td>Kempsville High School</td>
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<tr>
<td>Secretary</td>
<td>Mr. C. Todd Tarkenton</td>
<td>Green Run High School</td>
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<tr>
<td>Treasurer</td>
<td>Mr. James Miller</td>
<td>Bayside High School</td>
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<td>Baseball</td>
<td>Ms. Leeane Turnbull</td>
<td>Salem High School</td>
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<tr>
<td>Basketball</td>
<td>Mrs. Melissa S. George</td>
<td>Kempsville High School</td>
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<tr>
<td>Cheerleading</td>
<td>Dr. James Avila</td>
<td>Tallwood High School</td>
</tr>
<tr>
<td>Cross Country</td>
<td>Mr. Ryan Schubart</td>
<td>Floyd E. Kellam High School</td>
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<td>Debate</td>
<td>Dr. Michael Kelly</td>
<td>Frank W. Cox High School</td>
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<td>Drama</td>
<td>Ms. Leeane Turnbull</td>
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<td>Field Hockey</td>
<td>Dr. Michael Kelly</td>
<td>Frank W. Cox High School</td>
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<tr>
<td>Football</td>
<td>Mr. James Miller</td>
<td>Bayside High School</td>
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<tr>
<td>Forensics</td>
<td>Mr. C. Todd Tarkenton</td>
<td>Green Run High School</td>
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<tr>
<td>Golf</td>
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<tr>
<td>Gymnastics</td>
<td>Mr. James Miller</td>
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<td>Landstown High School</td>
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<td>Scholastic Bowl</td>
<td>Mr. Danny Little</td>
<td>Princess Anne High School</td>
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<tr>
<td>Soccer</td>
<td>Dr. Claire LeBlanc</td>
<td>Ocean Lakes High School</td>
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<tr>
<td>Softball</td>
<td>Mr. Danny Little</td>
<td>Princess Anne High School</td>
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<tr>
<td>Swimming</td>
<td>Mr. C. Todd Tarkenton</td>
<td>Green Run High School</td>
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<tr>
<td>Tennis</td>
<td>Dr. Nancy Farrell</td>
<td>First Colonial High School</td>
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<td>Track and Field</td>
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<td>Landstown High School</td>
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<td>Volleyball</td>
<td>Dr. James Avila</td>
<td>Tallwood High School</td>
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<tr>
<td>Wrestling</td>
<td>Mr. Ryan Schubart</td>
<td>Floyd E. Kellam High School</td>
</tr>
</tbody>
</table>
Bayside High School
4960 Haygood Road
Virginia Beach, VA 23455
Telephone: 648-5200
Principal: Mr. James D. Miller
Student Activities Coordinator: Ms. Lisa Corprew
Nickname: "Marlins"
Colors: Scarlet and Gold

Frank W. Cox High School
2425 Shorehaven Drive
Virginia Beach, VA 23454
Telephone: 648-5250
Principal: Dr. Michael Kelly
Student Activities Coordinator: Mrs. Jessica Horning
Nickname: "Falcons"
Colors: Forest Green, Gold, and Silver

First Colonial High School
1272 Mill Dam Road
Virginia Beach, VA 23454
Telephone: 648-5300
Principal: Dr. Nancy B. Farrell
Student Activities Coordinator: Mrs. Hollie Godfrey
Nickname: "Patriots"
Colors: Columbia Blue, White, and Gold

Green Run High School
1700 Dahlia Drive
Virginia Beach, VA 23456
Telephone: 648-5350
Principal: Mr. C. Todd Tarkenton
Student Activities Coordinator: Ms. Shani Twyman
Nickname: "Stallions"
Colors: Kelly Green, White, and Royal Blue

Floyd E. Kellam High School
2665 West Neck Road
Virginia Beach, VA 23456
Telephone: 648-5100
Principal: Mr. Ryan Schubart
Student Activities Coordinator: Mrs. Kathryn Cosimano
Nickname: "Knights"
Colors: Black, White, and Gold

Kempsville High School
5194 Chief Trail
Virginia Beach, VA 23464
Telephone: 648-5450
Principal: Mrs. Melissa S. George
Student Activities Coordinator: Mr. Tim Wolf
Nickname: "Chiefs"
Colors: Red, Blue, and Silver

Landstown High School
2001 Concert Drive
Virginia Beach, VA 23456
Telephone: 648-5500
Principal: Dr. Cheryl C. Askew
Student Activities Coordinator: Mr. David Siock
Nickname: "Eagles"
Colors: Royal Blue, Black, Silver and White

Ocean Lakes High School
885 Schumann Drive
Virginia Beach, VA 23454
Telephone: 648-5550
Principal: Dr. Claire R. LeBlanc
Student Activities Coordinator: Mr. John Williams
Nickname: "Dolphins"
Colors: Navy, Gold, Silver, and White

Princess Anne High School
4400 Virginia Beach Blvd.
Virginia Beach, VA 23462
Telephone: 645-5600
Principal: Mr. Danny M. Little
Student Activities Coordinator: Mr. Robert Robbins
Nickname: "Cavaliers"
Colors: Red, White, and Blue

Renaissance Academy
5100 Cleveland Street
Virginia Beach, VA 23462
Telephone: 648-6000
Principal: Ms. Kay L. Thomas
Student Activities Coordinator: Mr. Shawn McMahon
Nickname: "Gryphon"
Colors: Hunter Green, Black, & Silver

Salem High School
1993 Sun Devil Drive
Virginia Beach, VA 23464
Telephone: 648-5650
Principal: Ms. LeeaneTurmbull-Pallette
Student Activities Coordinator: Mr. Mark Harrison
Nickname: "SunDevils"
Colors: Red, Black, Silver, and White

Tallwood High School
1668 Kempsville Road
Virginia Beach, VA 23464
Telephone: 648-5700
Principal: Dr. James Avila
Student Activities Coordinator: Mrs. Christine Anderson
Nickname: "Lions"
Colors: Purple, Gold, White and Silver
# BEACH DISTRICT ATHLETIC MANUAL FOR PARENTS AND STUDENTS

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INTRODUCTION

The purpose of the Beach District Athletic Manual is to inform parents of policies set forth governing athletics and individual athletes at each school.

The following topics are covered in this manual:

1. Sportsmanship Guide
2. Parent/Coach Communication
3. Anti-Hazing Statement
4. Social Media Position Statement
5. Out-Of-Season Practice Rule
6. Insurance
7. Athletic Training
8. The Athletic Participation/Parental Consent/Physical Examination Form of the VHSL
9. ImPact/Concussion Information
10. Grading Scale
11. 2.0 Mandate for Interscholastic Activities
12. Collegiate Eligibility Requirements
13. Team Policy and Sport Specific Information
14. The Parental Statement of Understanding

Each school traditionally hosts a sports informational meeting for parents, which begins with a description of insurance information, the athletic training program, concussion information, the Athletic Participation/Parental Consent/Physical Examination Form of the VHSL, high school and collegiate eligibility requirements, and Virginia Beach core courses.

If you have any questions concerning this manual or the parent meeting, please contact the student activities coordinator at your school or the Virginia Beach City Public School Office of Student Activities at 263-2030.
Participation in co-curricular activities is a privilege. As representatives of Virginia Beach City Public Schools, student athletes are expected to conduct themselves in a manner that meets the highest standards at all times.

It is the goal of Virginia Beach City Public Schools to provide all students with opportunities to engage in athletic activities that enrich their education and further develop the core values of respect, responsibility, fairness, trust, and good citizenship.

Engaging in planned instruction teaches good sportsmanship and proper behavior. It is the responsibility of the administration, staff, coaches, parents, and the community at large to create a climate that fosters the development of these behaviors. This is accomplished by encouraging and modeling positive and appropriate behavior within the sporting environment while, at the same time, striving for excellence.

Expectations for the behavior of athletes, coaches, and spectators at athletic contests, practices, and events are outlined below:

**Athletes**

Athletes are required to meet the following expectations:

1. Be courteous to visiting teams and officials.
2. Play hard and to the limit of your ability, regardless of discouragement. True athletes do not give up nor do they argue, cheat, or taunt opponents.
3. Retain composure at all times and never leave the bench or enter the playing field/court to engage in a fight.
4. Be modest when successful and be gracious in defeat. A true competitor does not offer excuses.
5. Maintain a high degree of physical fitness by conscientiously observing team and training rules.
6. Demonstrate loyalty to the school by maintaining a high scholastic standing and by participating in or supporting other school activities.
7. Play for the love and honor of the game.
8. Understand and observe the rules of the game and the standards of eligibility.
9. Respect the integrity and judgment of officials and accept their decisions without question.
10. Respect the facilities of the host school and demonstrate the behavior expected of guests.

**Coaches**

Coaches are required to meet the following expectations:

1. Exemplify behavior that is representative of the educational staff of the school and a credit to the teaching profession.
2. Demonstrate high ideals, good habits and desirable attitudes in personal behavior and demand the same standards of your players. Make sportsmanship priority #1.
3. Emphasize to players and bench personnel the importance of proper sideline behavior and the necessity of restraining from entering the playing field/court.
4. Recognize that the purpose of competition is to promote the physical, mental, social, and emotional well-being of individual players and that the most important values of competition are derived from playing the game fairly.
5. Be a modest winner and a gracious loser.
6. Maintain self-control at all times, accepting adverse decisions without public display of emotion or of dissatisfaction with the officials.
7. Cooperate with the school administration in the planning, scheduling, and conduct of sports activities.
8. Employ accepted educational methods in coaching, giving all players an opportunity to use and develop initiative, leadership, and judgment.
9. Pay close attention to the physical condition and well-being of players, refusing to jeopardize the health of an individual for the sake of the team.
10. Teach athletes that it is better to lose fairly than win unfairly.
11. Demonstrate integrity. Do not allow gambling, profanity, abusive language, or similar violations.
12. Refuse to criticize an opponent, an official, or others associated with sports activities.
13. Properly supervise student athletes under your immediate care and specifically observe a coach’s responsibilities during events off school grounds.

Parents/Spectators
Parent/Spectators are required to meet the following expectations:
1. Realize that you represent the school and community and, therefore, have an obligation to be a true sportsman, encouraging through positive behavior the practice of good sportsmanship by others.
2. Recognize that good sportsmanship is more important than victory by approving and applauding good team play, individual skill, and outstanding examples of sportsmanship and fair play exhibited by either team.
3. Recognize that since the primary purpose of interscholastic athletics is to promote the physical, mental, moral, social, and emotional well being of the players, victory or defeat are of secondary importance.
4. Treat visiting teams and officials as guests, extending to them every courtesy.
5. Be modest in victory and gracious in defeat.
6. Respect the judgment and integrity of officials, realizing that their decisions are based upon game conditions.

Athlete/Parent/Coach Communication
Virginia Beach City Public Schools encourages open communication among athletes, parents, and coaches. Both athletes and parents are urged to discuss their concerns with the coach in the appropriate setting and at the appropriate time.

Appropriate concerns to discuss with the coach include issues of mental and physical well-being, strategies for improving individual performance, and issues of behavior.

Issues not appropriate for a parent to discuss with the coaches include playing time, starting positions, team strategy, play calling, and other athletes.

Conflict Resolution
It is desirable for conflicts to be resolved by an athlete with his/her coach. Occasionally, however, situations arise where conflicts are not able to be resolved through this interaction and the assistance of the student activities coordinator and/or principal is needed.

Spectator Conduct
The Virginia High School League requires school districts to monitor spectator behavior at all school sponsored activities. Accordingly, an event supervisor(s) may request any person involved in misconduct to leave the premises and may contact the police for assistance. The school has the authority to suspend individuals from attending all school sponsored activities for spectator misconduct. Virginia Beach City Public Schools appreciates positive support from all spectators.
PARENT/COACH COMMUNICATION

Parent/Coach Relationship
Both parenting and coaching are extremely difficult vocations. By establishing an understanding of each position, we are better able to accept the actions of the other and provide a greater benefit to student athletes. As parents, when your children become involved in our program, you have the right to understand what expectations are placed on your child. This begins with clear communication from the coach of your child's program.

Communications You Should Expect from Your Child's Coach

1. Philosophy of the coach
2. General expectations
3. Locations and times of all practices and contests
4. Team requirements, special equipment, strength and conditioning programs
5. Procedure if your child is injured during participation
6. Team rules, guidelines, and consequences for infractions
7. Lettering criteria
8. Team selection process

Communication Coaches Expect From Athletes/Parents

1. Concerns related to your child's general welfare
2. Notification of any schedule conflicts in advance
3. Notification of illness or injury as soon as possible

Appropriate Concerns to Discuss With Coaches

1. Ways to help your child improve
2. Concerns about your child’s behavior

It is very difficult to accept your child not playing as much as you hope. Coaches are professionals. They make decisions based on what they believe to be the best for all student athletes involved. As you have seen from the previous list, certain things can be and should be discussed with your child’s coach. Other things, such as those listed below, must be left to the discretion of the coach:

1. Playing time
2. Team Strategy
3. Play calling
4. Other student athletes

There are situations that may require a conference between the coach and player, or coach and parent. These conferences are encouraged. It is important that all parties involved have a clear understanding of the other person's position.
If You Have a Concern to Discuss With a Coach,

1. Call the coach to set up an appointment.
2. If the coach cannot be reached, call the student activities coordinator to help set up the meeting for you.
3. Please do not attempt to confront a coach before or after a contest or practice. These can be emotional times for both the parent and coach. Meetings of this nature usually do not promote positive resolutions.

The Next Step

What can a parent do if the meeting with the coach did not provide a satisfactory resolution?

1. Call and set up an appointment with the student activities coordinator to discuss the situation.
2. At this meeting the appropriate next step can be determined.

Parent Code

1. Be a positive role model through your own actions to make sure your child has the best athletic experience possible.
2. Be a “team fan”, as well as a “my kid” fan.
3. Weigh what your children say; they might slant the truth to their advantage.
4. Show respect for the opposing players, coaches, spectators, and support groups.
5. Be respectful of all officials’ decisions.
6. Praise student athletes in their attempts to improve themselves as students, as athletes, and as people.
7. Gain an understanding and appreciation for the rules of the contest.
8. Recognize and show appreciation for an outstanding play by either team.
9. Help your child learn that success is oriented in the development of a skill and should make a person feel good about themselves, win or lose.
10. If you as a parent have a concern, take time to talk with coaches in an appropriate manner including proper time and place. Be sure to follow the designated chain of command.
11. Please reinforce our drug and alcohol-free policies by refraining from the use of any controlled substance before and during athletic contests.
12. Remember that a ticket to a school athletic event is a privilege to observe the contest.

Be sensible, responsible, and keep your priorities in order. Participating on a Virginia High School League team is a wonderful opportunity for your child to grow physically, socially, and emotionally.
The Virginia Beach City Public Schools and the Beach District High School Principals Association, in an effort to promote a positive atmosphere in all student activities, subscribes to the following anti-hazing statement set forth below. It is the intention of the association that this information be shared with all members of the school community.

**Hazing Defined**

Hazing occurs when an act is committed against a student or a student is coerced into committing an act that creates a substantial risk of harm to the student or to any third party in order for the student to be initiated into, or affiliated with, any school group, club, athletic team, grade level, activity, or organization.

Hazing includes, but is not limited to:

- Any activity involving an unreasonable risk of physical harm, including, for example, paddling, beating, whipping, branding, electric shock, sleep deprivation, exposure to weather, placement of harmful substances on the body, or participation in physically dangerous activities.
- Any activity involving the consumption of alcohol, drugs, tobacco products, or any other food, liquid, or other substance that subjects the student to an unreasonable risk of physical harm.
- Any activity involving actions of a sexual nature or the simulation of actions of a sexual nature.
- Any activity that subjects a student to an extreme or unreasonable level of embarrassment, shame, or humiliation or which creates a hostile, abusive, or intimidating environment for the student.
- Any activity involving any violation of federal, state, or local law or any violation of school district policies and regulations.

**Monitoring On-Going Compliance with the Anti-Hazing Statement**

Administrators, coaches/sponsors, and the student activities coordinator should maintain an on-going plan of monitoring for such activities that would be deemed unacceptable according to this statement. All instances in question should be investigated.

**Process for the Reporting of Suspected Instances of Hazing**

All incidents of hazing should be reported immediately to school administrators.

*Adopted by the Virginia Beach High School Principals’ Association, February 10, 2004.*
BEACH DISTRICT SOCIAL MEDIA POSITION STATEMENT

Social Media has become engrained in today’s society. The wide variety of social networking tools presently available provides students easy access to share important news and events with each other. Social media technologies such as Twitter, Facebook, Internet forums, weblogs, social blogs, micro blogging, Wikis, podcasts, photographs, video rating, social bookmarking, and others have many benefits in our world; however, they can also be disruptive when inappropriate social media postings occur. Using these communication tools in an inappropriate manner can have negative consequences, especially if unkind words or threats are used with intent to hurt others.

The Beach District Principals’ Association recognizes and supports its student-athletes’ and coaches’ rights to freedom of speech, expression, and association, including the use of social networks. In this context, each student-athlete and coach must remember that participating and competing for the Beach District is a privilege, not a right. The student-athlete and coach represent his or her high school and the Beach District, and therefore, they are expected to portray themselves, their team, and their high school in a positive manner at all times. Any online postings must be consistent with federal and state laws, as well as team, school, school division and Beach District rules and regulations (including those listed below).

Specifically prohibited behaviors include but are not limited to:
- Sexually explicit, profane, lewd, indecent, illegal, or defamatory language/actions.
- Derogatory language regarding school personnel or other students.
- Comments designed to harass or bully students and/or school personnel.
- Nude, sexually-oriented, or indecent photos, images or altered pictures.

Also prohibited are all on-campus connections to off-campus violations of the policy.
- Use of school computers to view off-campus postings.
- Students accessing posts at school on their own devices.
- Distribution of hard copies of posts on school property.
- Re-communication on campus of the content of the posts.

Any authorized or unauthorized use in school or out of school of computer software, computer networks, telecommunications devices, information technology, and related technologies, which disrupts or interferes with the educational process in any manner is prohibited and may result in removal from the team or activity and a recommendation for expulsion.

*Virginia Code Ann. Sec. 18.2-60 states that any person who knowingly communicates in writing, including an electronically transmitted communication, a threat to kill or do bodily injury to a person or a member of his/her family is guilty of a Class 6 felony. Further, any person who communicates, in writing, including an electronically transmitted communication, a threat to kill or do bodily harm to another person on school grounds or premises, on a school bus or at a school sponsored event is guilty of a Class 6 felony.*

*Virginia Code Ann. Sec. 18.2-152.7 states that "A person is guilty of a crime of personal trespass by computer when he uses a computer or computer network to cause physical injury to an individual."*

*Virginia Code Ann. Sec. 18.2-152.7:1 states that "If any person, with the intent to coerce, intimidate, or harass any person, shall use a computer or computer network to communicate obscene, vulgar, profane, lewd, lascivious, or*
indecent language, or make any suggestion or proposal of an obscene nature, or threaten any illegal or immoral act, he shall be guilty of a Class 1 misdemeanor."  
[S.B. Policies 6-62 and 6-64] [S.B. Regulations 6-62.1 and 6-64.1] [Virginia Code Ann. Secs. 18.2-152.7; 18.2-152.7:1.] [Virginia Code Ann. Sec. 18.2-60]

Social Media Guidelines for Student-Athletes

1. Be careful with how much and what kind of identifying information you post on social networking sites. It is unwise to make available information such as full date of birth, social security number, address, phone number, cell phone numbers, class schedules, bank account information, or details about your daily routine. All of these can facilitate identity theft or stalking. Remember - once posted the information becomes the property of the website.

2. Be aware that potential current and future employers and college admissions offices often access information you place on online social networking sites. Realize that any information you post will provide an image of you to prospective employers and/or schools. The posting is considered public information. Protect yourself by maintaining a self-image that you can be proud of years from now.

3. Be careful in responding to unsolicited emails asking for passwords or PIN numbers. Reputable businesses do not ask for this information online.

4. Do not have a false sense of security about your rights to freedom of speech. Understand that freedom of speech is not unlimited. Social networking sites are NOT a place where you can say and do whatever you want without repercussions.

5. Remember that photos once put on the social network site’s server become the property of the site. You may delete the photo from your profile, but it still stays in their server. Internet search engines like Google or Yahoo may still find that image long after you have deleted it from your profile. Think long and hard about what type of photo you want to represent you.

One of the biggest lessons social networking users can learn is that anything you post online enters the public record. High school students should carefully consider their profiles and ask themselves how they would look to a future college admissions officer or potential employer.

Information contained in this document:

- Lee E. Green, J.D. – Baker University, Baldwin City, Kansas.
- Virginia Beach City Public Schools – Code of Student Conduct – Social Networking  
- St. Thomas Aquinas High School – Social Networking and Athletes – July 18, 2012  
  St. Thomas Aquinas High School - 197 Dover Point Rd, Dover, NH 03820 - Phone: 603-742-3206 - Fax: 603-749-7822

(Adopted 8-14-2012 by the Beach District Principal's Association)
VHSL OUT-OF-SEASON PRACTICE RULE

27-7-1 OUT-OF-SEASON PRACTICE RULE: All VHSL member school sponsored athletic teams are restricted from any organized activities during designated "dead periods." Out-of-season dead periods shall be 10-day periods beginning with the first permissible practice date of a sports season as published in the VHSL Calendar. A summer "dead period" for all athletic teams shall be from Sunday through Saturday of the week containing July 4th. During dead periods, no coaching, observing or contact between a coach(s) or player(s) may occur in the VHSL member school sponsored athletic team or activity involved. There may be no VHSL member school sponsored practice, open facilities, weight training/conditioning, out of season league(s) or member school sponsored clinics/camps. Outside of dead periods, all VHSL member school sponsored activities may occur on any day except Sundays. Team vs. team competition may occur only in camps or leagues. Schools, districts and/or regions may impose more restrictive guidelines. VHSL catastrophic insurance is not applicable to any out-of-season activities.

27-7-3 Penalty: Any school adjudged guilty of violating the Out-of-Season Practice Rule shall be subject to a fine as stated in 30-5-1 and such disciplinary action, including ineligibility for district championships, as the appropriate district committee, interdistrict committee or VHSL Executive Director may impose.

Additional District Guidelines:

- No spring football practice with pads/equipment.
- No school to school competition.
- All participants must have a current VHSL physical
- Only approved paid or volunteer coaches may work with students during VHSL out-of-season activities.
- Out-of-season activities CANNOT BE MANDATORY
- Out-of-season activities MUST BE OPEN TO ALL STUDENTS WITH A PHYSICAL
- Out-of-season activities CANNOT BE CONSIDERED CRITERIA FOR TRY-OUT

Please make sure that all coaches and student athletes are aware of the specific dates for the VHSL DEAD PERIODS.

FALL DEAD PERIOD: AUGUST 1-14, 2019
WINTER DEAD PERIOD: NOVEMBER 11-20, 2019
SPRING DEAD PERIOD: FEBRUARY 24-MARCH 5, 2020
SUMMER DEAD PERIOD: JUNE 28-JULY 4, 2020
Adequate insurance coverage for an athlete is the responsibility of the parent or guardian. The school system purchases accident insurance for students for coverage while they are involved in secondary school interscholastic athletic activities. The insurance plan includes only those sports, which are under the supervision of the Beach District. It does not include sports clubs offered by individual schools.

It must be clearly understood that no accident insurance plan is comprehensive. It is certainly possible that a child could be seriously injured resulting in sizeable medical costs for which parents are responsible. Serious injury could include, but is not restricted to, loss of bodily function, loss of organs or limbs, paralysis, and even death.

The school system is again offering insurance coverage without a premium cost to the parent with a deductible of $100.00 per injury.

Insurance information outlined on the following five pages is an attempt to briefly describe the insurance plan. It is not a copy of the policy.
SECONDARY SCHOOLS ATHLETIC
ACCIDENT INSURANCE PLAN HIGHLIGHTS

**COVERAGE** for accidents while participating in secondary school athletics. Travel is also covered, according to policy limits and limitations listed on the next page, when the student is going directly and uninterruptedly to or from conditioning, practice or competition.

**FULL EXCESS WITH $100 DEDUCTIBLE** – After a $100 deductible per incident, benefits are payable up to the applicable maximum for covered expenses that are not recoverable from another plan providing medical expense benefits. If the insured is not covered by another plan providing medical expense benefits, after a $100 deductible is met, benefits are then payable according to policy limits and limitations.

### INPATIENT HOSPITAL SERVICES
- Hospital’s most common charge for semi-private room & board (or room and board in an intensive care unit)
- Hospital ancillary services (including, but not limited to, use of the operation room)

### OUTPATIENT HOSPITAL SERVICES
- Hospital emergency room or ambulatory medical center
- Laboratory test
- Radiological procedures

### PHYSICIAN SERVICES (INPATIENT OR OUTPATIENT)
- Services of a Physician (a licensed practitioner of the healing arts acting within the scope of his or her license who is not 1) insured; 2) an immediate family; or 3) retained by the Policyholder)
- Anesthetics and the administration of anesthetics
- Physical therapy

### ADDITIONAL SERVICES
- Registered Nurse Services or Licensed Practical Nurse
- Ambulance service to or from a hospital
- Rental of durable medical equip/artificial limbs, artificial eyes or other prosthetic appliances
- Medicines or drugs administered by a physician or that can be obtained only with a physicians’ written prescription
- Artificial eyes or other prosthetic appliances
- Repair or replacement of sound natural teeth damaged or lost as a result of injury
- Deferred Dental
- Accidental Death Benefit
- Accidental Dismemberment Benefit

### COINSURANCE PERCENTAGE
- 70% Usual and Customary (U&C)
- 70% U&C up to max $2,000
- 70% U&C
- 70% U&C up to max $800
- 70% U&C
- 70% U&C up to max $500
- 70% U&C up to $600
- Max Amount: $15,000
- Max Amount: 30,000
EXCLUSIONS AND LIMITATIONS

The policy does not cover any loss as a result of:

1. Treatment rendered by a family member or a person retained by you or the school.
2. Charges which the insured would not have to pay if he/she did not have insurance or are in excess of usual and reasonable expenses.
3. Any injury that is intentionally self-inflicted; war or any act of war; taking part in a riot.
4. Any injury that is caused by (a) flying in aircraft, except as a fare paying passenger; (b) flying in an ultra light, hang-gliding, parachuting, or bungi-cord jumping; (c) flying in a space craft or any craft designed for navigation above the earth's atmosphere; (d) travel in or upon a snowmobile or any two or three wheeled motorized vehicle or any off road motorized vehicle not requiring licensing as a motor vehicle; or (e) any accident where the insured is the operator and does not possess a current and valid motor vehicle operator's license.
5. An injury for which the insured is covered under Worker's Compensation or Employer's Liability Laws.
6. The insured's participation in a felony.
7. An injury caused by drug addiction or the result of being intoxicated.
8. A sickness or disease or diagnostic test or treatment, except infection which occurs directly from an accidental cut or wound, or ingestion of contaminated food.
9. Expenses incurred in connection with cosmetic surgery or procedures unless required by an injury.
10. That part of medical expenses payable by any automobile insurance policy without regard to fault (does not apply in any state that prohibits such limitation).
11. An injury resulting from participation in or practice in any activity, which is not supervised and sponsored by the policyholder.

DEATH, DISMEMBERMENT OR LOSS OF SIGHT BENEFIT

When a covered injury results in any one of the following losses within 365 days after the date of accident, additional benefits will be paid for the loss of: life-$15,000; dismemberment of two limbs or eyes-$30,000; or single dismemberment-$15,000. If more than one loss results from any one accident, only one amount, the largest, will be paid.
PROCEDURE FOR MAKING A CLAIM

The contact person(s) for insurance claims will be identified at the preseason meeting. Parents must make sure they follow the procedure listed below to help expedite payment by the insurance company:

**STEP 1:** Pick up the claim form from the contact person at your child's school.

**STEP 2:** Fill out parts 1 and 2. The parent or guardian must complete Part 2 and must sign the authorization and affidavit in Part 2.

**STEP 3:** Take the claim form to the individual who was supervising the activity or the contact person for verification as a legal injury.

**STEP 4:** The claimant will then take the claim form to the attending provider of services for his medical report. The claimant must send the original claim form to Tower Financial. To activate the claim, page 2 of the form must be filled out or an itemized statement from the provider of services, must be attached. Mail the claim form with any attachments to:

Tower Financial  
316 Office Square Lane  
Suite 103  
Virginia Beach, Va. 23462  
757-499-4488 (fax) 499-1522

**STEP 5:** Submit all subsequent bills and keep a copy of all records sent to the insurance company.

Any questions pertaining to the filing procedure can be answered by the contact person at your child’s school, the Virginia Beach City Public Schools Student Activities Office or a representative of Tower Financial.

**IMPORTANT:**

1. **Treatment for any injury must be received and claim form filed within 90 days of the date of injury!** The benefit period for the secondary school athletic accident plan is 1 year from the date of injury.

2. **When another plan providing medical expense benefits to an insured is an HMO, PPO, or similar arrangement** for provision of benefits or service and the insured does not use the facilities or services of the HMO, PPO, or similar arrangement for provision of benefits or services, the medical benefits otherwise payable under **this policy shall be reduced by 50%**. This limitation shall not apply to emergency treatment required within 24 hours after an accident when the accident occurs outside the geographic area served by the HMO, PPO, or similar arrangement for provision of benefits or services.

3. **Treatment at an Urgent Care Facility** is considered a physician visit which is not covered under the outpatient emergency room benefit.
# NOTIFICATION OF INJURY FORM SAMPLE

## PART I – ACCIDENT REPORT

<table>
<thead>
<tr>
<th>1A. Name of School</th>
<th>1B. Name of School District/Diocese/Association</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>2A. Name of Student (Last) (First) (Middle Initial)</th>
<th>2B. Social Security No.</th>
<th>2C. Grade</th>
<th>2D. Birthdate</th>
<th>2E. Sex</th>
</tr>
</thead>
</table>

3. Nature of injury (Please describe fully indicating what part of body was injured – e.g. broken arm, sprained ankle, etc.)

4. Describe how accident occurred. (Please provide all details.) **MUST BE A BODILY INJURY DUE TO AN ACCIDENT.**

5A. Was the accident school-related?  □ Yes  □ No  5B. Is the accident covered under a catastrophic policy?  □ Yes  □ No

6A. Did Accident Occur:
   - a) while the claimant was supervised?  □ Yes  □ No
   - b) during sponsored activity?  □ Yes  □ No
   - c) during programmed hours?  □ Yes  □ No
   - d) on activity premises?  □ Yes  □ No
   - a) while traveling directly and uninterrupted to or from home premises and school for regular school sessions or school-sponsored and supervised activities?  □ Yes  □ No

6B. a) Date of Accident  b) Time  6C. Name of Activity

6D. Name and Title of Supervisor

7A. Signature of School Officer  7B. Title  7C. Date

## PART II – TO BE COMPLETED BY PARENT/GUARDIAN OR CLAIMANT (IF ADULT)

<table>
<thead>
<tr>
<th>1A. Name of Father/Guardian or Claimant (if adult) □ None</th>
<th>1B. Social Security No.</th>
<th>1C. Address/City/State/Zip</th>
<th>1D. Phone Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>2A. Name of Mother/Guardian or Spouse (if adult) □ None</th>
<th>2B. Social Security No.</th>
<th>2C. Address/City/State/Zip</th>
<th>2D. Phone Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>3A. Name of Father/Guardian’s or Claimant’s (if adult) Employer □ None</th>
<th>3B. Address/City/State/Zip of Employer</th>
<th>3C. Phone Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>4A. Name of Mother/Guardian’s or Spouse’s (if adult) Employer □ None</th>
<th>4B. Address/City/State/Zip of Employer</th>
<th>4C. Phone Number</th>
</tr>
</thead>
</table>

5A. List all Insurance Company(ies) under which the claimant is insured □ None

<table>
<thead>
<tr>
<th>5B. Policy Number(s)</th>
<th>5C.</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Medicaid □ Individual □ Group □ Govt.</td>
<td>□ Medicaid □ Individual □ Group □ Govt.</td>
</tr>
<tr>
<td>□ Medicaid □ Individual □ Group □ Govt.</td>
<td>□ Medicaid □ Individual □ Group □ Govt.</td>
</tr>
<tr>
<td>□ Medicaid □ Individual □ Group □ Govt.</td>
<td>□ Medicaid □ Individual □ Group □ Govt.</td>
</tr>
<tr>
<td>□ Medicaid □ Individual □ Group □ Govt.</td>
<td>□ Medicaid □ Individual □ Group □ Govt.</td>
</tr>
</tbody>
</table>

**Affidavit:** I verify that the above information regarding insurance is accurate and complete. I understand that the intentional furnishing of incorrect information via the U.S. Mail may be fraudulent and violates federal laws as well as state laws.

Signature of Parent/Guardian or Claimant (if adult)  Date

**Authorization:** I hereby authorize any physician or hospital who has treated or attended to the above claimant to furnish the insurance company or its representative any information requested. A photocopy of this authorization is to be considered valid.

Signature of Insured (Parent or Guardian if claimant is under 18)  Date

---

**First Health Network**

SEE CLAIM INSTRUCTIONS ON THE BACK OF THIS FORM
NOTIFICATION OF INJURY FORM INSTRUCTIONS

CLAIM INSTRUCTIONS

Treatment must commence within 90 days from the date of the accident.

1. In case of an accident, notify the school/organization immediately.

2. Notify ALL treatment facilities (physician’s office, hospital, etc.) of this insurance coverage so that any invoices and/or Explanation of Benefits (EOB) can be sent directly from the medical facility to The Maksin Group.

3. Have Part I and Part II completed on the Notification of Injury form. Do not leave any blank spaces or write “N/A” in any space. If either parent or guardian is uninvolved, deceased, unemployed, self-employed or disabled, please state so. If you are employed, but do not have insurance, please state “NO INSURANCE” and provide us with a statement from your employer that the claimant has no insurance. Otherwise, our office will submit an insurance questionnaire to your employer to be used as verification of no dependent coverage.

4. Attach any itemized bills to the claim form, along with any corresponding Explanation of Benefits (EOB) for each itemized bill. An itemized bill includes treatment rendered, the dates of the treatment, diagnosis codes, physician’s or hospital’s name, address and tax i.d. number. Balance Due bills are not acceptable. Be sure to attach any receipts for bills paid out-of-pocket. Otherwise, benefits will be paid to the provider of service. Please Note: Both an itemized bill and EOB (if applicable) must be submitted for claims to be considered for accident medical expense benefits.

5. Mail the Notification of Injury form, along with any other applicable correspondence to our office within 90 days from the date of the accident. Do not leave this form with the school, coach, hospital, physician, etc. Our address is Tower Financial Group, 316 Office Square Lane, Suite 103, Virginia Beach, VA 23462. If you need further assistance, feel free to contact Customer Service at (757) 499-4488. We will be happy to assist you.

If your medical coverage is under an HMO, PPO or similar plan, you must follow their requirements for obtaining benefits. Otherwise, our benefits may be reduced, where applicable, as stated in the policy provisions. This restriction does not apply in every state.
HIGH SCHOOL ATHLETIC TRAINING PROGRAM

Parents allowing their children to participate in high school athletics accept the risk of injury. To help minimize the risk and to manage injuries when they occur, each school will have access to a certified athletic trainer from The Children's Hospital of the King's Daughters Sports Medicine Program.

Athletic Trainers (ATCs) are allied health professionals, and each is licensed by the Virginia Board of Medicine. In order to become an ATC, one must graduate from a college or university with an accredited athletic education program with a bachelors or masters degree and then pass a comprehensive national board examination. In order to maintain their certification, an ATC must complete continuing education requirements to enhance their knowledge and practice in sports medicine.

There are six domains to athletic training in which ATCs are educated and practice:

1. Prevention of Athletic Injuries
2. Clinical Evaluation and Diagnosis
3. Immediate Care
4. Treatment, Rehabilitation, and Reconditioning
5. Organization and Administration
6. Professional Development and Responsibility

Athletic Trainers are an important link in the health care delivery system. The ATC serve as a liaison between athletes, parents, coaches, physicians, allied health professionals, student activities coordinators, and administrators to facilitate healthy participation in interscholastic athletics. *Please note that the athletic trainer is not required to be present at all practices, but is available via phone.*

For more information:

www.chkd.org/Our-Services/Programs-and-Clinics/Sports-Medicine-Program
www.nata.org/athletic-training
www.bocatc.org
VIRGINIA HIGH SCHOOL LEAGUE, INC.
1642 State Farm Blvd., Charlottesville, Va. 22911

ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICAL EXAMINATION FORM SAMPLE

For School Year ______________________

PART I - ATHLETIC PARTICIPATION
(To be filled in and signed by the student)

Print Clearly

Name ____________________________ Student ID # ____________

Home Address ____________________________

City/Zip Code ____________________________

Date of Birth ____________________________ Place of Birth ____________________________

This is my ______ semester in ______ High School, and my _______ semester since first entering the ninth grade. Last semester I attended _________.

School and passed _______ credit subjects, and I am taking _______ credit subjects this semester. I have read the condensed individual eligibility rules of the Virginia High School League that appear below and believe I am eligible to represent my present high school in athletics.

INDIVIDUAL ELIGIBILITY RULES

To be eligible to represent your school in any VHSL interscholastic athletic contest, you—

• must be a regular bona fide student in good standing of the school you represent;

• must be enrolled in the last four years of high school. (Eighth-grade students may be eligible for junior varsity.)

• must have enrolled not later than the fifteenth day of the current semester.

• for the first semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding year or the immediately preceding semester for schools that certify credits on a semester basis. (Check with your principal for equivalent requirements.)

• may not repeat courses for eligibility purposes for which credit has been previously awarded.

• for the second semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding semester. (Check with your principal for equivalent requirements.)

• must sit out all VHSL competition for 365 consecutive calendar days following a school transfer unless the transfer corresponded with a family move. (Check with your principal for exceptions.)

• must not have reached your sixteenth birthday on or before the first day of August of the current school year.

• must not, after entering the ninth grade for the first time, have been enrolled in or been eligible for enrollment in high school more than eight consecutive semesters.

• must have submitted to your principal before any kind of participation, including tryouts or practice as a member of any school athletic or cheerleading team, an Athletic Participation/Parental Consent/Physical Examination Form, completely filled in and properly signed attesting that you have been examined during this school year and found to be physically fit for athletic competition and that your parents consent to your participation.

• must not be in violation of VHSL Amateur, Awards, All Star or College Team Rules. (Check with your principal for clarification in regard to cheerleading.)

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above-listed minimum standards, but also all other standards set by your League, district and school. If you have any question regarding your eligibility or are in doubt about the effect an activity might have on your eligibility, check with your principal for interpretations and exceptions provided under League rules. Meeting the intent and spirit of League standards will prevent you, your team, school and community from being penalized. Additionally, I give my consent and approval for my picture and name to be printed in any high school or VHSL athletic program, publication or video.

LOCAL SCHOOL DIVISIONS AND VHSL DISTRICTS MAY REQUIRE ADDITIONAL STANDARDS TO THOSE LISTED ABOVE.

Student Signature ____________________________ Date: ____________________________

Providing false information will result in ineligibility for one year.
PART II - MEDICAL HISTORY - Explain "Yes" answers below.

This form must be completed and signed, prior to the physical examination, for review by examining practitioner.

### GENERAL MEDICAL HISTORY

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has a doctor ever limited or restricted your participation in sports for any reason?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Do you currently have an ongoing medical condition? If so, please identify: Diabetes, Heart disease, Asthma, Arthritis, Respiratory conditions, Gastrointestinal symptoms, Skin rash, Allergies, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Have you ever smoked the night in the hospital?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Have you ever had surgery?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### HEART HEALTH QUESTIONS ABOUT YOU

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Have you ever had a heart attack or fatal heart disease?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Have you ever had a heart murmur?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Have you ever had a heart flutter?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Have you ever had a pacemaker or implanted defibrillator?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Do you have a heart condition that requires medical follow-up?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Do you take any medications for heart conditions?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### MEDICAL QUESTIONS (cont.)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>20. Have you ever been diagnosed with diabetes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Have you ever been diagnosed with epilepsy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Have you ever been diagnosed with multiple sclerosis?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Have you ever been diagnosed with HIV/AIDS?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Have you ever been diagnosed with cancer?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### MEDICAL HISTORY - Family

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Have you ever had an unexplained seizure?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Does anyone in your family have a heart condition?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Does anyone in your family have a neurological disorder?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Does anyone in your family have a history of heart disease?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Does anyone in your family have a history of stroke?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### BONE AND JOINT QUESTIONS

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Have you ever had a broken or fractured bone?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Have you ever had a sprain, strain, or muscle tear?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Have you ever had a bone or joint injury that required medical follow-up?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Have you ever had an injury that required medical follow-up?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Have you ever had an injury that required medical follow-up?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Have you ever had a stress fracture of a bone?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Do you regularly use a brace or assistive device?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Do you currently have a bone, muscle, or joint injury that requires medical follow-up?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Do any of your joints become painful, swollen, feel warm, or look red?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Do you have a history of juvenile arthritis or connective tissue disease?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### MEDICAL QUESTIONS

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>26. Do you cough, wheeze, or have difficulty breathing during or after exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. Do you have a history of asthma or chronic obstructive pulmonary disease?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### EXPLAIN "YES" ANSWERS BELOW:

- **Date:**

---

**VHSL ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICAL EXAMINATION FORM SAMPLE**

---

**Parent/Guardian Signature:**

**Date:**

**Athlete's Signature:**

---
PART III – PHYSICAL EXAMINATION

(Physical examination form is required each school year dated after May 1 of the preceding school year and is good through June 30th of the current school year)**

NAME __________________ Date of Birth _____ School __________________

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>BP</th>
<th>/</th>
<th>Resting Pulse</th>
<th>Vision R 20/</th>
<th>L 20/</th>
<th>Corrected</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MEDICAL**

<table>
<thead>
<tr>
<th>Appearance</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eyes/ears/nose/throat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymph nodes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lungs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genitourinary (males only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurologic</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MUSCULOSKELETAL**

<table>
<thead>
<tr>
<th>Neck</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shoulder/arm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elbow/forearm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wrist/hand/fingers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip/hip</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leg/ankle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feet/feet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Functional</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Medical Practitioner to School Staff (please indicate any instructions or recommendations here)

Emergency medications required on-site

- [] Inhaler
- [] Epinephrine
- [] Epinephrine
- [] Other

Comments:

I have reviewed the data above, reviewed the student's medical history form and made the following recommendations for his/her participation in athletics:

- [] CLEARED WITHOUT RESTRICTIONS
- [] CLEARED WITH FOLLOWING NOTATION:
  - Cleared AFTER documented further evaluation or treatment for:
  - Cleared for Limited participation (check and explain “reason” for all that apply): “Limited Until Date” when appropriate
  - [ ] Not cleared for (specific sports)_______ Until Date:_______
  - Reason(s):
- [] NOT CLEARED FOR PARTICIPATION Reason

By this signature, I attest that I have examined the above student and completed this pre-participation physical examination including a review of Part II – Medical History.

Physician Signature ___________________________ MD, DO, PA, (Date)

Examiner’s Name and degree (print): ____________________________

Address: ____________________________ City ______ State ______ Zip ______

* Only signatures of Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician’s Assistant licensed to practice in the United States will be accepted.

Rule 2AB-3.1 (5) (Physical Examination Rule) (Transfer Student (18-21)) - When an out-of-state student who has received a current physical examination elsewhere transfers to Virginia and attaches proof of that physical examination to the League’s Form #2, the student is in compliance with physical examination requirements.
PART IV -- ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT
(To be completed and signed by parent/guardian)

I give permission for (name of child/ward) to participate in any of the following sports that are not covered by: baseball, basketball, cheerleading, cross country, field hockey, football, golf, gymnastics, lacrosse, soccer, softball, swimming/diving, tennis, track, volleyball, wrestling, other (identify sport).

I have reviewed the individual eligibility rules and I am aware that the participation in sports comes with the risks of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to another with contact sports carrying the higher risk. I have had the opportunity to understand the risks inherent in sports through meetings, written handouts, or some other means. He/she has student medical/accident insurance available through the school (yes, no). Has athletic participation insurance coverage through the school (yes, no). Is insured by our family policy with:

Name of Medical Insurance Company: ____________________________
Policy Number: ____________________________
Name of Policy Holder: ____________________________

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team.

By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the school to perform a pre-participation examination on my child and to provide treatment for any injury or condition resulting from participating in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) or health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.

Additionally, I give my consent and approval for the above named student's picture and name to be printed in any high school or VHSL athletic program, publication or video.

To access low-cost comprehensive health insurance through FAMIS for your child, please contact Cover Virginia by going to www.coverva.org or calling 855-242-9282.

PART V - EMERGENCY PERMISSION FORM
(To be completed and signed by parent/guardian)

STUDENT'S NAME______________________ GRADE______ AGE______ DOB______

HIGH SCHOOL_______________________ CITY_______________________

Please list any significant health problems that might be significant to a physician evaluating your child in case of an emergency.

Please list any allergies to medications, etc.

Is the student currently prescribed an inhaler or Epi-Pen? ______ List the emergency medication:

Is student presently taking any other medication? ______ If so, what type?

Does student wear contact lenses? ______ Date of last Tdap or Td (tetanus) shot

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of ______ High School to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above.

Daytime phone number (where to reach you in emergency) ____________________________

Evening time phone number (where to reach you in emergency) ____________________________

Cell phone ____________________________

Signature of parent or guardian ____________________________ Date ____________________________

Relationship to student ____________________________

*Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment if needed.

I certify all the above information is correct

Parent/Guardian Signature ____________________________

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.
CONCUSSION IN SPORTS
Information Sheet for Parents/Guardians

Parents/Guardians of Athletes: In order to help protect the student athletes of Virginia Beach Public Schools, the Virginia General Assembly in accordance with Senate Bill 652 (Concussion in Student-Athletes) has mandated that all student athletes, parents and coaches follow the Virginia Beach Public Schools Concussion Policy.

What is a concussion?
A concussion is a brain injury and all brain injuries are serious. It is characterized by an onset of impairment of cognitive and/or physical functioning, and is caused by a blow to the head, face or neck, or a blow to the body that causes a sudden jarring of the head (i.e. a helmet to the head, being knocked to the ground). A concussion can occur with or without a loss of consciousness, and proper management is essential to the immediate safety and long-term future of the injured individual. A repeat concussion that occurs before the brain recovers from the first – usually within a short period of time (hours, days, or weeks) – can slow recovery or increase the likelihood of having long term problems. In rare cases, repeat concussion can result in edema (brain swelling), permanent brain damage, and even death.

What are the signs and symptoms of a concussion?
*Signs observed by teammates, coaches, parents/guardians include:

1. Appears dazed or stunned
2. Is confused about assignments and positions
3. Forgets instructions and answers questions slowly or inaccurately
4. Is unsure of game, score, or opponent
5. Loss of balance/coordination and moves clumsily
6. Shows mood, behavior, or personality changes
7. Cannot recall events prior to hit or fall
8. Cannot recall events after hit or fall

*Symptoms reported by athlete may include one or more of the following:

1. Headache or “pressure” in head
2. Nausea/vomiting
3. Balance problems or dizziness
4. Sensitivity to light or sound/noise
5. Feeling sluggish, hazy, groggy, or foggy
6. Difficulty with concentration, short-term memory and/or confusion
7. Double vision or changes in vision
8. Irritability
9. Just not “feeling right” or is “feeling down”

How can you help your child prevent a concussion?
Every sport is different, but there are steps your child can take to protect themselves from concussion:
- Ensure that they follow their coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they properly wear the right protective equipment that is required for their sport (such as helmets, padding, shin guards, eye and mouth guards).
- Learn the signs and symptoms

*adapted from CDC
What should you do if you think your child has a concussion?

1. Seek medical attention right away. A licensed health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.

2. Keep your child out of play. Concussions take time to heal. Don’t let your child return to play until a licensed health care professional gives clearance to return. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. Tell your child’s coach about any recent concussions. School personnel should be notified if your child had a recent concussion in any sport. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

3. Refer to the Concussion Graduated Return to Play guidelines below to familiarize yourself with the process used to determine when it is safe for your child to gradually return to full activity.

CONCUSSION GRADUATED RETURN TO PLAY

- When an athlete has been evaluated by an athletic trainer and/or a physician for a concussion the following graduated functional return to play will be followed. *The return to play progression will not begin until the athlete is completely symptom free.* Each stage is a minimum 24 hour period; therefore the return to play progression will be a minimum of 4-5 days.

- If the athlete experiences any symptoms, at any point during the rehabilitation stages, the progression will stop immediately and the cycle will resume at the previous asymptomatic rehabilitation stage after 24 hours of rest. If symptoms continue to occur, the athlete will be referred back to the physician for a follow up evaluation.

<table>
<thead>
<tr>
<th>Rehabilitation Stage</th>
<th>Functional Exercise</th>
<th>Objective of Each Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1 – No Activity</td>
<td>Physical/Cognitive Rest</td>
<td>Recovery</td>
</tr>
<tr>
<td>Day 2 – Light Aerobic Exercise</td>
<td>Walking, Swimming, Bike</td>
<td>Increase Heart Rate</td>
</tr>
<tr>
<td>Day 3 – Sport-Specific Exercise</td>
<td>Running Drills, NO Contact</td>
<td>Add Movement</td>
</tr>
<tr>
<td>Day 4 – Non-Contact Drills</td>
<td>Complex Drills, Resistance Training</td>
<td>Exercise, Coordination, Cognitive Load/IMPACT</td>
</tr>
<tr>
<td>Day 5 – Full Contact</td>
<td>Following Clearance, Normal Training Activities</td>
<td>Restore Confidence, Assess Functional Skills by Coaches</td>
</tr>
<tr>
<td>Day 6 – Return to Play</td>
<td>Normal Game Play</td>
<td></td>
</tr>
</tbody>
</table>


- The treatment, management, and return to play determinations will be individualized to each athlete and dependent on circumstances of each specific case and injury. ImPACT testing may also be utilized in the return to play determination, treatment and evaluation of concussions.

- A safe return to play is the ultimate goal regardless of age and level of play.

- After being released for participation by a physician, the athlete must also be cleared by the school’s athletic trainer before beginning Day 2 of the return to play progression above. The student-athlete must pass all six stages under the supervision of the certified athletic trainer before being allowed to return to play.

**REMEMBER: Don’t Hide it. Report it. Take time to recover. It’s better to miss one game than the whole season**
IMPACT CONCUSSION MANAGEMENT PROGRAM

The Virginia Beach City Public Schools is utilizing an innovative concussion management program for our student-athletes in certain sports having a greater risk for head injuries (cheerleading, field hockey, football, basketball, gymnastics, wrestling, baseball, soccer, softball, diving, high jump, pole vault). The program is called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing) and involves an online computerized exam that each athlete takes prior to an athletic season. In order to participate in any of the sports listed above, student athletes must be tested in the ImPACT program during the preseason. If the athlete is believed to have suffered a concussion during participation, the exam is taken again and the data is compared to the baseline test. This information is then used as a tool to assist the athletic training staff and treating physicians in determining the extent of the injury, monitoring recovery, and in making safe return-to-play decisions. If an injury of this nature occurs, we will be in contact with you. Post-concussion tests will be taken under our supervision at school. Return-to-play decisions must be made by a physician. Founded by the University of Pittsburgh Medical Center’s Sports Concussion Program, this software system is utilized throughout professional sports and at a number of colleges and high schools across the country. Additional information can be found at www.impacttest.com. The exam takes about 25-30 minutes and is non-invasive. The program is set up in a “video game” type format. It tracks neurocognitive information such as memory, reaction time, brain processing speed, and concentration. For example, in one part of the exam, a dozen common words appear one at a time on the screen for about one second each. The athlete is then later asked what words were displayed. It is a simple exam and most who take it enjoy the challenge of the test. One of the reasons concussions are so dangerous is a condition called Second Impact Syndrome. If an athlete sustains a second concussion before completely recovering from the first, the results can be deadly. We understand the competitive nature of sports; however, our top priority is ALWAYS the health and safety of our athletes.

If you have questions regarding the ImPACT program, please contact:

Jim Long
Coordinator of Student Activities
1413 Laskin Rd, Virginia Beach, 23451
757-263-2030
2.0 GRADE POINT AVERAGE REQUIREMENT
FOR INTERSCHOLASTIC ACTIVITIES

On February 18, 1997, the School Board approved standards for participation in interscholastic activities in grades 6-12. The standards, which went into effect September 1997, are part of the school division’s ongoing initiative to raise the level of student achievement. The standards are consistent with those in several other area localities and with the school division’s determination to provide the kind of education that will prepare our students for the highly complex world of tomorrow.

Athletic and academic competition sponsored by the Beach District and the Virginia High School League are covered by the standards. Intramural sports and individual school extracurricular and club activities are exempt.

The minimum grade point average (GPA) eligibility requirement for participation in interscholastic activities is 2.0. High school students must have earned at least a 2.0 GPA in courses taken the semester immediately preceding the semester in which they want to participate. Final grades earned in courses taken during summer school will be averaged with the semester grades the student earned in courses taken during the second semester to determine a student’s second semester grade point average. Please be aware of the grading scale for VBCPS students (see following page).

Students who do not meet the GPA requirement in a given semester and who wish to participate, have the option to use a waiver available to them one time during their high school years. The GPA waiver may be used as long as all Virginia High School League (VHSL) requirements are met.

Additional information on using the waiver option and assistance to students desiring additional help to attain eligibility are available at each Beach District high school.

Please note the Individual Eligibility Rules on page 17, as established by the Virginia High School League.
<table>
<thead>
<tr>
<th>Range</th>
<th>Letter Grade</th>
<th>Points</th>
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DIVISION I ACADEMIC REQUIREMENTS

College-bound student-athletes will need to meet the following academic requirements to practice, receive athletic scholarships, and/or compete during their first year.

Core-Course Requirement
Complete 16 core courses in the following areas:

- **ENGLISH**: 4 years
- **MATH** (Algebra I or higher): 3 years
- **NATURAL/PHYSICAL SCIENCE** (One year of lab, if offered): 2 years
- ADDITIONAL ENGLISH, MATH OR NATURAL/PHYSICAL SCIENCE: 1 year
- **SOCIAL SCIENCE**: 2 years
- ADDITIONAL COURSES (Any area listed to the left, foreign language or comparative religion/philosophy): 4 years

**Full Qualifier**
- Complete 16 core courses.
  - Ten of the 16 core courses must be completed before the seventh semester (senior year) of high school.
  - Seven of the 10 core courses must be in English, math or science.
- Earn a core-course GPA of at least 2.300.
- Earn the ACT/SAT score matching your core-course GPA on the Division I sliding scale (see back page).
- Graduate high school.

**Academic Redshirt**
- Complete 16 core courses.
- Earn a core-course GPA of at least 2.000.
- Earn the ACT/SAT score matching your core-course GPA on the Division I sliding scale (see back page).
- Graduate high school.

**Full Qualifier:**
College-bound student-athletes may practice, compete and receive athletics scholarships during their first year of enrollment at an NCAA Division I school.

**Academic Redshirt:**
College-bound student-athletes may receive athletics scholarships during their first year of enrollment and may practice during their first regular academic term, but may NOT compete during their first year of enrollment.

**Nonqualifier:**
College-bound student-athletes cannot practice, receive athletics scholarships or compete during their first year of enrollment at an NCAA Division I school.
**Test Scores**

When a student registers for the SAT or ACT, he or she can use the NCAA Eligibility Center code of **9999** so his or her scores are sent directly to the NCAA Eligibility Center from the testing agency. Test scores on transcripts will **NOT** be used in his or her academic certification.

A combined SAT score is calculated by adding reading and math subscores. An ACT sum score is calculated by adding English, math, reading and science subscores. A student may take the SAT or ACT an unlimited number of times before he or she enrolls full time in college. If a student takes either test more than once, the best subscore from different tests are used to meet initial-eligibility requirements.

If a student took the SAT before March 2016 and then took the redesigned SAT at a later date, the NCAA Eligibility Center will not combine section scores from the former and redesigned SAT when determining his or her initial eligibility. The NCAA Eligibility Center will only combine section scores from the same version of the test. Because the redesigned SAT varies in design and measures different academic concepts than the former SAT, the Eligibility Center will apply the College Board's concordance tables when performing academic certifications for students with redesigned SAT scores.

*To compare SAT scores, click [here](#) for a comparison table, or click [here](#) to visit the College Board’s website.*

### DIVISION I FULL QUALIFIER SLIDING SCALE

<table>
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<tr>
<th>CORE GPA</th>
<th>SAT* READING/MATH</th>
<th>ACT SUM</th>
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### DIVISION I FULL QUALIFIER SLIDING SCALE

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**ACADEMIC REDSHIRT**

NCAA is a trademark of the National Collegiate Athletic Association.
2018 DIVISION II NEW ACADEMIC REQUIREMENTS

College-bound student-athletes first enrolling at an NCAA Division II school on or after August 1, 2018, need to meet new academic rules to practice, compete and receive athletics scholarships during their first year.

Core-Course Requirement
Complete 16 core courses in the following areas:

- **ENGLISH**: 3 years
- **MATH** (Algebra I or higher): 2 years
- **NATURAL/PHYSICAL SCIENCE** (including one year of lab science, if offered): 2 years
- **SOCIAL SCIENCE**: 2 years
- **ADDITIONAL** (English, math, or natural/physical science): 3 years
- **ADDITIONAL** (English, math, natural/physical science, social science, foreign language, comparative religion or philosophy): 4 years

**Full Qualifier**
- Complete 16 core courses.
- Earn a core-course GPA of at least 2.200.
- Earn the ACT/SAT score matching your core-course GPA on the Division II full qualifier sliding scale (see back page).
- Graduate high school.

**Partial Qualifier**
- Complete 16 core courses.
- Earn a core-course GPA of at least 2.000.
- Earn the ACT/SAT score matching your core-course GPA on the Division II partial qualifier sliding scale (see back page).
- Graduate high school.

**Nonqualifier**
College-bound student-athletes may not practice, compete or receive athletics scholarships during their first year of enrollment at an NCAA Division II school.

**Full Qualifier:**
College-bound student-athletes may practice, compete and receive athletics scholarships during their first year of enrollment at an NCAA Division II school.

**Partial Qualifier:**
College-bound student-athletes may receive athletics scholarships during their first year of enrollment and may practice during their first regular academic term, but may NOT compete during their first year of enrollment.
Test Scores

If a student took the SAT before March 2016 and then took the redesigned SAT at a later date, the NCAA Eligibility Center will not combine section scores from the former and redesigned SAT when determining his or her initial eligibility. The NCAA Eligibility Center will only combine section scores from the same version of the test. Because the redesigned SAT varies in design and measures different academic concepts than the former SAT, the Eligibility Center will apply the College Board’s concordance tables when performing academic certifications for students with redesigned SAT scores.

*To compare SAT scores, click here for a comparison table, or click here to visit the College Board’s website.

### Division II Full Qualifier Sliding Scale

**Use for Division II Beginning August 2018**

<table>
<thead>
<tr>
<th>Core GPA</th>
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<th>ACT Sum</th>
</tr>
</thead>
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### Division II Partial Qualifier Sliding Scale

**Use for Division II Beginning August 2018**

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</tr>
<tr>
<td>2.000</td>
<td>820 &amp; above</td>
<td>68 &amp; above</td>
</tr>
</tbody>
</table>

NCAA is a trademark of the National Collegiate Athletic Association.
HIGH SCHOOL ATHLETIC SCHEDULES

Visit the Beach District website:
SUBSCRIBING TO RSCHOOLS FOR HIGH SCHOOL ACTIVITIES AND SPORTS INFORMATION/CANCELLATIONS

1. Go to the Beach District website in your internet browser.
2. Click on your school name in the right side frame.
3. Click on Notify Me in the top right corner.
4. Click on the sports of interest to you.
5. Click on the continue button.
6. Click on the activities of interest to you.
7. Click on the continue button.
8. Select when you would like to receive automatic email notifications for the activities shown. When finished, click Continue.
9. Complete the steps below:

   Your First Name:
   Last Name:
   Email Address:
   A Second Email Address:
   (to also receive notifications)
   Create Your Password:
   (letters or numbers)
   Cell Phone Number:
   All phone number are 10 digits with no Dashes (example: 8885585588)
   Mobile Provider:

IMPORTANT NOTE: Many spam blockers will not let these auto-notification emails get through to you. This is not something we can control. If you think there is a chance that a spam filter is in place at the email address you provided (either your company or your Internet Service Provider), copy this following paragraph of text into an email message asking them to allow emails from "auto-notify@rschooltoday.com" or "mail.dwebsite.com" to be delivered to you.
# HIGH SCHOOL TICKET PRICE STRUCTURE

## Regular Season Prices

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<tr>
<th></th>
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<tbody>
<tr>
<td>Varsity General Admission</td>
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</tr>
<tr>
<td>Varsity Students</td>
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<td>JV General Admission</td>
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</tr>
<tr>
<td>JV Students</td>
<td>$2.00</td>
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</tr>
<tr>
<td>Child (not of school age)</td>
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</tr>
<tr>
<td>High School Athletic Pass (3 or less)</td>
<td>$60.00 each</td>
<td>$63.75 each</td>
</tr>
<tr>
<td>High School Athletic Pass (4 or more)</td>
<td>$50.00 each</td>
<td>$53.25 each</td>
</tr>
</tbody>
</table>

Admission is charged at the following Beach District regular season sporting events: football (V & JV), basketball (V & JV), gymnastics (V), wrestling (V & JV), soccer (V).

**Passes are only good for regular season contests held in Virginia Beach.**
TEAM POLICY AND SPORT SPECIFIC INFORMATION

Each sport has its own unique requirements and risks. To insure that the parent is informed prior to authorizing a child's participation in interscholastic athletics, the coach of each sport will speak on health risks particular to that sport at the preseason meeting. Instructional methods used to minimize these risks will also be explained. Questions are welcome.

In addition to becoming eligible and completing the necessary paperwork, each athlete must follow the specific rules developed by the coach. A clear understanding of these rules makes for a pleasant relationship among the parent, coach, and athlete. At the preseason meeting each coach will discuss his/her policy concerning:

1. School and practice attendance:
2. Practice schedule:
3. Training rules:
4. Citizenship/academic development:
5. Sickness/return from injury/emergency care:
6. Competition participation criteria:
7. Parental involvement:
8. Criteria for receiving participation certificates, letters, and other awards:
9. Transportation:
10. Impact/Concussion Information
11. Other Items:

GAME VIDEO

For several years, Virginia Beach City Public Schools has funded a subscription for each high school's football program and other athletic programs to Hudl, an online video storage company designed specifically for housing athletic game footage. Coaches and students gain access to game video for each contest during the season, and students can create highlight tapes using the company’s online tools. Should a football coach learn that a player no longer plans to remain with his/her school's football program, the coach will inform the player that he/she will have three school days in which to download and keep any highlight films that he/she created through the school division’s purchased subscription. After three school days, the student’s Hudl account will be deactivated and access to highlight films and other game video will be denied.
BEACH DISTRICT ATHLETIC MANUAL
PARENTAL STATEMENT OF UNDERSTANDING

The Beach District Athletic Manual can be accessed online and contains information concerning:

- 2.0 Mandate for Interscholastic Activities
- Acknowledgement of Risk
- Anti-Hazing Statement
- Athletic Training
- Collegiate Eligibility Requirements
- Concussion Information
- Individual Eligibility Rules
- Insurance
- Medical History
- Out-Of-Season Practice Rule
- Parent/Coach Communication
- Participation Expectations
- Permission for Emergency Care
- Physical Examination
- Social Media Position Statement
- Sportsmanship Guide
- Team Policy and Specific Sports
- VBCPS Grade Scale

Parental Statement of Understanding:

- I have reviewed the Concussion in Sports – Information Sheet for Parents and Guardians provided to me at the sports informational meeting, in the Beach District Athletic Manual, or by some other means.
- I have reviewed the ImPACT Concussion Management Program Information Sheet provided to me at the sports informational meeting, in the Beach District Athletic Manual, or by some other means.
- I give permission for my son/daughter to participate in the ImPACT Concussion Management Program as outlined in the Beach District Athletic Manual. VBCPS may release the ImPACT (Immediate Post-concussion assessment and Cognitive Test) results to my child’s primary care physician, neurologist, or other treating physician, as requested.

Parent/Spectators are required to meet the following expectations:

1. Realize that you represent the school and community and, therefore, have an obligation to be a true sportsman, encouraging through positive behavior the practice of good sportsmanship by others.
2. Recognize that good sportsmanship is more important than victory by approving and applauding good team play, individual skill, and outstanding examples of sportsmanship and fair play exhibited by either team.
3. Recognize that since the primary purpose of interscholastic athletics is to promote the physical, mental, moral, social, and emotional well being of the players, victory or defeat are of secondary importance.
4. Treat visiting teams and officials as guests, extending to them every courtesy.
5. Be modest in victory and gracious in defeat.
6. Respect the judgment and integrity of officials, realizing that their decisions are based upon game conditions.

I understand the policies governing interscholastic athletics in the Virginia Beach City Public Schools through attending a sports informational meeting, the Beach District Athletic Manual, or some other means, and by my signature, grant permission for the student's participation. I also understand that participation in school-sponsored activities is a privilege and not a property right; and therefore, the school's principal may suspend my son/daughter from participation by declaring him/her not in good standing if the student's character or conduct is such as to reflect discredit upon his/her school.

Name of Parent/Guardian ___________________________ Signature of Parent/Guardian ___________________________

Attended Sports Informational Meeting: Yes ____ No ____