

CMS Boys Basketball Try-out Packet

Student/Athlete:

Thank you for your interest in playing for the Clover Middle School boys basketball team. Please complete the following forms and submit them to planeths.com ASAP. The Clover School District Activity Medical Form needs to be given to Coach Hall. You will not be permitted to try-out for the team without a completed SCHSL physical, try-out waiver, and Clover School District Activity Medical Form. I have attached the instructions for how to use planeths.com to this packet as well as the Medical form.

You need to plan to be available the following two days:

Monday, November 9th 4:00-6:00 PM

Tuesday, November 10th 4:00-6:00 PM

The final roster will be determined after the November 10th practice, but there may be roster reductions after the November 9th practice.

If you make the final roster, practice will begin on Wednesday, November 11th from 4:00-6:00 PM at CMS. A practice schedule will be distributed to players prior, letting them know times and locations of practices.

There will be a parent meeting on Thursday, November 12th at 6:00 PM. This will be immediately following our practice and will be held in the CMS Gym. We will be handing out informational packets which will include: the season practice and game schedule, program rules, and other information. Please plan on attending.

Thank you for your interest in the boys basketball program and we look forward to the first day of the season.

Coach Hall – 8th grade head coach
rodney.hall@clover.k12.sc.us



Athletic Pre-Participation Forms Getting Started Guide (Parent & Student)

Your school has elected to collect pre-participation forms online through . Follow the steps below to complete pre-participation registration:

<p>1. Create Accounts</p>	<ul style="list-style-type: none"> Both a parent and student are required to create separate accounts. Each account must have a unique email or mobile #. Go to www.planeths.com If your school has provided their <i>Quick Account Code</i>, TEXT the code to 69274 to create your parent & student account. *Creation of accounts can be done on all devices with a connection: Computers, Smart Phones, Tablets, iPads, etc.
	<ul style="list-style-type: none"> Home School selection- this is the school that you/your student attends/studies. Do NOT select the school district in which your school resides. My student plays for both the Middle School and High School?! If your student plays on both a middle and high school team, upon account creation, select the home school in which your <i>STUDENT STUDIES</i>. You will be able to select a secondary school within the Additional Schools section after creating your account.
<p>2. Link Parent & Student Accounts</p>	<p>Once logged in, you will be prompted to link the parent and student account. Enter the email address or mobile # to send an invitation to the parent/student. The invited person clicks on the link in the email or text message to finish the linking process. The invited person can also login and accept the link request by clicking on the Link Account Button and selecting accept.</p>
	<p>Why do I have to link accounts? Forms required by your school, often require both a parent and student signature to mark the form as completed. For the system to know what student and parent will be viewing and signing the proper forms, a linked parent/student account is required.</p>
<p>3. Athletic Forms button</p>	<p>Click the Athletic Forms button to move to the Pre-Participation Forms Overview Page and complete the required digital forms.</p>
<p>4. Select the Sports you will participate</p>	<p>In the Sports Interest section, check the sports you will be trying out for. By checking these sports, you are allowing the coach of that team to view your pre-participation paperwork...</p>
<p>5. Additional Schools (If Applicable)</p>	<p>If you/your student participate in sports at multiple schools, add the additional schools here. If you/your student do not play for multiple schools, leave this section blank. Adding additional schools will allow the Athletic Director(s) at the additional school(s) view your pre-participation paperwork.</p>
<p>6. Complete & Sign Digital Forms</p>	<p>Click on each form link, complete each form, and click the Sign & Submit button. Both the parent and student must complete this step. Your school/district chooses which forms require the student, parent, or student AND parent signatures. Upon completion of each form, you should be auto promoted to the next form.</p>
	<p>Students with accounts may begin completing digital forms immediately. Parents must be linked to a student account to see the electronic version of the forms. If they are not linked, they will only see example PDF versions of the forms. You can complete forms or see their status at any time by clicking on the ATHLETIC FORMS button. This gives the ability for students to send a parent linked account request and to upload the physical exam signed by the physician during group physicals.</p>
	<p>Upload Buttons are shown when you are required to upload a document instead of completing the web-form. For example, the physical exam form your physician completes or a birth certificate. These forms can be uploaded by either the parent or student but require the parents signature.</p>
<p>7. Accepted Forms Notification</p>	<p>When your school has accepted all forms, a notification will be sent to you stating all forms have been accepted. You will be notified via email and/or text message (if you have selected the text message option during account creation), if a form has been denied by your school. You will be sent a notification, in which you will be given the reason for denial and a link to review and resubmit your changes back to the school.</p>

If you need assistance with PlanetHS or need more information, please consult the help documents found here <https://schoolsupport.helpdocs.com> or email schoolsupport@planeths.com. If you have questions regarding the content of form requirements, please contact your school Athletic Director.

CLOVER SCHOOL DISTRICT - PERMISSION, RELEASE AND HOLD-HARMLESS AGREEMENT

In consideration of the below named Student being allowed to participate in the following school/athletic events or activities, participation in which is hereby acknowledged to be voluntarily and in no way required of Student:

Clover Middle School Athletics – Conditioning and Practice

I (Student), and, as applicable (if under age 18), my parent(s)/guardian(s), do hereby acknowledge, appreciate, and agree that:

I/we are aware there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus “severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)”, which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof.

I, as the undersigned Student, do HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Clover School District, its Board of Trustees, officers, officials, agents and/or employees, (“RELEASEES”), from any and all claims, demands, losses, and liability arising out of or related to any ILLNESS, INJURY, DISABILITY OR DEATH I may suffer, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____
Student’s Name (Print) Age Date

X _____
Student’s Signature

FOR PARENT(S)/GUARDIAN(S) OF STUDENT OF MINOR AGE (UNDER AGE 18 AT TIME OF EXECUTION OF THIS AGREEMENT)

This is to certify that I/we, as parent(s)/guardian(s) with legal responsibility for Student, attest to the above statement of acknowledgement and appreciation of the risks of communicable disease and do hereby grant permission for Student to participate in the above-described voluntary events/activities and, further, consent and agree to his/her release as provided above of all the Releasees, and, for myself/ourselves, my/our heirs, assigns, and next of kin, I/we do hereby release and agree to indemnify and hold harmless the Releasees from any and all liability incidents or occurrences to or in regard to my minor child’s involvement or participation in said events/activities as provided above, to the fullest extent permitted by law.

X _____
Parent/Guardian #1 Signature Date

X _____
Parent/Guardian #2 Signature Date

Preparticipation Physical Evaluation - Physical Form

Last Name _____ First Name _____ Middle Initial _____ Date of Birth _____

Examination						
Height:		Weight:				
BP: _____ / _____ (_____ / _____)		Pulse: _____	Vision: R 20/ _____	L 20/ _____	Corrected ___ Yes ___ No	

Medical	Normal	Abnormal Findings
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse (MVP), and aortic insufficiency)		
Eyes / Ears / Nose / Throat - Pupils equal / Hearing		
Lymph Nodes		
Heart - Murmurs (auscultation standing, auscultation supine, and +/- Valsalva maneuver)		
Lungs		
Abdomen		
Skin - Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant Staphylococcus aureus (MRSA), or tinea corporis		
Neurologic		
Musculoskeletal:		
- Neck		
- Back		
- Shoulders/Arm		
- Elbow/Forearm		
- Wrist/Hand/Fingers		
- Hip/Thighs		
- Knees		
- Leg/Ankles		
- Foot/Toes		
- Functional: Double-leg squat test, single leg squat test, and box drop or step drop test		

Consider: electrocardiography (ECG), echocardiography, and referral to cardiologist for abnormal cardiac history or examination findings or a combination of those.

Preparticipation Physical Evaluation

- Medically eligible for all sports without restriction.
 Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: _____

 Medically eligible for certain sports: _____
 Not medically eligible pending further evaluation.
 Not medically eligible for any sports.

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. If conditions arise after the athlete had been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete and parents or guardians.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____ MD, DO, NP, or PA

Preparticipation Physical Evaluation - History Form

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of Birth: _____ Sex: _____

Date of Examination: _____ Sport(s): _____

List past and current medical conditions: _____

 Have you ever had surgery? If yes, list all past surgical procedures: _____

 Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional): _____

 Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects): _____

General Questions		Yes	No	Medical Questions		Yes	No
Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.							
1. Do you have any concerns that you would like to discuss with your provider?				16. Do you cough, wheeze, or have difficulty breathing during or after exercise?			
2. Has a provider ever denied or restricted your participation in sports for any reason?				17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?			
3. Do you have any ongoing medical issues or recent illness?				18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			
Heart Health Questions About You				Females Only			
4. Have you ever passed out or nearly passed out DURING or AFTER exercise?				19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?			
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?				20. Have you ever had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?			
6. Does your heart ever race, flutter in your chest or skip beats (irregular beats) during exercise?				21. Have you ever had numbness, tingling, or weakness in your arms or leg, or been unable to move your arms or legs after being hit or falling?			
7. Has a doctor ever told you that you have any heart problems?				22. Have you ever become ill while exercising in the heat?			
8. Has a doctor ever ordered a test for your heart? (for example Electrocardiography (ECG) or echocardiography.				23. Do you or someone in your family have sickle cell trait or disease?			
9. Do you get lightheaded or feel shorter of breath than your friends during exercise?				24. Have you ever had or do you have any problems with your eyes or vision?			
10. Have you ever had a seizure?				25. Do you worry about your weight?			
Health Questions About Your Family				26. Are you trying to or has anyone recommended that you gain or lose weight?			
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car accident)?				27. Are you on a special Diet or do you avoid certain types of foods?			
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTs), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?				28. Have you ever had an eating disorder?			
13. Does anyone in your family had a pacemaker or implanted Defibrillator before age 35?							
Bone and Joint Questions				Explain a "Yes" answer here: _____			
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint or tendon that caused you to miss a game or practice?				_____			
15. Do you have a bone, muscle, ligament or joint injury that bothers you?				_____			

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

Signature of athlete: _____

Signature of parent or guardian: _____

Date _____

Parent's Permission & Acknowledgement of Risk for Son or Daughter to Participate in Athletics

Name (please print) _____

As a parent or legal guardian of the above named student-athlete. I give permission for his/her participation in athletic events and the physical evaluation for that participation. I understand that this is simply a screening evaluation and not a substitute for regular health care. I also grant permission for treatment deemed necessary for a condition arising during participation of these events, including medical or surgical treatment that is recommended by a medical doctor. I grant permission to nurses, trainers and coaches as well as physicians or those under their direction who are part of athletic injury prevention and treatment, to have access to necessary medical information. I know that the risk of injury to my child/ward comes with participation in sports and during travel to and from play and practice. I have had the opportunity to understand the risk of injury during participation in sports through meetings, written information or by some other means. My signature indicates that to the best of my knowledge, my answers to the above questions are complete and correct. I understand that the data acquired during these evaluations may be used for research purposes.

Signature of Athlete _____

Date: _____

Signature of Parent/Guardian _____

Date: _____

CLOVER SCHOOL DISTRICT

Before and After School Activity Medical Form

Completion of this form is required to ensure medical concerns are addressed. Medications should be administered only when necessary in accordance with school policy during this time.

Parents/Guardians are responsible for supplying medication and any other needed information for the safety of their child. Failure to complete form prior to starting this program will be viewed as refusal to consent for participation.

Student Name _____ DOB _____

Name of Before or After School Activity (For example...Athletic team, Club Name)

Please check all that apply: Diabetes Severe Allergies with Epi-pen for _____
 Asthma Seizure Disorder Bleeding Disorder Catheter/Colostomy ADHD
 Feeding Tube Heat Related Problems Previous Concussion Heart Problems
 Emotional/Behavioral issues Other: _____

List any medication needed for health condition above _____

Where will medication be located during this time _____

Physician's Name _____ Phone _____

Emergency Contact: _____ Phone _____

I give my child _____ permission to participate in the above named before/after school activity. I understand a school nurse is not present before/after school hours. I release Clover School District, its employees or agents, from any claims or suits related to my child's health condition and participation in the above mentioned activity. I understand emergency medications and the location of this medication should be communicated by the parent/guardian and student to those activity sponsors responsible for the student.

Parent/Guardian Signature _____ Date _____

Coach/Teacher/Team _____ Date _____

Activity sponsor keep form and contact nurse for further medical instructions.