



Powell Middle School

2021

Student Athlete & Parent Information

- **Activities Director: Chanler Buck**
- **Principal: Kyle Rohrer**

Required Paperwork- to be completed before your child can participate:

1. Signature Form covering the following (one doc.):

- *Activities Participation Agreement*
- Concussion Risk Consent Form
- Medical Treatment Form

2. Physical - Must be dated on or after

May 1, 2021. Must be cleared by physician to participate and consent by parent-signature(s). Usually, the Powell clinic sends a copy of the physical to the middle school.

***Both documents must be returned before the 1st practice in order to participate. Valid entire 2021-2022 school year.**

Sports Physical Scheduling

- 1st appointment scheduled
 - Call Powell High School to Schedule Appointment
 - Vicki Walsh (307) 764-6181
 - (Thursdays) June 3rd & June 10th 3-5 Pm
 - @ PVHC Clinic
 - PVHC will call you to confirm appointment and collect \$15 payment.

All in One Athletic Sign-Off Form

POWELL MIDDLE SCHOOL

369 East 3rd St
Powell, WY 82435
Phone: 307-764-6185 Fax: 307-764-6155

Mr. Kyle Rohrer, Principal
Mr. Chanler Buck, Assistant Principal/Activities Director

2021-2022 Powell Middle School Athletics Sign-Off Form

*This form takes the place of signing each of the required sports forms individually. Please review the information from each link, sign and date **JUST** this form on the lines provided below, and then, turn in both this form and the Physical Form before the first day of practice. (The physical form will still need completed by a medical professional as usual.)

To access this form online, please go to our website at www.pcsd1.org and select Schools > Powell Middle School > Athletics. Click on the Athletics Sign-Off Form link on the right-hand side of the webpage.

- Concussion Risk Consent Form – [Concussion Risk Consent Form](#)
- Powell Valley Healthcare – Permission to Treat, Consent of Authorization for Release of Medical Records – [Permission to Treat, Consent of Authorization to Release Record Form](#)
- Activities Participation Agreement – [Activities Participation Agreement Form](#)

I have reviewed and I understand the information provided in the documents listed above.

_____ Student Signature
_____ Parent/Guardian (Print)
_____ Parent/Guardian Signature
_____ Date

WHSAA Physical Exam Form

WYOMING HIGH SCHOOL ACTIVITIES ASSOCIATION SCHOOL PHYSICAL EXAMINATION MEDICAL RECORD

PHYSICIANS STATEMENT MUST BE DATED AFTER MAY 1 TO BE VALID FOR THE UPCOMING SCHOOL YEAR.

Name _____	Sex _____	Age _____	Date of Birth _____
Grade _____	School _____	Sport(s) _____	Phone _____
Address _____			
Personal Physician _____			
<i>In case of emergency, contact</i>			
Name _____	Relationship _____	Phone (H) _____	(W) _____

Explain "Yes" answers below. Circle questions you don't know the answers to.		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been hospitalized overnight?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever passed out during or after exercise?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been dizzy during or after exercise?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been told you have a heart murmur?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has any family member or relative died of heart problems or of sudden death before age 50?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had a head injury or concussion?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a seizure?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have frequent or severe headaches?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever become ill from exercising in the heat?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you cough, wheeze, or have trouble breathing during or after activity?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have asthma?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you had any problems with your eyes or vision? Do you wear glasses, contacts, or protective eyewear?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, check appropriate box and explain below</i>			
<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip	
<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh	
<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee	
<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/calf	
<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle	
<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot		
13. Do you want to weigh more or less than you do now?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you feel stressed out?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you, or someone in your family, have sickle cell trait or disease?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEMALES ONLY			
16. When was your first menstrual period?	<input type="checkbox"/> _____		
When was your most recent menstrual period?	<input type="checkbox"/> _____		
How much time do you usually have from the start of one period to the start of another?	<input type="checkbox"/> _____		
How many periods have you had in the last year?	<input type="checkbox"/> _____		
What was the longest time between periods in the last year?	<input type="checkbox"/> _____		
Explain "Yes" answers here: _____			

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

PARENT GUARDIAN CONSENT FOR EMERGENCY MEDICAL ASSISTANCE

I hereby authorize School District and its faculty members in charge of my child named below to obtain all necessary medical care for my child in the event that I cannot be reached to authorize it myself. I hereby authorize any licensed physician and/or medical personnel to render necessary medical treatment to my child.

Student's Name _____ Work Phone Number, Father _____
Address _____ Mother _____
Home Phone Number _____

INSURANCE INFORMATION: Company _____ Insured Person _____ Policy # _____
Policy Holder's Social Security Number _____

Signature acknowledges that we have read and understand the above warning and we give consent for emergency assistance that might be needed.
Date _____ Signature of Parent/Guardian _____

https://tb2cdn.schoolwebmasters.com/acnt_311585/site_319_113/Athletics%20Sign%20Off%20Form%20-%20Powel%20MS%20-%20Park%201.pdf

<http://www.whsaa.org/forms/A7-A8.pdf>

How do we submit these forms to Powell Middle School once completed?

- Can be mailed or dropped off:
Powell Middle School
Attn: Jodie Sanders
369 East 3rd Street
Powell, WY 82435
- Can be Faxed: (307) 764-6155
Attn: Jodie Sanders
- Can be Emailed: JRSanders@pcsd1.org

Concussions: The Facts

Someone w/a concussion might say they have:

- A headache
- A headache that gets worse & won't go away
- Neck pain
- Pressure in their head
- Nausea or Vomiting
- Can't sleep or overly tired
- Feeling dizzy or off-balance
- Vision problems
- Sensitivity to light or sounds
- Feeling sluggish, groggy, "out of it"
- Feeling foggy or confused
- Concentration problems
- Memory problems
- Fatigue or low energy
- Increased emotions
- Nervousness or anxiety

You may notice that a person w/a concussion:

- Appears dazed or confused
- Lacks facial expression
- Has clumsy movements
- Weakness, numb, or decreased coordination
- Speaks with slurred speech
- Answers questions slowly
- Shows personality changes
- Drowsiness or cannot be awakened
- Is unable to remember just before or just after the hit
- Has seizure or convulsions
- Loses consciousness
- Has pupils of different sizes
- Is unaware of the score or opponent
- Forgets instructions, position or play
- Has difficulty recognizing people or places

Powell Universal Intake Form

CONCUSSION Report & Notification

Background

Name: _____

Date: _____

INJURY INFORMATION

Date of injury: _____

Time of day: _____

Sport: _____

Describe injury: _____

Loss of consciousness: Yes _____ No _____ Length of time: _____

Seizure: Yes _____ No _____ Details: _____

Initial signs or symptoms following event: _____

PAST HISTORY - BEFORE MOST RECENT CONCUSSION

Previous concussions: Yes _____ No _____ Previous number: 1 2 3 4 5 6+ _____

Date of last concussion: _____ How long did it take to recover? _____

Have you had previous baseline cognitive testing performed (ImPACT)? Yes _____ No _____

Where? _____

Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Blurred Vision |
| <input type="checkbox"/> Neck pain | <input type="checkbox"/> Light/Sound Sensitivity |
| <input type="checkbox"/> Nausea | <input type="checkbox"/> Loss of balance |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Difficulty concentrating |
| <input type="checkbox"/> Sleep problems (such as insomnia/drowsy) | <input type="checkbox"/> Confusion |
| <input type="checkbox"/> Dizziness | |
| <input type="checkbox"/> Amnesia | |
| <input type="checkbox"/> Initial signs or symptoms following event: _____ | |

IMMEDIATE POST INJURY REPORT

Physical Rest – removed from all physical activities until cleared by a medical provider.

Brain Rest – do not engage in mental activities such as homework, reading, computers, video games, tv or any activities that increase symptoms.

Limit exposure to bright lights and loud music

Get plenty of sleep

Use acetaminophen or Tylenol as needed for head or neck pain

Do not drive or ride a bike

TO DO LIST

- Please have your child follow up with a licensed athletic trainer after school.
- Please make an appointment with your Primary Care Provider within _____.
- Please make an appointment with a **sports medicine provider experienced in concussion management**.
- Please bring completed form to your appointment.

SEEK IMMEDIATE MEDICAL ATTENTION FOR ANY OF THE FOLLOWING: Red Flag Symptoms

- Progressively worsening headaches*
- Loss of consciousness or cannot be awoken*
- Slurred Speech*
- Increasing confusion*
- Repeating vomiting*
- Seizure*
- Pupil size unequal*
- Numbness/paralyzing arms or legs*
- Decrease or irregular pulse or respiration*

Note to student/patient/guardian: _____

I, _____, give permission for Dr. _____ to share concussion related information with appropriate medical and school personnel.

x _____

Parent/Guardian Signature and Date

x _____

Physician Signature and Date

Initial assessment by:

Name _____

Date _____

Uniforms & Game Day Dress

- **Uniforms** are checked out to each student. The return of the entire uniform in good condition is the responsibility of the athlete. Fines will be assessed accordingly to lost or damaged uniforms.
- **Game day** expectation is to “dress up”. Coaches will clarify per sport.

Transportation

- **Transportation** – Athletes are expected to travel to and from all contests on the bus with the team. Transportation requests must be cleared* through Mr. Buck or Mr. Rohrer in advance. Transportation requests are available in the office or online at the www.pcsd1.org – “Schools – Powell Middle School – Athletics”

https://tb2cdn.schoolwebmasters.com/accnt_311585/site_319113/Permission-to-Travel-PCSD1-MS.pdf

- ***Transportation Request Form** is required to be completed prior to the trip. Always check with one of the coaches before taking your child after the game.

Absences

Absences – Athletes are expected to be in school ALL DAY during the day of the contest or the Friday prior to a Saturday contest. If they are absent during any part of the day on the day of the contest they are not eligible to play in the game (more than ½ of day for practice).

All requests to be absent on this day and still practice or play must be cleared through the coaches and/or by Mr. Buck or Mr. Rohrer.

“If they are too ill to be in school during the day, they are too ill to play in the contest on that day.”

Eligibility

- Students who appear on the deficiency list with two F's will be considered ineligible for participation in that week's sporting events/extra-curricular activities (including dances and extra-curricular field trips).
- **The ineligibility runs from Monday when the list comes out until the next list comes out the following Monday.** Students involved in use of alcohol, drugs, tobacco or inhalants outside of school time may be suspended from extra-curricular activities. We will follow Board Policy.
- Athletic participants who are in OR are expected to stay after school until 4:00 p.m. in order to complete their missing work.

Required Days of Practice before first contest

- Volleyball – 9
- Football – 10
- Cross Country – 9
- Basketball – 9
- Wrestling – 9
- Swimming – 9
- Track – 10
- Soccer Club - 9
- Tennis Club - 9

“A”, “B”, and “C” Squads

- “A” squad - During the regular season, plays for the seeding at conference tournament and/or for the conference championship.
 - “B” squad generally play on the same day as the “A” squad.
 - “C” squad is dependent on other teams in conference having the ability to field “C” teams and willing to schedule contests. There will also be scrimmages within the team on certain home games.
- *Some programs run a “B Orange” & “B Black” team.
- Communication – Questions or concerns need to follow the chain of command – Please start with the Head Coach before communicating with the A.D.

Sports Seasons

- Fall (Aug-Oct) – Football, Volleyball & Cross Country
- Winter #1 (Oct-Dec) -- Girls Basketball, Wrestling & Cheerleading
- Winter #2 (Jan-Feb)– Boys Basketball & Cheerleading
- Spring #1 (Feb-March) - Boys & Girls Swimming
- Spring #2 (Mar-May) – Track, Soccer & Tennis

Homeschool Only -Required Paperwork- to be completed before the first day of practice

[WHSAA Affiliate Home School Membership Form](#)

[applies to homeschool & virtual school students only.](#)

- **Fill out the form**
- Homeschool http://www.whsaa.org/forms/home_school_membership_form.pdf
- Virtual School <http://www.whsaa.org/forms/VIRTUALSCHOOLMEMBERSHIPFORM.pdf>
- Pay \$7.00 fee to cover catastrophic injuries above and beyond your primary insurance. Mail to WHSAA in Casper.
- WHSAA must confirm they have received the form and payment BEFORE the student may practice or participate.
- **Physical and proof of immunization** must be on file with the school before they will be allowed to practice.

Remember – *Tentative* Practice Dates:

- VB: 7th – August 18th @4:00 PM – PMS Gym
- VB: 8th – August 19th @4:00 PM – PMS Gym
- FB: 7th – August 23rd @3:30 PM – Boys Locker Room
- FB: 8th – August 23rd @3:30 PM – Boys Locker Room
- XC: August 16th @4:00 PM Powell MS Commons
- (School starts on Tuesday, August 24th)
- We will send out a message to all families at the beginning of August with detailed information.
- District Website: www.pcsd1.org –Schools – Powell Middle School - Athletics



Contact Information

- **7th Volleyball**
 - Jodee Metzler JMMetzler@pcsd1.org
- **8th Volleyball**
 - Amanda Johnston AMJohnston@pcsd1.org
- **7th Football**
 - Juston Carter JKCarter@pcsd1.org
- **8th Football –**
 - Bryan Bonander BRBonander@pcsd1.org
- **Cross Country**
 - Marc McArthur MVMcarthur@pcsd1.org
- **Activities Director**
 - Chanler Buck CJBuck@pcsd1.org

Powell Athletic Roundtable (PAR)

- Why join???
- **Orange Sheet of Paper**
 - Shoes and game day clothes
 - Physicals
 - Supplements to our uniform inventory
 - Hospitality room for all coaches and workers
 - Ribbons and awards for Middle School Tournaments
 - Items and expenses that further promote middle school athletics
- If interested please contact Tracy Walsh 307-202-0879



Sports Paperwork

- Paperwork may be Dropped off, Mailed, Faxed or Emailed into the front office until June 9th when the middle school closes.
- Middle school office will be open again on July 21st.
- As a reminder for paperwork, concussion ImPACT Testing, and practice dates, we will begin sending out Infinite Campus messages early in August.
- **ALL paperwork must be returned before the 1st practice in order to participate.**