

INTERMEDIATE COACH PACKET

(94)

**BOARD OF EDUCATION
Toms River Regional Schools
Toms River, New Jersey 08753**

I do hereby authorize the principal of Intermediate East/North/South School to permit my child to participate in _____ during the _____ school year.
Sport

A pupil representing his/her school in interscholastic athletic competition shall sign a form furnished by the Board of Education the wording of which shall embody a request to be enrolled as a candidate for a place on a school team in a specified sport. He/she must execute an acknowledgment that physical hazards may be encountered.

IMPORTANT: (circle one) **Int. East - Int. North - Int. South**

Date

Signature

Number and Street

City, State and Zip Code

Student Name (print) / Grade

Home Number

Student's Signature

Cell / Emergency Number

Extra-Curricular Interscholastic Code of Conduct

**BOARD OF EDUCATION
Toms River Regional Schools
Toms River, New Jersey 08753**

**STUDENT REQUEST FOR PERMISSION FOR
PARTICIPATION IN EXTRA-CURRICULAR ACTIVITIES**

I, _____, a student of Toms River Regional School District, request permission to participate in _____ (activity/sport) during the _____ school year.

As a candidate for the above indicated school activity, I agree to abide faithfully by the standards listed below. I understand that my participation in the above stated activity is a privilege which may be revoked at such time said standards are not maintained.

- 1. I will maintain a standard of behavior and dress that will reflect positively on my school. I will maintain a high standard of citizenship consistent with our school district's Code of Conduct both in and out of school.
- 2. I will endeavor to reach my maximum potential in scholastic achievement. Additionally, I recognize that poor academic performance is an NJSIAA violation and will result in the termination of my privilege to participate.
- 3. I will not possess, distribute, ingest or otherwise use any banned substances (as indicated in Policy 5530) without the written permission of a fully licensed physician. (NO ALCOHOL or DRUGS). I recognize that my health is of primary importance to myself, my family and my teammates. Any violation of this requirement will result in the termination of my privilege to participate, along with additional remedial and reinforcement consequences prescribed in Policy 5530 Substance Abuse.

Any violation of this code will result in immediate removal from the above noted activity. No coach, advisor, etc. is empowered to grant immunity to any student regardless of circumstances.

Each coach, advisor, etc. is obligated to report any violation of the Extra-Curricular Code to the Building Principal immediately. A fair investigation and hearing will follow each incident reported to the Building Principal. The services of the district's Substance Awareness Coordinators will be utilized in reported violations of standard #3.

Date: _____ Student's Signature _____

Parent's Signature _____

IMPORTANT: (circle one) **HS EAST - HS NORTH - HS SOUTH**
Int EAST - Int NORTH - Int SOUTH

SPORTS PROGRAM AT THE INTERMEDIATE LEVEL GRADES SIX, SEVEN AND EIGHT Rev. 7-14

Numerous sports are offered at the Intermediate level

Fall Sports Include: Girls' Soccer, Boys' Soccer, Field Hockey, Girls' Cross Country, Boys' Cross Country, Cheerleading, and Girls' Volleyball

Winter Sports Include: Girls' Basketball, Boys' Basketball, Wrestling, and Cheerleading

Spring Sports Include: Softball, Baseball, Girls' Track, and Boys' Track

ALL INTRAMURALS SPORTS PHYSICALS REQUIRED

In order to try out and participate in the Interscholastic Athletic Program every student must have an approved Sports Physical. This physical is good for 1 year from the date of the physical.

Students who have a Physician may have an examination done by that Physician. Any physical obtained by a private Physician must be written on the Toms River Schools Sports Packet. The completed packet should be turned into the Nurse's Office at least 2 weeks prior to the sport's try-outs. Physicals done privately must still be signed off by the School Doctor (N.J.A.C.6A:16-2.2). This process takes 2 weeks, so keep this in mind if you wish to make the deadline for Sports try-outs. **No student shall try-out or participate in a sport or intramurals until the School Doctor has reviewed and signed off on it.**

Students who do not have a private Physician have the option to obtain a physical at the District's Sport's Physicals. Dates for the physicals are listed on the Toms River Home Page under Athletics, and are listed on TV Channel 21. The student must obtain a Sports Packet before the scheduled physical date. All forms must be signed by Parent/Guardian. Completed forms should be brought to the Physical. The day of the district scheduled Sports Physical, students who wear glasses/contacts should bring them to the physical. Students who carry an Inhaler or an Epi-Pen must have a Doctor sign the District's Self Medication form, Epi-Pen form and Asthma Treatment Plan.

Questions about Sports Physicals please call: IE-732-505-5780; IN-732-505-5805; IS-732-505-3916

Good Academic Standing: All students desiring to participate in interschool athletic competition must meet the following eligibility requirements:

Fall Sports: Students must meet promotion requirements from the previous grade to be eligible. Students retained will be ineligible for the fall semester sports. Student athletes are expected to maintain eligibility during the season. Progress reports will be utilized to determine a possible probationary period from the team.

Winter Sports: The first marking period report card will be used to determine eligibility to participate. Student athletes are expected to maintain eligibility during the season. Progress reports will be utilized to determine a possible probationary period from the team.

Spring Sports: The second school report card will be used to determine eligibility to participate. Student athletes are expected to maintain eligibility during the season. Third marking period report cards and progress reports will be utilized to determine a possible probationary period from the team.

Academic Eligibility - Students will be ineligible for sports if they have received an "F" or two (2) "D's" in any core subject (Mathematics, Social Studies, Language Arts, Science). In addition, students must maintain a "C" average (2.5) or better in their activity classes.

** Any "F" received in either a core subject or an activity class will make a student ineligible to participate.*

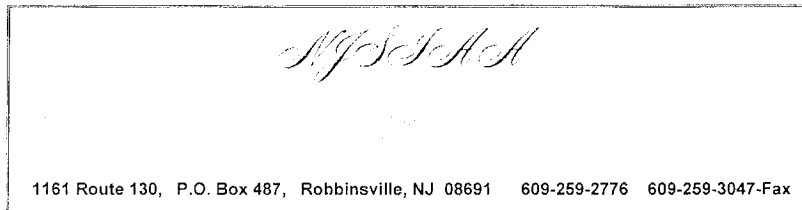
Progress Reports - progress reports which indicate "In Danger of Failing" will be investigated to determine if a probationary period is warranted.

Probationary period from the team - If the student athlete is determined ineligible during the season; he/she may serve a probationary period from any game, match or meet. If the overall grade point average (GPA) is improved to a "C" during the probationary period, the student athletes are again eligible to compete in games. Student athletes will remain ineligible and the probationary process will continue if the overall GPA remains below a "C". Student athletes will be expected to practice with their team during this probationary period.

TOMS RIVER REGIONAL SCHOOLS
2015-2016 SIGNATURE PAGE

PLEASE SIGN AND RETURN TO YOUR COACH!!!

Doing so indicates that you have received all forms from the Toms River Regional School District, and have read and understand all of the content.



NJSIAA STEROID TESTING POLICY

CONSENT TO RANDOM TESTING

In Executive Order 72, issued December 20, 2005, Governor Richard Codey directed the New Jersey Department of Education to work in conjunction with the New Jersey State Interscholastic Athletic Association (NJSIAA) to develop and implement a program of random testing for steroids, of teams and individuals qualifying for championship games.

Beginning in the Fall, 2006 sports season, any student-athlete who possesses, distributes, ingests or otherwise uses any of the banned substances on the attached page, without written prescription by a fully-licensed physician, as recognized by the American Medical Association, to treat a medical condition, violates the NJSIAA's sportsmanship rule, and is subject to NJSIAA penalties, including ineligibility from competition. The NJSIAA will test certain randomly selected individuals and teams that qualify for a state championship tournament or state championship competition for banned substances. The results of all tests shall be considered confidential and shall only be disclosed to the student, his or her parents and his or her school. No student may participate in NJSIAA competition unless the student and the student's parent/guardian consent to random testing.

By signing below, we consent to random testing in accordance with the NJSIAA steroid testing policy. We understand that, if the student or the student's team qualifies for a state championship tournament or state championship competition, the student may be subject to testing for banned substances.

CONSENT TO NJSIAA RANDOM STEROID TESTING: (Required)

Signature of Student-Athlete

Print Student-Athlete's Name

Date

Signature of Parent/Guardian

Print Parent/Guardian's Name

Date

Think you know how to wash your hands?

A little splash of water is NOT enough to clean your hands. Good handwashing requires soap, water, and friction.

Follow these easy steps to be sure your hands are getting clean each time you wash.

- Use warm water and soap
- Rub hands vigorously for 20 seconds
- Wash palms, backs, under nails, between fingers, and wrists
- Rinse off all soap
- Dry hands with a paper towel
- Use the paper towel to turn off the water tap
- Use the paper towel to open the bathroom door
- Discard the paper towel immediately after leaving the bathroom

Wash your hands frequently!!!

What should you do if you think you have a MRSA skin infection?

- Keep the skin sore covered with a bandage or clothing at all times.
- Do not share clothing, towels, or personal care items.
- Tell your school nurse immediately and seek medical care right away to prevent dangerous complications from developing.

If you are diagnosed with a MRSA skin infection and see more than one health care provider, please let each health care provider know about your MRSA infection!!!

NJ Department of Health & Senior Services
Communicable Disease Service
PO Box 369
Trenton, NJ 08625-0369
609-588-7500

For more information visit:
[Http://nj.gov/health/cd/mrsa/index.shtml](http://nj.gov/health/cd/mrsa/index.shtml)

MRSA



Preventing Skin Infections in School and Athletic Settings



What is MRSA?

Methicillin-resistant *Staphylococcus aureus* (MRSA) is a type of bacterium that is resistant to treatment with certain antibiotics. Most of the time, MRSA causes skin infections, but it can also lead to pneumonia and bloodstream infections. In the past, MRSA occurred in hospitals and nursing homes, but it is becoming more common in community settings such as schools and daycare centers.

People can become infected with MRSA by touching infected people, or contaminated objects/surfaces. These bacteria can then enter the body through cuts, scrapes, or other openings in the skin.

What should students know about MRSA?

- "Staph" bacteria can be found on the skin of healthy people, but only a

very small percentage is MRSA.

- Anyone can get MRSA.
- MRSA can spread easily among people who spend time in close contact with each other, such as household members and participants in close-contact sports (for example, football and wrestling).
- MRSA is NOT spread through the air.



What are some of the high-risk behaviors associated with MRSA?

- Sharing personal care items such as razors, bar soap, cosmetics or towels
- Sharing clothing or uniforms that are not properly laundered
- Getting tattoos and body piercings using unsterile equipment
- Engaging in sexual activity or having close physical contact with MRSA-infected people
- Sharing syringes

- Sharing athletic gear (pads or helmets) that is not cleaned regularly.

How can students protect themselves?

Personal hygiene is very important in preventing and controlling the spread of MRSA infections. Washing hands frequently throughout the day, showering after playing contact sports or using gym equipment, and laundering clothing in hot water will help prevent the spread of MRSA skin infections.

It is also a good idea to wipe down gym/sports equipment and exercise mats before and after use. Also, keep skin covered with clothing as an additional barrier. If you have a skin wound, be sure to cover it with a bandage.



TOMS RIVER REGIONAL SCHOOLS

School Year 2016-2017

Dear Parent(s) and/or Guardian(s):

Your child has expressed an interest in participating in an interscholastic sport or activity.

The Board of Education for the 2016-2017 school year will provide insurance coverage to protect all participants in interscholastic sports, against accidental injury while participating. This coverage also applies to intramural sports, band members, majorettes, twirlers, cheerleaders, flag carriers and also for all students in the district while in scheduled physical education classes. This coverage is restricted to regularly scheduled and supervised practices and games, and going directly and uninterrupted to and from scheduled activities.

The accident coverage provided by the Board of Education offers benefits that are payable on a **FULL EXCESS basis, meaning coverage under this policy is "excess" of all other insurance. After other insurance plans have paid their benefits, this coverage pays the usual and customary amount that was unpaid by the other carrier for covered expenses.** Although this coverage is very broad, there are restrictions, limitations and exclusions in this policy. In many situations, medical bills may not be covered in full.

If the primary coverage is an HMO or PPO insurance plan, the HMO/PPO plan guidelines must be followed for coverage. **Please use your primary physician and obtain a referral when necessary.** If you do not follow your primary insurance guidelines no coverage will exist under this accident policy.

If there are not valid and collectible benefits available from **any other source**, this plan will then pay the covered expenses up to the limits of the policy.

If the plan in force covering the injured student is through a fully insured plan or through a self-funded benefit program or through a trust, which specifically excludes benefits for accidents involving sports or school accidents, this plan will pay 50% of the eligible expenses.

Benefits and limitations of the plan are as follows:

1. Medical Benefits: Reasonable and customary charges to a maximum of \$25,000.00
2. Treatment must commence within 90 days of the date of injury.
3. Benefits payable for up to two years from date of injury.
4. Hospital Benefits: Semi-private rates.
5. Surgical Benefits: Reasonable and customary charges.
6. Physicians Services (Non-Surgical): Reasonable and customary charges
7. X-Ray Services: Reasonable and customary charges.
8. Outpatient Therapeutic Services (and Chiropractic Treatment): Reasonable and customary charges up to a maximum of \$500.00
9. Orthopedic Appliances: Reasonable and customary charges to a maximum of \$500.00
10. Eye Glass and Hearing Aid: Maximum benefit \$300.00 (This benefit is payable when damaged as a result of a covered accident requiring medical treatment).
11. Dental Expense Benefit: Reasonable and customary charges to a maximum of \$25,000.00
12. Prescription Drugs: Reasonable and customary charges when prescribed by a physician for treatment of a covered accident.

EXCLUSIONS OF THE POLICY ARE:

- A. Intentionally self-inflicted injury, or injury due to any act of declared or undeclared war, riot or civil disorder, suicide, attempted suicide, violating or attempting to violate the law, fighting or brawling, except in self-defense, or loss in consequences of being intoxicated or under the influence of any drug or narcotic unless administered by or on the advise of a physician.
- B. Conditions not caused by an accidental injury, including: hernia, regardless of cause; heat prostration; fainting; freezing; overexertion; blisters or boils; Osgood-Schlatter's Disease, osteochondritis; expense incurred for treatment of temporomandibular joint dysfunction and associated myofacial pain.
- C. Injury sustained as a result of operating, riding in or upon, or alighting from a two, three or four wheeled recreational motor vehicle or snowmobile.

- D. Treatment by a person or persons employed or retained by the policyholder or by any member of the insured's family.
- E. Injury for which Workers' Compensation, Employer's liability, or similar occupational benefits is available.
- F. Eyeglasses, hearing aids or prescriptions or examinations therefore, except as covered in the schedule of benefits.
- G. Orthopedic appliances, outpatient physical therapy and dental, except as covered in the schedule of benefits.

All injuries should be immediately reported to the coach or faculty advisor. Claim forms will be provided by the school, but it is the parent's responsibility to:

- 1. Submit the claim form with Part 1-B filled out completely within 90 days of the accident (any omissions will delay the processing of the claim).
- 2. Submit all itemized bills (monthly statements will not do).
- 3. Submit the explanation of benefits statement received from your own insurance company showing amount paid and balances due, or, a letter of denial stating the claim is not covered. **One of these forms is required for any payments to be made.**
- 4. If you have no other medical insurance, you will receive a letter from the company to sign and have notarized. Return this to the company immediately and the claim will be paid. Failure to return this letter will result in a delay or denial of the claim.

It is your responsibility and to your benefit to submit the necessary papers as soon as possible. The claim cannot be paid until all papers are submitted. **ONLY ONE CLAIM FORM PER ACCIDENT IS REQUIRED.**

All claim forms; bills and explanation of benefits from other insurance companies or questions regarding this coverage should be made directly to the insurance carrier:

Bob McCloskey Insurance Agency, P.O. Box 511, 76 Main St., Matawan, NJ 07747, (800) 445-3126

In addition, the following Board Policy applies to all interscholastic and/or intramural sports.

- 1. An accurate complete daily record of injuries to athletes must be kept by the coach.
- 2. Injuries suffered by an athlete are to be referred to the family physician and all treatment and/or therapy shall be prescribed by the family doctor. Under no circumstances shall any coach change the recommendation of the family physician. The athlete may only return to the team upon a recommendation of the family physician and the school doctor. The safety and health of the athlete are paramount and must take precedence over all other considerations.
- 3. While under school supervision, no athlete shall receive an injection or be given oral medicine unless authorized by the school doctor. An accurate and complete record of this must be a part of the daily coaches' records.

The attached form must be signed and returned to school before the student may participate in any sport or activity.

Very truly yours,

William Doering
Business Administrator

(TEAR OFF HERE AND RETURN THE BOTTOM PORTION TO THE SCHOOL)

I hereby acknowledge that I am aware of the type of coverage, benefits and exclusions of the insurance program provided and made available by the Toms River Board of Education and I hereby grant permission to

_____ to participate in _____ during the 2016-2017 school year.
(Student's Name) (Sport)

(Date)

(Signature of Parent/Guardian)

Circle One: HSE HSN HSS INTE INTN INTS