



**Noblesville West Middle School
Athletic Paperwork Packet &
Information/Signature/Authorization Page**

In order to tryout for any sport at Noblesville West Middle School there are 4 requirements.

1. Submit a hard copy of a physician completed IHSA physical to the athletic office.
2. Submit a hard copy of the parent/guardian completed history form.
3. Submit a hard copy of the information/signature/authorization page, indicating the parent and student/athlete have read and understand the NWMS Athletic Handbook for Student Athletes, NWMS Student Contract, Riverview Hospital HIPAA form, Insurance requirements, and Travel requirements which all can be found here.
4. Concussion acknowledgement and signature form indicating subsequent forms have been read by both parent/guardian and student/athlete.

NWMS INTERSCHOLASTIC ATHLETICS

<u>Sport</u>	<u>Grade</u>	<u>Callout Meeting</u>	<u>First Practice</u>	<u>First Contest</u>
Football	7,8	Spring	early Aug	mid Aug
Cross Country	6,7,8	Fall	early Aug	mid Aug
Volleyball	7,8	Fall	early Aug	mid Aug
Tennis	6,7,8	Fall	early Aug	mid Aug
Cheer	7,8	Fall	early Aug	mid Aug
Dance	6,7,8	Fall	late Sept	mid Nov.
Basketball (boys)	7,8	Fall	late Oct	mid Nov.
Basketball (girls)	7,8	Fall	early Dec	early Jan.
Wrestling	6,7,8	Fall	early Dec	early Jan.
Baseball	7,8	Spring	mid March	mid April
Softball	7,8	Spring	mid March	mid April
Track	6,7,8	Spring	mid March	mid April

NOBLESVILLE WEST MIDDLE SCHOOL

ATHLETIC HANDBOOK for STUDENT/ATHLETES

Sports offered at NWMS:

Girls—Cheer, Volleyball, Cross Country, Tennis, Basketball, Softball, Track, Dance

Boys—Football, Cross Country, Tennis, Basketball, Wrestling, Baseball, Track

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A. Athletic Philosophy

A strong athletic program is a source of great pride for not only Noblesville Schools but also the entire community. The athletic program at Noblesville West Middle School is an integral part of the overall athletic program.

The athletic program at Noblesville West Middle School is a competitive interscholastic program. We are trying to win games while playing and developing as many athletes as possible. It is not an intramural program or a “learn to play” program.

B. Expectations of Athletes

Participation by student athletes is a privilege, not a right. It must be earned through commitment, honesty, loyalty, sacrifice, courage, discipline, and hard work.

Minimum Expectations:

- put the team first, the individual second
- remain positive with your teammates at all times
- never use inappropriate language during a game or practice
- respect your opponents and officials
- shake hands with your opponents after the game and look them in the eye.
- maintain a physical appearance in accordance with the coach's rules
- set the standard for the rest of the student body both academically and behaviorally

- be a positive contributor not only to our school but also to our community
- represent Noblesville West Middle School to the very best of your ability
- display sportsmanship at all times

C. Academic Eligibility

To participate in athletics at Noblesville West Middle School, a student must have passed 70% of the classes that assign a letter grade the previous grading period. Students will become eligible/ineligible upon the issuance of grade cards.

When a student enters middle school as a 6th grade student, their academic eligibility begins. Grades will continue from one season to the next and spring grades will be used to determine eligibility for fall sports the following year, i.e. a student who is not passing in the spring of their 6th grade year, will not be able to participate in sports during the fall of their 7th grade year until they become eligible at the next grading period. It should be noted that these are minimum standards. A coach has the right to establish more stringent academic requirements if he/she chooses.

Students who participate in fall sports, your grades from the last grading period of the prior year will affect eligibility. For 7th grade students, your last grading period of 6th grade will determine eligibility.

Students moving to Noblesville West Middle School must meet the academic requirements noted above before he/she can participate as a Noblesville Athlete.

D. Attendance Policy

In order to participate in a practice or game, a student must be at school at least the 2nd half of the day. This is generally considered to be 11:00 am. Exceptions to this would be excused absences of any nature.

If a student leaves school at any time due to sickness during the day, they may not participate in practices or events at school. The Athletic Director may make exceptions to this rule due to extenuating circumstances.

E. Behavioral Policy

Athletes at Noblesville West Middle School are expected to be role models and set the standard for the rest of the student population regarding behavior and citizenship.

Disciplinary action taken by the coach or the school may also determine whether a student is eligible to participate in athletic practices and/or interscholastic competition.

If an athlete is required to serve an in-school suspension, he/she will not be allowed to practice or participate in an athletic contest after school on that particular day.

All athletes and their parents or guardians are required to have on file a signed athletic contract prior to participation in any sport.

An athlete may be dismissed from a current athletic team or prevented from participation on future athletic teams at the discretion of the coach and/or athletic director due to an out of school suspension.

F. Playing Time

Playing time is totally determined by the coaching staff and is non-negotiable.

If athletes are unhappy about playing time, he/she has every right to go to the coach at the appropriate time and ask in what areas they can improve upon. The appropriate time is never before or after a game.

G. Patron Ads

The athletic program at Noblesville West Middle School is self-supporting. Except for salaries, no tax dollars can be used. The four main sources of income are gate receipts, concession stand receipts, advertising and patron ads.

Patron ads are the only athletic fundraiser at NWMS.

Patron ads are optional; however, all athletes are encouraged to participate in the fundraiser.

H. Rank One (Athletic Eligibility)

On the first day of tryouts, athletes must have an IHSAA physical and history page on file with the athletic office. Athletes must have fill out online forms at www.rankonesport.com. Once this is done, the student will be deemed eligible. The coach will verify an athletes status by checking Rank One online. No one is allowed to tryout until they have received a green rating from Rank One.

I. Equipment & Uniforms

Equipment and uniforms are the athlete's responsibility. The failure of an athlete to return uniforms/equipment will result in the athlete paying for those items.

J. Bus Transportation

Athletes are expected to ride the team bus both to and from the road event. Athletes may ride home with parents only if the parent obtains permission from the NWMS athletic office 24 hours prior to that days game.

K. Inclement Weather

In the event of severe weather the athletic director along with the principal and possibly Central Office will determine whether practices and events will occur after school.

If students are released from school early due to winter weather, all practices and games are canceled. If school is canceled for the entire day due to winter weather, all practices and games are canceled. If the start time of school is delayed, all practices and events may proceed as scheduled as determined by the principal and athletic director.

If school is canceled on Friday, depending upon the weather, it is still possible to have athletic events on Saturday. This decision is made by the principal, the athletic director, and possibly Central Office.

As soon as cancellations are known, it will be posted on the Noblesville West Middle School website

L. End of Day Dismissal

All in-season athletes who are staying for practice or a game must wait to be dismissed during 2nd round, (car riders). An exception to this would be athletes riding busses to practice locations away from NWMS.

M. Game Days

Athletes can not stay after school unless they are supervised by a member of the coaching staff.

N. IHSAA Rules

Whenever applicable, The Noblesville West Middle School Athletic Department will follow IHSAA rules. A final decision will be made by the Athletic Director or Principal.

O. Risk Statement

While participating in athletics at Noblesville West Middle School, the student/athlete and their parents must be aware of the risks involved in a sport:

Participating in athletics presents possibility of injury. Most injuries that occur are relatively minor scrapes, scratches, sprains, etc. However, more serious injuries are possible. The more serious injuries could possibly include cuts, muscle tears, tendon or ligament damage, neck and spinal cord injuries, and head injuries. It should be recognized that these conditions may require major surgery, or may result in paralysis or even death. The coaching staff of each sport will teach proper techniques of each skill and provide safe areas for practice and competition. Your awareness is imperative that these injuries are possible and following directions can save your life.

Both the student/athlete and parent/guardian need to sign the information/signature/authorization page.

NOBLESVILLE WEST MIDDLE SCHOOL ATHLETIC CONTRACT:

Participation in athletics is both an honor and a responsibility. Athletes are expected to be outstanding representatives of Noblesville West Middle School. This can be achieved in part by:

1. Exhibiting high standards of social behavior both in and out of school.
2. Displaying the highest form of sportsmanship at all times.
3. Respecting other athletes, cheerleaders, officials, spectators, coaches and those in authority.
4. Being cooperative and coachable.
5. Maintaining a good appearance including cleanliness and good grooming.
6. Using appropriate language at all times.

All rules regarding behavior and/or training as outlined by coaches and the school handbook apply and are in effect year-round. Their meaning will be interpreted by the coaches to their athletes and parents. These rules are minimum standards. Coaches may impose additional rules and restrictions if deemed necessary. The violation of any of the following general rules by athletes may result in suspension from practice and contests and subsequently could result in termination of all extracurricular activities:

1. Athletes shall not have possession, or be using, or be under the influence of:
 - a. Alcoholic beverages, tobacco or illegal drugs.
2. Theft
 - a. No Noblesville West Middle School athlete shall have in his/her possession any school own equipment, from this school or any other school, athletic department or otherwise, other than that which is to be worn for practice or contests, and which has been officially issued to the athlete or cheerleader.
3. Vandalism
4. Use of abusive language, detrimental conduct and/or personal confrontation, in or out of school or on the internet.
5. Involvement with law enforcement agencies:
 - a. Based on charges and/or conviction.
6. Participants must attend school on the day of the competition unless excused by the Principal or designee. Please refer to the Student/Athlete Handbook for policies regarding absences.
7. Truancy
8. In-School Suspension
 - a. An athlete may not practice or participate in contests on the day or days that athlete has been assigned to in-school suspension.
9. Out of School Suspension
 - a. An athlete may be dismissed from a current athletic team or prevented from participating on future athletic teams at the discretion of the coach and athletic director due to out of school suspension.

I have read the eligibility/conduct rules as stated in the Noblesville West Middle School Athletic Contract. If I am selected to represent Noblesville West Middle School on any interscholastic team, I agree to observe the athletic departments procedures, instructions of the coach, and the rules of Noblesville West Middle School, as they are outlined in the student/athlete handbook and the athletic contract. I understand these rules are minimum standards, and coaches may impose further restrictions if deemed necessary.

NOBLESVILLE WEST MIDDLE SCHOOL **ATHLETIC INSURANCE INFORMATION**

Students are not permitted to practice or participate on an athletic team until insurance has been provided by the parent.

Guarantee Trust Life is the approved carrier for Noblesville Schools for student accident insurance. Noblesville Schools does not act as carriers or agents and make this plan available only as a convenience for students and parents.

Many families already have adequate coverage with their individual or group plans. Before the student participates, you are encouraged to check to verify that there is coverage for sports involving any kind of contact that could involve injury.

If you plan to enroll in the student accident insurance plan, please complete an enrollment form which can be obtained from the Noblesville West Middle School Athletic Office and enclose proper payment.

Please complete and sign the insurance information on the information/signature/authorization page.

Riverview Hospital—HIPAA Authorization Form

The athletic training staff at Noblesville West Middle School is from Riverview Hospital. In order for those athletic trainers to treat injured athletes, a signed HIPAA form must be on file. Please read the following and sign the signature page.

I hereby authorize Riverview Sports Medicine (Riverview) to disclose personal health information of my son/daughter as follows:

The personal health information (PHI) of the student which may be disclosed under this authorization includes records of physical examinations performed by Riverview to determine the student's eligibility to participate in classroom or other school sponsored activities; records of the evaluation, diagnosis and treatment of injuries which the student incurred while engaging in school sponsored activities, including but not limited to practice sessions, training, and competition; and other records as necessary to determine the student's physical fitness to participate in school sponsored activities.

The PHI may be disclosed to the Noblesville West Middle School principal or assistant principal, athletic director, coach, physical education teacher, school nurse or other member of the school's administrative staff as necessary to evaluate the student's eligibility to participate in school sponsored activities, including but not limited to interscholastic sports programs, physical education classes or other classroom activities.

The PHI may also be disclosed to any other emergency medical personnel, hospital or other health care professional who evaluates, diagnoses or treats an injury, illness or other condition incurred by the student while participating in these school sponsored activities. Lastly the PHI may be disclosed to the school to document the sports medicine services provided by Riverview under contract.

I understand that Riverview has requested this authorization to disclose the PHI above so that the school, in conjunction with Riverview, can make certain decisions about the student's health and ability to participate in certain classroom and school sponsored activities in accordance with the Health Information Portability and Accountability Act (HIPAA) and its privacy and security regulations. The student's participation in certain school sponsored activities is conditioned on the signing of this authorization.

I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken by Riverview in reliance on this authorization, by sending a written revocation to the school principal (or designee).

NOTE: IF THE STUDENT IS UNDER 18 YEARS OF AGE, THIS AUTHORIZATION MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN TO BE VALID. IF THE STUDENT IS 18 YEARS OF AGE OR OVER, THE STUDENT MUST SIGN THIS AUTHORIZATION PERSONALLY.

Please sign the information/signature/authorization page.

Riverview Sports Medicine Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY RIVERVIEW SPORTS MEDICINE AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ CAREFULLY.

We take the privacy of your health information seriously. We are required by law to maintain that privacy and to provide you with this Notice of Privacy Practices. This Notice is provided to tell you about our duties and practices with respect to your information. We are required to abide by the terms of this Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe different ways that we use and disclose your health information. For each category we explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall into one of the categories.

- **For Treatment:** We may use health information about you to provide you with treatment, health care or other related services. We may disclose your health information to doctors, nurses, athletic trainer or other employees who are involved in taking care of you. Additionally, we may disclose your health information to manage or coordinate your treatment, health care or other related services. For example, we may provide lab, x-ray, and test results to referring hospitals or physicians.
- **For Payment:** We may use and disclose your health information to collect for the treatment and services we provide to you and other students under contract with the school. We may send your health information to an insurance company or other third party for the payment purposes including to a collection service. For example, we may provide test results, procedure notes, surgeries to your insurance carrier in order to process healthcare claims. We may also provide your information to another provider or other entity for their payment purposes.
- **For Health Care Operations:** We may use and disclose your health information for health care operations. These uses and disclosures are necessary to run Riverview Hospital and various departments, including Riverview Sports Medicine, to make sure you receive competent, quality health care, and to maintain and improve the quality of health care we

provide. We may also give your health information to other entities covered by privacy laws for some of their health care operations, as long as the other entity has a relationship with you.

- **Incidental Uses and Disclosures:** We may occasionally inadvertently use or disclose your medical information when such use or disclosure is incident to another use or disclosure that is permitted by law. For example, while we have safeguards in place to protect against others overhearing our conversations that take place between athletic trainers and physicians, there may be times that such conversations are in fact overheard. Please be assured, however, that we have appropriate safeguards in place to avoid such situations, and others, as much as possible.
- **Disclosures to you:** Upon a request by you, we may use or disclose your medical information in accordance with your request.
- **Limited Data Sets:** We may use or disclose certain parts of your medical information called a “limited data set,” for purposes of research, public health reason or for our health care operations. We would disclose a limited data only to third parties that have provided us with satisfactory assurances that they will use or disclose your medical information only for limited purposes.
- **Disclosures to the Secretary of Health and Human Services:** We might be required by law to disclose your medical information to the Secretary of the Department of Health and Human Services, or his designee, in the case of a compliance review to determine whether we are complying with privacy laws.
- **De-Identified Information:** We may use your medical information, or disclose it to a third party whom we have hired, to create information that does not identify you in any way. Once we have de-identified your information, it can be used or disclosed in any according to law.
- **To Third Parties:** We may disclose your medical information to certain third parties with which we contract to perform services on our behalf. If we do so, we will have written assurances from the third party that the party will safeguard your information.
- **Suspected Abuse or Neglect:** If we believe that a person is a victim of child or adult abuse or neglect, we are required by law to report certain information to public authorities.
- **As Required by Law:** We will disclose your health information when required to do so by federal, state or local law.
- **For Public Health Purposes:** We may disclose your health information for public health activities. While there may be others, public health activities generally include the following
 - Preventing or controlling disease, injury or disability
 - Reporting births and deaths
 - Reporting defective medical devices or problems with medications
 - Notifying people of recalls of products they may be using; and
 - Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- **About Victims of Abuse:** We may disclose your health information to notify the appropriate government authority if we believe an individual has been the victim of abuse or neglect.
- **Health Oversight Activities:** We may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities might include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government benefit programs, and compliance with civil rights laws.
- **Judicial Purposes:** We may disclose your health information in response to a court or administrative order. We may also disclose your health information in response to a

subpoena, discovery request, or other lawful process by someone else involved in a dispute, but only if efforts have been made to tell you about the request, in which you were given an opportunity to object to the request, or to obtain an order protecting the information requested.

- Law Enforcement: We may release health information if asked to do so by a law enforcement official, if such disclosure is:
 - Required by law;
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of a criminal order;
 - About criminal conduct at Riverview Hospital; or
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Except for the first two reasons for disclosures, the information that will be provided to law enforcement officials is limited to your contact information or your physical circumstances.

- **Coroners, Medical Examiners and Funeral Directors:** In certain circumstances, we may disclose health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about individuals to funeral directors as necessary to carry out their duties.
- **Research:** Under certain circumstances, we may use and disclose health information about you for research purposes but only to the extent permitted by law. For example, we may be asked to provide data to a federally funded research project which is studying the incidence of injuries and related school absences, by athletic program.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose your health information when we believe it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent or lessen the threat or to law enforcement authorities in particular circumstances.
- **National Security and Intelligence Activities:** We may release your health information to authorized federal officials for lawful intelligence, counter intelligence, and other national security activities by law.
- **Protective Services for the President and Others:** We may disclose your health information to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state or for the conduct of special investigations.
- **Individuals Involved in Your Care or Payment for Your Care:** We may release health information about you to a family member, other relative, or any other person identified by you who is involved in your health care. We may also give information to someone who is involved with or helps pay for your care. We may also tell your family, friends, personal representative or other person responsible for your health care you condition and that you are in the hospital.
- **Disclosures of Medical Information of Minors:** Under Indiana law, we cannot disclose the medical information of minors to non-custodial parents if a court order or decree is in place that prohibits the non-custodial parent from receiving such information. However, we must have documentation of the court order prior to denying the non-custodial parent such access.

- **Disclosures of Records Containing Drug or Alcohol Abuse Information:** Because of federal law, we will not release your medical information if it contains information about drug or alcohol abuse without your written permission except in very limited situations.
- **Disclosures of Mental Health Records:** If your records contain information regarding your mental health, we are restricted in the ways that we can use and disclose them. We can disclose such records without written permission only in the following situations.
 - If the disclosure is made to you (unless it is determined by a physician that the release would be detrimental to your health);
 - Disclosures to our employees in certain circumstances;
 - For payment purposes;
 - For data collection, research and monitoring managed care providers if the disclosure is made to the division of mental health;
 - For law enforcement purposes to avert a serious health threat to the health and safety of you and others;
 - To a coroner or medical examiner;
 - To satisfy reporting requirements;
 - To satisfy release of information requirements that are required by law;
 - To another provider in an emergency;
 - For legitimate business purposes;
 - Under a court order;
 - To the Secret Service if necessary to protect a person under Secret Service protection; and
 - To the Statewide waiver ombudsman.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with the exception of a written authorization. If you provide us authorization to use or disclose your health information, you make revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made under the authorization, and that we are required to retain our records of the care that we provided to you.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding health information we maintain about you:

- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care.

We are not required to agree with your request: If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to Privacy Officer at 395 Westfield Road, Noblesville, IN 46060. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

- **Right to Request Confidential Communications:** You have the right to request to that we communicate with you or your responsible party about your health care in an alternative way or at a certain location.

To request confidential communications, you must make your request in writing to Privacy Officer at 395 Westfield Rd. Noblesville, IN 46060. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to Inspect and Copy:** You have the right to inspect and copy health information that may be used to make decisions about your care.

To inspect and copy health information that may be used to make decisions about you, you can submit your request in writing to the Privacy Officer at 395 Westfield Rd. Noblesville, IN 46060. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

NOBLESVILLE WEST MIDDLE SCHOOL TRAVEL INFORMATION

I hereby give permission for my child to participate in interscholastic athletic events played at an opponent's school. During such event, if it shall be necessary for my child to receive medical treatment for any illness, injury or emergency, I authorize the school, or any of it's agents, employees, or volunteers, to secure reasonable medical treatment for my child and I hereby appoint such representative of Noblesville Schools to consent for all medical and/or surgical treatment and/or medical procedures which may be required in the event of an emergency. I understand if time permits, I will be consulted and advised of the situation, and this authorization is used only in the event of an emergency. This consent covers all interscholastic events played at opponents school during the current school year.

Please sign the information/signature/authorization page.

NOBLESVILLE WEST MIDDLE SCHOOL ATHLETIC PHOTOGRAPHY WAIVER

Permission is hereby granted to have our son's/daughter's photograph taken during an NWMS athletic event and posted on the NWMS athletic website, on the website of Mark Rice Photography, or printed in a local newspaper.

Please sign the information/signature/authorization page.