

# Keys to Warrior Success

2011-12

## Old Quarry Middle School Extra - Curricular Philosophy

Warrior extra-curricular opportunities are designed to provide student experiences in physical or intellectual growth through personal responsibility and goal achievement, teamwork and sportsmanship. As a student of Old Quarry Middle School, extra-curricular involvement is a privilege in addition to the academic responsibilities within the classroom and school settings. To support personal growth, participants will be challenged to develop skills in the areas of self-discipline, personal work ethic, and cooperative and collaborative attitudes. These warrior characteristics supported through the leadership of teachers, sponsors, and coaches will aid the participant in realizing their academic and citizenship responsibilities.

### Warrior Expectations

#### ① Eligibility :

- ☞ You must maintain a grade of “C-“ or better in all academic subjects
- ☞ You must display good citizenship by displaying appropriate behavior at school and during participation in all after school activities.
- ☞ You must refrain from any illegal activities within the school or community including use of alcohol and tobacco.
- ☞ You must be present and participating in the school day four at least the last four periods of the day in order to participate in any practice or game that day.
- ☞ Any student medically excused for physical education class will not be allowed to participate in after school athletics without a doctor’s release.
- ☞ No student can practice or compete without a current physical exam on file with the school nurse. Doctor completed physicals should be given to the school nurse.

#### ② Citizenship :

- ☞ Accept direction from your coach or sponsor with a positive attitude
- ☞ Encourage your teammates
- ☞ Arrive to practices and games on time
- ☞ Represent your school and community well by displaying good sportsmanship in both victory and defeat.
- ☞ Ride the team bus to and from all activities and games. ( You may be transported from away games and activities by your parents as long as your parents sign you out )
- ☞ Get the most from your opportunity by putting forth maximum effort.
- ☞ Display respect for your coach/sponsor and teammates at all times

## **Procedures for those participants who receive failing grades:**

- ☹ **Grades will be checked each Friday by your classroom teachers.** If you are failing a class your coach, the assistant principal and your parents will be notified.
- ☹ **1<sup>st</sup> failing grade** - You will be placed on academic probation for one week, from Monday to Monday. If you are able to raise your grade to a passing mark during this week you will be released from academic probation. You are allowed to participate in practice and contests during probation.
- ☹ **2<sup>nd</sup> failing grade** - You will be placed on level 2 academic probation and will be suspended from practice and contests for 1 full week, Monday to Monday.
- ☹ **3<sup>rd</sup> failing grade** - You will be permanently removed from your team for the remainder of the season.
- ➔ If you are failing more than one class when grades are checked on Friday you will automatically start with step 2 and receive a 1 week suspension. This will enable you to go directly home after school and work on your academics.
- ➔ School first - Athletics 2<sup>nd</sup>.

## Parental Certification of Physical Fitness for Student's Participation in Athletics/Activities

To Be Completed By the Parent/Guardian as Permission for Participation in: \_\_\_\_\_  
(sport)

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: M F

I am the parent/guardian of the above student. I certify that my child/ward is in good physical health and is capable of participation in interscholastic sports and/or activities. No need exists to limit his/her participation. I assume full responsibility for his/her physical condition and participation. I will notify you of any changes in his/her physical condition. I understand that my child may participate in the sport named above only if this form and a Certificate of Physical Fitness for Participation in Athletics/Activities, signed by a physician for the current school year, are on file. A separate parental certificate must be completed for each sport in which my child participates.

Parent/Guardian (please print): \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Is the student currently taking any medication? Yes No

If Yes, please provide name of medication, frequency, dosage and reason for taking:

\_\_\_\_\_  
\_\_\_\_\_

Has the student's physical activity been restricted during the past year? Include reason and duration.

\_\_\_\_\_  
\_\_\_\_\_

I am the parent(s)/guardian(s) of the above named student. I have read the above Agreement to Participate and understand its terms. I understand that all sports can involve many **RISKS OF INJURY**. In consideration of the School District permitting my child/ward to participate in interscholastic sports and/or activities, I agree to hold the Lemont-Bromberek Combined School District 113A, its employees, agents, coaches, School Board members and volunteers harmless from any and all liability, actions, causes of actions, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with the participation of my child/ward in any interscholastic sport or activity. I assume all responsibility and certify that my child is in good physical health and is capable of participation in the interscholastic sport/activity program.

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

\_\_\_\_\_  
Date