

# Bay City Public Schools

## 2016-17 Middle Schools Interscholastic Schedule and Information

Who Can Participate? – 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> Grade Boys and Girls who are enrolled in the Bay City Public Schools.

**What needs to happen before you can participate - The following must be handed in to The Athletic Office a school day before the start date.**

*This gives the athletic office one day to process everything- please and thank you.*

1. Physical Examination (Bay City Blue/ Yellow Physical form)
2. Participation fee of \$35 must be paid - this is a one-time fee per school year.

Sports Season	Start Date	Try-outs	First Contest	Last Contest
	<i>If needed dates may be subject to change</i>			
Boys 8 <sup>th</sup> Football	August 17th		September 13/14th	October 19th
Boys / Girls CC	August 22nd		September 9th	October 24th
Girls Basketball	August 22nd	8/22, 8/23, 8/24, 8/27	September 19th	October 29th
Girls Swimming	October 31st		November 16th	December 14th
Boys Basketball	October 31st	10/31, 11/1, 11/2, possible 11/3	November 21st	January 18th
Girls Cheer-leading	November 2nd	3 days week of 10/31	November 21st	January 18th
Girls Pom Pons	November 2nd	3 days week of 10/31	November 21st	January 18th
Boys Swimming	January 23rd		February 15 <sup>th</sup>	March 15 <sup>th</sup>
Girls Volleyball	January 23rd	1/23, 1/24, 1/25, possible 1/26	February 13 <sup>th</sup>	March 22nd
Boys Track	March 3rd		April 26th	May 22nd
Girls Track	March 3rd		April 26th	May 22nd

### **General Rules - (Could have exceptions)**

*Handy and Western Games/Meets/Matches (dates can vary)* – Football will be held on Tuesdays, Wednesdays, Girls Basketball will be held on Monday and Thursdays. Boys Basketball, Cheerleading, Pompons, and Volleyball are on Mondays and Wednesdays. Swim Meets (Boys and Girls) Monday and Wednesdays, Track Meets are held on Mondays and Thursdays. When both schools are playing @ Handy, 7th Grade small gym, and 8th Grade big gym. Practices are held Monday thru Friday @ Handy Middle School for most sports programs.

**Any / All information pertaining to sporting events can be found on the respected school website.**

Questions - Please call and/or E-mail

Michael Toyzan Office 989-671-3815, fax 989-671-3816

Middle School Athletic/Activities Director – [toyzanmi@bcschools.net](mailto:toyzanmi@bcschools.net)

5/18/16

# FALL SPORT PROGRAMS FOR HANDY / WESTERN MIDDLE SCHOOLS 2016-17 SCHOOL YEAR.

HERE ARE SOME DETAILS REGARDING THIS YEARS PROGRAMS:

**All times and places are subject to change.**

## **FOOTBALL INFO –**

**PRACTICE STARTS- AUGUST 17, 2016 – 3 days of conditioning. NO CUTS**  
**EVERYONE MAKES THE TEAM.**  
**WHO CAN PLAY-** All 6th, 7 That weight 120 lbs and over with all 8th graders that enrolled at either Handy or Western.  
**PRACTICE PLACE-** Handy for Handy, Western for Western  
**PRACTICE TIMES(1<sup>st</sup> week)-** Handy 6 to 8 PM, Western 3 to 5 PM.  
**EQUIPMENT HANDOUT -** Monday August 22nd – Must have 3 days of conditioning.  
**FIRST GAME -** September 13th or 14th Must have 14 practices before you can play. Total of 6 games (amount allowed by state)  
**PARENT NIGHT -** Handy 9/8/16, Western 9/7/16, Both out in the Football stands of the respected school (6:30 sharp)  
**COACHES-** HMS – Head Coach Tom Sullivan, Asst. Coach Kevin Derocher, Asst. Coach Travis Koziatek  
WMS - Head Coach Dan Revette, Asst. Coach Jim Drzewicki, Asst. Coach Jeff Yates

## **GIRLS BASKETBALL INFO –**

**TRY OUTS-** August 22nd, 23rd , 24th and 25th 2016  
ALL TRY OUTS HELD AT HANDY MIDDLE SCHOOL

**TRY OUT TIMES-** HMS Both 7 & 8 Grades: Big gym 2:30 – 4:30 PM  
WMS Both 7 & 8 Grades: Big gym 4:30 – 6:30 PM

**FIRST GAME–** September 19th  
**PARENT NIGHT-** Both schools @ Handy 9/12/16 in Handy's Auditorium (6:30)  
**COACHES-** HMS 7<sup>TH</sup> White: Sarah Richard, Red: Rob Garcia  
HMS 8<sup>TH</sup> White Open, Red: Dan Velasquez  
WMS 7<sup>TH</sup> Gold: Brian Merritt, Brown: Rick MacGregor  
WMS 8<sup>TH</sup> Gold: Nate Walters, Brown Sheri Zimmerman

## **CROSS COUNTRY INFO-**

**PRACTICE STARTS- August 22nd, 2016 – NO CUTS EVERYONE MAKES THE TEAM.**  
**WHO CAN PLAY-** All 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> grade boys and girls enrolled at either Handy or Western Middle School

**PRACTICE TIME -** Western 3 - 4 (meet out by the big tree in back of school) – Handy – 3:30 to 4:30 Hallway by the big gym .

**FIRST MEET -** Sept. 10<sup>th</sup>? – We will have 5 or 6 meets for the season.  
**COACHES-** HMS – Cortney Richardson, WMS – Stephanie Wilson

Any questions, please call Michael Toyzan – Middle School Athletic Director  
Office – 989-671-3815 Fax – 989-671-3816 E-mail – [toyzanmi@bcschools.net](mailto:toyzanmi@bcschools.net)

BEFORE YOU CAN PARTICIPATE YOU MUST HAVE THE FOLLOWING HANDED IN TO THE ATHLETIC OFFICE **by Thursday August 18th.**

- **PHYSICAL** - front of form filled out (Doctors signature) and parent / student signature on back .(BAY CITY PUBLIC SCHOOL PHYSICAL- (Yellow/ Blue FORM) AVAILABLE ONLINE AT [www.bcschools.net](http://www.bcschools.net), and in either schools athletic office.
- **PAY \$ 35.00 ATHLETIC PARTICIPATION FEE**

## **BAY CITY PUBLIC SCHOOLS**

### **Pay to Participate Program**

In order to maintain our athletic program offerings at the high school, middle school, and elementary level a PAY TO PARTICIPATE FEE is required as follows:

#### **COST OF THE PAY TO PARTICIPATE FEES**

The participation fee is required for participation and is a one-time fee for all high school, middle and elementary school sports.

High School	\$50.00 per school year
Middle School	\$35.00 per school year
Elementary School	\$10.00 per school year

#### **INSTRUCTIONS FOR PAYMENT**

The fees for the first sport of a school year must be paid at the time when an athlete turns in their physical form for high school and middle school (Elementary fees are due before the activity begins). Subsequent participation fees must be turned in prior to the start of each high school season. Athletes may not tryout for a team, nor participate in a practice, scrimmage or contest until the fee is paid.

#### **GUIDELINES FOR REFUND**

If an athlete does not make the team, he/she will receive a refund, upon request.

During the first half of the season, full refunds will be made to an athlete that is unable to continue their sport because of a transfer or an injury/illness. An injury/illness requires a doctor's note indicating that the athlete cannot continue due to the injury or an extended illness. The athlete must request the refund. After the halfway point of the season, no refunds will be granted.

If an athlete is removed from the team due to a training rule violation, school handbook violation, or quits the team, he/she will not be granted a refund.

#### **PAY TO PARTICIPATE PHILOSOPHY**

The purpose of the Pay to Participate Fee is to help the Bay City Public Schools maintain its present athletic offerings. Without the use of the money generated from this fee, athletic programs and teams would have to be reduced. **The payment of this fee in no way guarantees playing time.**

# BAY CITY PUBLIC SCHOOLS ATHLETIC MEDICAL AND CONSENT FORM

**PLEASE COMPLETE BOTH SIDES OF THIS CARD**

Name: \_\_\_\_\_ Sex: \_\_\_F\_\_\_M Participation Fee: \_\_\_Yes  
(Last Name) (First Name) (MI)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sports: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Ph.(home): \_\_\_\_\_ (work): \_\_\_\_\_ cell: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Ph.(home): \_\_\_\_\_ (work): \_\_\_\_\_ cell: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Ph.(work): \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Policy/Group#: \_\_\_\_\_ Phone: \_\_\_\_\_

**PLEASE CIRCLE YES OR NO TO THE FOLLOWING QUESTIONS:**

- |   |   |
|---|---|
| Y N Currently taking any prescribed medicines?                          | Y N Any allergies?                          |
| Y N Currently under treatment for a medical problem?                    | Y N Any past surgeries?                     |
| Y N Previous hospitalization or serious illnesses?                      | Y N Any prior sports injuries?              |
| Y N Have you been knocked unconscious or had a concussion?              | Y N Any missing organs?                     |
| Y N Have you ever passed out during or after exercising?                | Y N Any recurring skin problems?            |
| Y N Have you ever been dizzy during or after exercising?                | Y N Do you wear glasses or contacts?        |
| Y N Any coughing during or after exercising?                            | Y N Do you have hearing problems?           |
| Y N Have you ever had chest pain during or after exercising?            | Y N Do you have any dental problems?        |
| Y N Have you ever had high blood pressure or heart conditions?          | Y N Any recurrent wheezing or asthma?       |
| Y N Any muscle weakness or numbness in arms or legs?                    | Y N Any presence of hernia?                 |
| Y N Any heat related cramps, exhaustion, or passing out?                | Y N Any seizures, convulsions, or epilepsy? |
| Y N Have you ever sprained, dislocated, broken, or fractured any bones? | Date of last Tetanus shot: _____            |
| Y N Family history of high blood pressure, heart attack, or diabetes?   |   |

USE THIS SPACE TO DETAIL ANY "YES" RESPONSES ABOVE: (ie. Allergies, known drug reactions, current prescribed medications)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PHYSICAL EXAM:**

Height: _____	Weight: _____		
Blood Pressure: _____	Heart & Lungs:	Normal	Abnormal
Heart Rate: _____	Abdomen:	Normal	Abnormal
Head & Neck: Normal	Abnormal	Extremities & Joints: Normal	Abnormal

**SPORTS PARTICIPATION CLEARANCE:** This student athlete is cleared to participate in all interscholastic sport activities without reservations that are not crossed out below.

- Baseball - Basketball - Bowling - Competitive Cheer - Cross Country - Equestrian - Football - Golf - Gymnastics  
Ice Hockey - Lacrosse - Skiing - Soccer - Softball - Swimming - Tennis - Track - Volleyball - Wrestling

\_\_\_\_\_  
 PHYSICIAN'S SIGNATURE DATE TELEPHONE

**THIS EXAMINATION MUST TAKE PLACE ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR IN ORDER TO BE VALID FOR THE CURRENT SCHOOL YEAR.**

## BAY CITY PUBLIC SCHOOLS ATHLETIC DEPARTMENT

We agree that our daughter or son will abide by all of the rules of conduct as set forth in the Athletic Code of Conduct found in the Student Code of Conduct and by the Michigan High School Athletic Association. We also understand that athletic participation will be withheld by the school for violations of this Code as set forth within the document.

WE UNDERSTAND THAT THERE IS AN INHERENT RISK INVOLVED IN PARTICIPATION IN INTERSCHOLASTIC SPORT ACTIVITIES. SUCH RISK COULD RESULT IN CATASTROPHIC INJURY OR DEATH. IT IS UNDERSTOOD THAT EVEN THE BEST EQUIPMENT AND INTENTIONS OF COACHES CANNOT ALWAYS PREVENT SUCH INJURIES TO AN ATHLETE.

I hereby give my consent to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics.

In the event of an injury sustained by my daughter or son during athletic participation, permission is hereby given authorizing emergency medical treatment by the athletic trainer and/or attending physician. In the event that a trainer or physician is not available, I understand that the coach will need to seek emergency medical treatment. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

We give our permission for our son or daughter to be transported by school or private bus. On occasion, private vehicles or rented vans, driven by coaches or parents who have been approved by the athletic department, will be used to transport athletes to game sites.

We understand that athletes are expected to travel to and from athletic events with their team. Only in unusual situations will the athletic department grant permission for athletes to be dismissed to their parents after contests. A request by parents to allow their daughter/son to travel with them must be in writing to the athletic director twenty-four hours in advance of the contest.

I give my consent for the release of confidential academic information – grade point average, class rank, ACT/SAT scores, and transcripts – in the event that our son or daughter is being considered for athletic awards or possible scholarship consideration by non-school organizations.

THE BAY CITY PUBLIC SCHOOLS HAVE ENACTED A PARTICIPATION FEE THAT MUST BE PAID WHEN THIS MEDICAL AND CONSENT FORM IS TURNED INTO THE ATHLETIC OFFICE. THIS FEE ALLOWS AN OPPORTUNITY TO PARTICIPATE ON OUR ATHLETIC TEAMS, BUT DOES NOT GUARANTEE PLAYING TIME, NOR PROVIDE INSURANCE COVERAGE.

THE BAY CITY PUBLIC SCHOOLS DO NOT PROVIDE MEDICAL INSURANCE COVERAGE FOR ATHLETES. ATHLETES AND THEIR PARENTS MUST UNDERSTAND THERE ARE SIGNIFICANT RISKS OF INJURY IN ATHLETIC PARTICIPATION. ATHLETES AND PARENTS ASSUME ANY AND ALL RISKS OF SUCH INJURY INCLUDING MEDICAL EXPENSES AND FEES. THE SCHOOL DISTRICT WILL NOT BE HELD FINANCIALLY LIABLE FOR INJURIES THAT OCCUR IN PRACTICES OR CONTESTS. IF YOU DESIRE TO PURCHASE INSURANCE COVERAGE FOR YOUR DAUGHTER OR SON, THERE IS A PROGRAM PROVIDED BY FIRST AGENCY INSURANCE COMPANY. WE HAVE FORMS AVAILABLE FOR YOUR USE IN THE ATHLETIC OFFICE OF EACH HIGH SCHOOL AND MIDDLE SCHOOL.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature  
Or 18 Year Old Student: \_\_\_\_\_ Date: \_\_\_\_\_