

# Lady Falcon Soccer Athlete Information Sheet

Player Name \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_

Position \_\_\_\_\_

Lunch Schedule: Maroon (A Day) \_\_\_\_\_ Gold (B Day) \_\_\_\_\_

Activity Bus Rider (Y or N) \_\_\_\_\_ If Yes, Location \_\_\_\_\_

Shirt (Jersey) size \_\_\_\_\_

Short Size \_\_\_\_\_

Warm-Up Top Size \_\_\_\_\_

Warm-Up Bottom Size \_\_\_\_\_

## Contact Information:

Home Phone \_\_\_\_\_

Player Mobile \_\_\_\_\_

Player E-mail (print clearly) \_\_\_\_\_

Sponsor Name \_\_\_\_\_

Parent/Sponsor Name #2 \_\_\_\_\_

Parent/Sponsor e-mail #1: \_\_\_\_\_

Parent e-mail #2: \_\_\_\_\_

Parent/Sponsor #1 Mobile Phone \_\_\_\_\_

Please indicate mother, father or other relation

Parent/Sponsor #2 Mobile Phone \_\_\_\_\_

Please indicate mother, father or other relation

Parent Deployed (Yes or No) \_\_\_\_\_ Mother or Father \_\_\_\_\_

If so, Where \_\_\_\_\_

Expected Return (Month, Year) \_\_\_\_\_

### For Coach Use Only:

Varsity or JV \_\_\_\_\_ Tryout Score \_\_\_\_\_

Jersey Number \_\_\_\_\_ (Brand Name) \_\_\_\_\_

Warm-Up Top Size \_\_\_\_\_

Warm-Up Bottom Size \_\_\_\_\_

Lady Falcon Soccer team

### **Lettering Criteria**

Varsity Letter- Players must participate and complete the entire soccer season including the European tournament. Along with VHS's lettering requirements the coaches will judge your level of ability, attitude on and off the field, playing time and improvement during the course of the season to determine whether or not you are eligible for a varsity letter.

### **Practice**

If you miss a practice, unexcused you will not play that weekend. Two unexcused absences will result in removal from the team. Not letting the coaching staff know ahead of time when you miss a practice is "unexcused". It is your responsibility to let the coaching staff know you will be absent. If the coaches are told by another player of your absence because they told them to let you know that is also considered an "unexcused" absence.

If you miss two or more practices in one week expect to receive less playing time.

There will be no captains, Seniors will be expected to be the team leaders.

# DoDDS-EUROPE - DRUG & ALCOHOL POLICY

The possession, use, or sale of controlled or mind-altering substances, tobacco, alcoholic beverages, hallucinogenic drugs, inhalants, or combination of drugs or paraphernalia expressly prohibited by federal, or local laws, including prohibited substances which shall include those substances possessed, sold, and/or used that are held out to be, or represented to be, controlled substances by any student are prohibited.

- A. 1. Members of an athletic team who, during the season (the 1<sup>st</sup> day of practice through the awards ceremony), violate the controlled substance policy during the school day, on or off school property (to include while riding to or from school, school events or school buses) or while attending/participating in a DoDDS-E function under the jurisdiction of the school, will be removed from the team for the remainder of the season.
  - 2. Violations occurring during the post season championships (to include qualifying tournaments) will result in suspension from participation in the next sports season.
  - 3. 2<sup>nd</sup> Offense during the school year: Team member is removed from athletic participation for the remainder of the school year.
- B. 1. Members of an athletic team who, during the season, possess/use tobacco and/or alcohol – outside of the time and events stated above in point A, are subject to the following:
    - a.) 1<sup>st</sup> Offense during the school year: Team member is suspended from all competition for the next seven calendar days. If the suspension occurs during a time period when games are not scheduled, the team member will miss the next scheduled competition. If traveling on an overnight trip, team member will miss the entire weekend of competition.

For the team member to be reinstated to the team, the student-athlete must show proof of attending one counseling session and scheduling and attending at least two more counseling sessions within the next three weeks. If the offense occurs at the end of a sport season, the seven calendar days and one athletic competition will be carried over to the next season that the athlete participates.

- b) 2<sup>nd</sup> Offense during the school year: Team member is removed from athletic participation for the remainder of the school year.

**\*\*\* Violations to the Drug and Alcohol Policy are cumulative for the entire school year. They do not start over each sports season.**

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(Please read, sign, detach and give to Coach)

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

Student-Athlete Signature \_\_\_\_\_

Date \_\_\_\_\_

**Athletic Department  
Vilseck High School**

**ATHLETIC CODE CONTRACT**

**Student Athlete Handbook Access**

To access the Vilseck Student-Athlete Handbook online please visit: <http://www.vils-hs.eu.dodea.edu/>  
Click on "Handbooks" link and then click "VHS Student Athletic Handbook"

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Student Contract:**

I have read and fully understand the policies for participation on a Vilseck High School Athletic Team. I understand that I must comply with the athletic code for Vilseck High School. Furthermore, I recognize that my failure to follow these guidelines will result in my removal from the team.

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

**Parent/Sponsor Contract:**

I have read and discussed with my son/daughter the policies required for my son/daughter to participate on a Vilseck High School Athletic Team. I will assist in the compliance of the athletic code and give my permission for participation. I will assist in the return of all school issued equipment. Although I may not agree with every guiding principle set forth in this document, I understand the purpose and reserve the right to discuss these policies with the Athletic Director.

**Parent/Sponsor Printed Name:** \_\_\_\_\_

**Parent/Sponsor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TEAM SPORT:** \_\_\_\_\_

**COACH:** \_\_\_\_\_

***This form is required for participation on all Athletic Teams at Vilseck High School.***

**\*\*\*NOTE\*\*\* No athlete will be eligible to participate if he/she has not "cleared" a previous season's sport.**

**Athletic Department  
Vilseck High School**

**PHYSICAL EXAMINATION/PARENTAL CONSENT FOR INTERSCHOLASTIC ATHLETICS**

Please Print: \_\_\_\_\_  
Student's Last Name                      First Name                      Middle Initial

Date of Birth (Mo/Day/Year) \_\_\_\_\_ Place of Birth \_\_\_\_\_

Height (in inches) \_\_\_\_\_ Weight (in pounds) \_\_\_\_\_

**TO BE COMPLETED BY EXAMINING PHYSICIAN**

1. HEART:            Satisfactory/Unsatisfactory            (cross out one)
2. LUNGS:           Satisfactory/Unsatisfactory            (cross out one)
3. Is there evidence of Hernia? \_\_\_\_\_ Would athletic competition likely be injurious? \_\_\_\_\_
4. Is the general condition of FEET, EARS, EYES, and NOSE satisfactory?  
\_\_\_\_\_
5. Are there apparent cavities in any TEETH? \_\_\_\_\_  
Is there a BRIDGE or FALSE TEETH? \_\_\_\_\_

I certify that I have on this date examined the above individual and \_\_\_\_\_ recommend him/her as being physically capable to compete in supervised athletic activities that are NOT crossed out below:

BASEBALL	BASKETBALL	CHEERLEADING	CROSS COUNTRY
DRILL	FOOTBALL	GOLF	RIFLE
SOCCER	SOFTBALL	TENNIS	TRACK & FIELD
VOLLEYBALL	WRESTLING		

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Examining Physician

**NOTE: This form must be fully completed and then filed with the School Nurse prior to participation in any of the above listed sports. One copy will be maintained by the sport coach with a copy of the Power of Attorney.**

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**Athletic Department  
Vilseck High School**

**VILSECK HIGH SCHOOL  
PARTICIPATION STATEMENT**

I have read and agree to abide by the policies set forth in the Vilseck High School Athletic/Extra-curricular Handbook. I am aware that any violation of these policies may result in disciplinary action up to the point of expulsion from all extra-curricular activities and sports. In this case, I will not earn a letter.

I understand that it is a privilege to ride the activity bus to and from practice. I know I must follow all school and bus rules while I ride the bus. I understand that there may not always be a coach or sponsor on the activity bus because of his/her obligation to transport equipment and provide transportation in the case of emergency.

Furthermore, I will treat my peers with respect at all times. I understand that hazing of any kind and physical or verbal harassment is not condoned nor accepted at Vilseck High School. If I participate in any negative behavior, I will be dismissed from the team or activity and lose my right to earn a letter or certificate of participation. Depending on the severity of the actions, further school disciplinary action could result. It is my responsibility to help create the most positive environment possible for my fellow students.

This application to participate in athletics and extra-curricular activities is voluntary on my part. It is made with the understanding that I have never received any money or any gifts for participation in athletic or extra-curricular events, other than medals, fobs, ribbons, letters, trophies and memorabilia which are usually given. I have never competed nor participated under an assumed name.

As a member of a Vilseck High School athletic team or club, I will attend all required practices and scheduled events.

Lastly, as a member of a Vilseck High School team or club, I will always represent my family, Vilseck High School, our community, and myself in a positive manner. I will always remember the words of Mr. Alan Parkinson, "If you think it is wrong, it probably is, so don't do it."

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Sport

\_\_\_\_\_

Printed Name

**PARENT OR GUARDIAN APPROVAL**

I hereby give my consent for the aforementioned student to engage in intramurals, extra-curricular activities, and interscholastic athletics, and to travel as a team member to all away scheduled competitions and events.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent or Guardian

GRADE \_\_\_\_\_

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**Athletic Department  
Vilseck High School**

**MEDICAL POWER OF ATTORNEY**

In the event that my dependent (NAME \_\_\_\_\_), is injured or becomes ill, necessitating immediate medical examination or care, while under the supervision or while participating in any activities sponsored by VILSECK HIGH SCHOOL, Unit 28041, APO AE 09112, I authorize and release to any agent or employee of VILSECK HIGH SCHOOL, Vilseck, Germany to take my dependent to any U.S. military facility or any civilian hospital if deemed necessary by the above referenced individual.

I understand that the above named personnel of Vilseck High School will use all diligent and reasonable efforts to contact my spouse or me. If personnel of Vilseck High School or the U.S. treatment facility can contact neither my spouse nor me after reasonable attempts, I authorize and release any physician or other qualified medical personnel to examine my child. I authorize any and all emergency care necessary for treating injuries or illness involving immediate danger of life or limb of my dependent. I further authorize non-emergency care necessary treatment such as suturing superficial lacerations, treating colds, minor allergies and minor gastro-intestinal upsets, splinting sprains, casting uncomplicated fractures, or other similar treatments.

**MEDICAL INFORMATION ABOUT THE ABOVE NAMED DEPENDENT** (to be completed by parent)

My dependent has the following medical problems (such as diabetes, seizures, asthma, heart and kidney disease):

\_\_\_\_\_

My dependent is allergic to the following: \_\_\_\_\_

My dependent takes the following medications on a regular and/or "as needed" basis (list name, amount, and purpose of each medication):

\_\_\_\_\_

Date of last tetanus booster: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION** (to be completed by parent)

Sponsor's Home Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

Sponsor's Name \_\_\_\_\_ Rank \_\_\_\_\_

Sponsor's Unit \_\_\_\_\_ Work Phone # \_\_\_\_\_

Spouse's Work Phone # \_\_\_\_\_

Other Names and Phone Numbers to Use in Case of Emergency if Parents are Unavailable: \_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

I AGREE TO NOTIFY THE SCHOOL IMMEDIATELY OF ANY CHANGES IN THE ABOVE INFORMATION.

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

Medical Record Social Security Number \_\_\_\_\_ Student's SSN \_\_\_\_\_

Are you a Civilian "Pay Patient"? \_\_\_\_\_ Yes \_\_\_\_\_ No

**PRIVACY ACT NOTICE:** AUTHORITY: Title V, Sec. 301. PRINCIPAL PURPOSE: To refer to emergency medical facilities in parents' absence. ROUTINE USES: (a) To obtain emergency medical care when parents cannot be reached; (b) To provide emergency contact names; (c) To supply health and medical information about student. This form is used by DoDDS employees and trained medical personnel in emergency. Social Security number of sponsor is required by military medical facilities in case of emergency referral. MANDATORY/VOLUNTARY

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# Athletic Department Vilseck High School

DISCLOSURE/EFFECT OF NON-DISCLOSURE: Mandatory. School personnel will not be able to provide emergency care and health services in parents' absence.

## STUDENT BEHAVIOR EXPECTATIONS DoDDS-EUROPE Student Activities VILSECK HIGH SCHOOL

ACTIVITY \_\_\_\_\_ STUDENT NAME \_\_\_\_\_

These expectations are based upon DoDEA Regulation 2051.1 (March, 2009) and are designed to make student participation in DoDDS-Europe student activities positive. Students are expected to comply with these expectations from the time of departure to the time of return from the activity.

1. Students are expected to observe all activity rules and guidelines to include those of the activity facility (i.e. hotel/conference hall rules).
2. Students are not to move facility furniture unless authorized to do so by the activity sponsors.
3. Students are expected to participate in all planned activities, reporting promptly to meals, sessions and programs, tours etc.
4. Students must observe curfew regulations as they pertain to "in the room" and "lights out."
5. Electronic music devices are not allowed "on" during instruction or after "lights out".
6. Students will turn cell phones off during activity instruction and presentations.
7. Students will be responsible for his/her personal belongings and equipment at all times.
8. Students shall not possess, use, or consume mind-altering substances to include alcoholic beverages, intoxicants, mind-altering inhalants, and controlled substances as defined by the United States Code. A substance legal in host nations but controlled in the United States is prohibited (DoDEA Discipline Regulation 2051.1).
9. *Students who bring, buy, or have weapons or weapon replicas either in their possession or amongst their personal property during a DoDDS-Europe sponsored student activity are in violation of DoDEA Regulations regarding "Zero Tolerance for Weapons." Such items are not allowed at any time during a student activity and will be confiscated. The incident will be reported to the respective school official(s) for disciplinary action and the offense will be treated as a serious infraction.*
10. Students will dress properly for the activity. Dress should always be proper and in good taste.
11. Students will respect that girls and boys rooms are "off limits" to members of the opposite sex.
12. Students will ensure that supervisors/chaperones approve of and know of their whereabouts at all times. This is paramount for safety and security.
13. Students are expected to exhibit mature student decorum throughout the activity. Students are expected to be kind, courteous, and respectful. The words "please" and "thank you" are important and do much to build and maintain a positive reputation of our students with activity staffs and host nation citizens.
14. Students are expected to satisfactorily complete all required school assignments either prior to or immediately following the activity. This would include but not be limited to daily class assignments, projects, examinations, and system-wide tests.

Minor rules infractions will result in restrictions and obligations being placed on the student (i.e. loss of privileges, cleaning tables, etc.).

Serious infractions of any of the above items, as well as those discussed at the activity by the sponsors/chaperones will result in student removal from the seminar. Except for attending meals, the student(s) will be restricted from the activity. The parents and the principal will be immediately notified. The student will be sent home at the earliest possible moment. Since the cost of return travel is not authorized under such circumstances, parents will be responsible for the cost of return travel of students removed from the activity.

We have read these rules, understand them, and agree to comply with their intent.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Date \_\_\_\_\_

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