



Families, welcome to LMS Athletics!

This upcoming year we will be introducing Cross Country, Basketball and Soccer for middle school and highschool. We're excited to continue to increase opportunities within sport for our student athletes! It is imperative that we encourage them and stand united, as they develop their athletic skills and learn the value of sportsmanship and teamwork.

I want to highlight first and foremost how important their education is. Their grades and time in class will always come first. The expectation is that every LMS athlete will maintain a C- at minimum to remain eligible during each sport season. Failure to do so, will result in dismissal from practice and games, until the grade is brought up. Once the grade is brought up, they may provide their coaches with a note from their teacher, allowing them to return to practices. Students are expected to be present in each of their classes. Skipping class, or school will not be tolerated.

Every LMS athlete is a direct representation of our school. If for any reason a student is written up, or sent home for poor behavior etc. the coaches will be notified. Sportsmanship is expected throughout the day and while at any school function or game. This also goes for all of our spectators. Any poor sportsmanship, or ill mannered behavior will result in dismissal from the event.

LMS student athletes will not lie, or cheat. No use of tobacco products (including vaping), alcohol or other drugs are allowed. Any student who does will be immediately released from LMS Athletics.

We are excited to watch this program grow and begin the LMS 2022-23 sport season! Please do not hesitate to reach out with any questions, comments or concerns!

Suzane Gonzalez
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(Please return this slip to Ms. Suzane and the \$100/year to Ms. April)

I, _____ (Parent) am aware that my child _____ will be practicing on/off campus this season. As a participant in this program, I recognize that there are certain risks of physical injury and during training. I agree to assume full risk of any injury that may be sustained while participating in LMS Athletics. I have also read/reviewed LMS Athletics' expectations as a student athlete.

Participating in: Volleyball_____ Cross Country_____ Basketball_____ Soccer_____

Student Name:_____

Date of Birth: _____ Grade: _____

Name of Parent/Guardian:_____

Cell Number:_____ Work Number:_____

Home Number _____

Email:_____

Emergency Contacts/Phone/Relationship to Student:

1._____

2._____

3._____

Physician Name:_____

Telephone:_____

Hospital of Preference: _____



TRANSPORTATION LIABILITY WAIVER

If parents/guardians provide transportation to, or allow another student, adult, or their son/daughter to provide transportation to scheduled interscholastic athletic events, including practices, they must be aware that the following policies are in effect:

- Where a parent/guardian provides transportation to their son/daughter to or from a scheduled event, including practices, the parent/guardian shall assume all resulting liability, and the school shall assume no liability.
- Where a parent/guardian, or another adult designated by a parent/guardian transports students other than their own to or from a scheduled event, including practices, the parent/guardian or designated adult transporting the students shall assume all resulting liability, and the school shall assume no liability.
- Where a student transports himself/herself to or from a scheduled event, including practices, the parents/guardians of that student shall assume all resulting liability, and the school shall assume no liability.
- Where a student transports other students to or from a scheduled event, including practices, the parents/guardians of the transporting student shall assume all resulting liability, and the school shall assume no liability.

I have read the Athletic Transportation Policy and agree that I shall assume all liability for negligently caused injuries resulting from the following situations:

- Where I transport my son/daughter to or from a scheduled event;
 - Where I transport other students to or from a scheduled event, or I, as a parent/guardian, give permission to another adult to transport my son/daughter home from a scheduled event and have explained to the designated individual that s/he will assume all liability;
 - Where my son/daughter transports himself/herself to or from a scheduled event; or
 - Where my son/daughter transports other students to or from a practice or scheduled event.
- I also agree that Lowcountry Montessori School shall assume no liability whatsoever for negligently caused injuries resulting from the above situations or any other situation where contracted transportation is not being used to transport athletes.

STUDENT/CHILD NAME_____

PARENT/ GUARDIAN 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							
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							
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)?				26. Are you trying to or has anyone recommended that you gain or lose weight?			
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)?				27. Are you on a special Diet or do you avoid certain types of foods?			
13. Does anyone in your family had a pacemaker or implanted Defibrillator before age 35?				28. Have you ever had an eating disorder?			
Bone and Joint Questions							
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?				Females Only			
15. Do you have a bone, muscle, ligament or joint injury that bothers you?				29. Have you ever had a menstrual period?			
				30. How old were you when you had your first menstrual period?			
				31. When was your most recent menstrual period?			
				32. How many periods have you had in the past 12 months?			
				Explain a "Yes" answer here: _____			

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: _____