



# **MASCOUTAH**

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## **M I D D L E S C H O O L**

### **ATHLETIC PROCEDURES**

All students interested in trying out for this particular sport (6<sup>th</sup> Grade Boys Baseball) must:

1. Sign up in the office.
2. Complete and return the signed Emergency Information/Consent Form to the office.
3. Verify with the school nurse that there is a current school physical on file (less than one year old). To be considered "current" the physical must not expire during the current athletic season. Current physical must be on file prior to the beginning of tryouts.
4. Current physical and Emergency Information/Consent Form must be turned into the office prior to tryouts.

#### **TRYOUT SCHEDULE:**

**6<sup>th</sup> Grade Baseball: July 31<sup>st</sup> 2:00-4:00pm** After July 31<sup>st</sup>, selected 6<sup>th</sup> graders will tryout with the 7<sup>th</sup> graders on August 1<sup>st</sup> and August 2<sup>nd</sup> 10:00am-12:00pm

**7<sup>th</sup> Grade Baseball: July 31<sup>st</sup>, Aug. 1<sup>st</sup>, Aug. 2<sup>nd</sup> 10:00am-12:00pm**

**8<sup>th</sup> Grade Baseball: July 30<sup>th</sup>, Aug. 1<sup>st</sup> 10:00am-12:00pm**

**All Baseball Trvouts will be at MMS**

#### **Eligibility:**

- Grade checks will be done weekly
- An "F" causes a student to be ineligible for a minimum of one week.
- If a student becomes ineligible for a fourth time, he/she will be removed from the team or squad.

**MASCOUTAH MIDDLE SCHOOL  
EMERGENCY INFORMATION AND PARENT CONSENT**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Parent's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent's Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Grade \_\_\_\_\_

Day Phone of Parents: Father \_\_\_\_\_ Mother \_\_\_\_\_

In an emergency, if the parents cannot be reached, notify:

\_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Known Allergies \_\_\_\_\_

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the above-named student. If there is an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If the physician is not able to communicate with me, the treatment necessary for the best interest of the above-named student may be given.

Permission is also granted to the Certified Athletic Trainer to provide the needed emergency treatment prior to the student's admission to the medical facilities.

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