

Return to \_\_\_\_\_ by \_\_\_\_\_

LOA Permission Form  
\*Tryouts and/or Final Team

## Wheeler Middle School LOA Program

\_\_\_\_\_  
Sport

Dear Parents/Guardians,

Coaches have been secured allowing the LOA Program (Learning Opportunity Academy) sporting season to begin at Wheeler Middle School. LOA is a Central District middle school sports program that provides students with the opportunity to participate in organized and adult-supervised activities.

Any Wheeler Middle School student may try-out for a sport. Those who make the team must follow all program rules and policies including meeting academic and behavioral standards.

To participate/performance in games, students must maintain a 2.0 G.P.A. or higher with no failing grades and a "S" in exploratory wheel class. Students are to pick-up grade check sheets throughout the season from their coach; grades from all eight classes and a parent signature are required. Should a student fail to turn in a fully completed grade check, not turn one in at all, or have unsatisfactory grades, she/he will be able to attend practices and games/meets but will be unable to participate.

To participate in this program, students must also meet behavioral standards. Students who receive a suspension (in-school or out-of-school) the week of a game will not be allowed to participate in that week's game.

Also, as school representatives, inappropriate behavior displayed toward any other LOA participant (coaches, referees, players, or spectators) is unacceptable. Athletes who exhibit such behavior will be warned and may be cut from the team depending on the incident. The program focuses on personal responsibility, teamwork, fair play, and good sportsmanship and behavior; winning is a secondary goal.

Please also note that coaches have different coaching styles and expectations, and that they may exercise consequences for actions such as unexcused absences from practice/games and student misbehavior. Also, while coaches strive to allow all eligible students to play/performance, such time is not guaranteed.

Please read the remainder of the information provided in this packet. **Sign below to indicate that you have read and understand the information presented and that you grant permission for your child to tryout and/or participate in LOA.** By signing below, you and your child also certify that he/she is physically able to participate. Should you have any questions, please call the school at 622-6525.

Sincerely,

\_\_\_\_\_  
Site Coordinator - John Walje

\_\_\_\_\_  
Principal - Brenda Vierra-Chun

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent/Guardian's Signature

**Additional Wheeler Middle School LOA Policies**

In additional to the academic and behavioral policies stated on the first page of the LOA application packet, due to past experiences the following policies will be implemented beginning in school year 2012-2013:

- 1) Pick-up times for your child are written on the tryout, practice and game schedule given in the LOA application packet. It is the responsibility of the parent/guardian to pick-up their child(ren) on time from the designated site. Please respect the time of the coach(es) and be prompt.

**Policy: If a student is picked up more than 15 minutes past the stated end time of practice or games, he/she will be given a warning. Upon the third warning, the student will automatically be removed from the team.**

*\*Sign here if you allow your child to walk to and from home or school for practices/games:*

\_\_\_\_\_  
*Parent/Guardian signature*                      *Date*

- 2) Because team size is limited, should your child make the team and then quit, note that this may affect his/her chance to participate in another after school activity. Because he/she made the team (but quit), another student may have been denied the opportunity to participate.

**Policy: If a student quits a team for no valid reason, this may affect his/her chance to participate in another after school activity.**

Please sign and date below to indicate that you understand the school's additional LOA policies.		
_____ Child's name	_____ Parent/Guardian signature	_____ Date

\_\_\_\_\_  
Principal – Brenda Vierra-Chun

## Responsibilities

### Middle School Responsibilities:

- Administrator or designee will be at the site.
- All athletes are physically fit to play.
- All athletes are properly supervised and coached.
- Parents are notified of the philosophy of the program, parental behavior and responsibilities, procedures, and game rules.

### Coach Responsibility:

- Schedule practice dates and times.
- Take attendance at practice and games.
- Notify the school administrator or designee if you cannot hold a practice session or attend a game.
- Supervise athletes at all practices and games from start to finish. Do not leave when athletes are still there.
- Have Emergency Information Cards on all athletes.
- Report all injuries on the accident report form.

### Parent Responsibilities:

- Drop off and pick up your child/children **on time** at the designated site.
- Supervise your younger children if they are attending a game with you.
- Be good role models for the students by exemplifying good conduct, sportsmanship, and proper gym etiquette.
- Notify the coach or middle school administrator or designee of your child's absence from practice or games via phone or written note.
- School-issued items (such as jerseys, pom poms, etc.) will be issued to students before the start of the season. Parents/Guardians assume the replacement cost of the school-issued items if they are not returned.

### Student Responsibilities:

- Regular, on-time attendance at practice and games.
- Play according to the rules.
- Demonstrate good conduct, sportsmanship, and proper gym etiquette.

## General Rules for Middle School Sports

1. No food or beverages allowed in the High School Gyms.
2. No team pot luck at the High School sites. Please have your pot luck at the Middle School sites.
3. Middle school principal, vice principal or designee must be at the site from start to finish for your school. Middle school designee cannot be the coach.
4. Middle school coaches must supervise their athletes until they leave the site. Do not coach the game and leave the site when your athletes are still at the site.
5. High School gyms will be open for set up 45 minutes before the first game. Teams may take the floor after the gym is set up only if their coach is present.
6. A player cannot move up and down between the grade levels. Once a player participates with the 8th graders, he/she must remain on the Grade 8 team for the remainder of the season. 8th graders cannot play on the Grade 7 team.
7. No mixing of genders.
8. No athlete can play two games in one day; unless a double header is scheduled. Athletes cannot play for the 7th graders and later play for the 8th graders in the same day.
9. Any player ejected for fighting or unsportsmanlike conduct will be suspended for the remainder of the season.
10. Middle School Administrators will handle all problems with their parents.
11. Middle/Intermediate schools with pep squads are not allowed to do stunts or pyramids. Only cheer.
12. It is the Middle School's responsibility to hold a pre-season meeting with their parents.

**Wheeler Middle School  
21<sup>st</sup> Century Learning Community Center  
Enrichment After-School Program**

**PERMISSION FORM**

Student's Name \_\_\_\_\_

My child has my permission to attend the Wheeler Middle After-School Program

\_\_\_\_\_ (Program Title)

Please initial:

\_\_\_\_\_ I understand that I am responsible for my child's transportation home.  
My child will be picked up no later than \_\_\_\_\_ PM.

\_\_\_\_\_ I understand the Attendance/Absence policy.

\_\_\_\_\_ I understand the Behavior policy and expectations for this class.

\_\_\_\_\_ I understand that all Wheeler Middle School rules and electronic policy apply (as stated in the Student Handbook) in this after-school program.

\_\_\_\_\_ I understand that my child may be exited from the after-school program if she/he does not comply with the above.

Parent's Name \_\_\_\_\_  
(Please Print)

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Parent's email: \_\_\_\_\_

Parent's Print \_\_\_\_\_ Parent's Signature \_\_\_\_\_

Student's Print \_\_\_\_\_ Student's Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

**Permission and Data forms must be turned in before student can start program.**

Name of Program \_\_\_\_\_

Teacher (Last Name) \_\_\_\_\_

**Wheeler Middle School  
21<sup>st</sup> Century Learning Community Center  
Enrichment After-School Program**

**DATA INFORMATION FORM**

Dear Parents/Guardians,

We are able to offer this after-school program to our students through a Federal government grant. By being part of this grant, we need to report student data information in several categories. Please fill out the following information about your child:

Student's Name: \_\_\_\_\_  
(Please **PRINT** student's name registered at Wheeler Middle; no nicknames, etc.)

Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_  
Female \_\_\_\_\_

**School Lunch Program**

\_\_\_\_\_ Free \_\_\_\_\_ Reduced \_\_\_\_\_ Full paying

**Racial/Ethnic Data**

\_\_\_\_\_ American Indian/Alaska Native \_\_\_\_\_ Asian/Pacific Islander

\_\_\_\_\_ Black or African American

Includes: Chinese, Filipino  
Indochinese, Japanese,  
Korean, Part-Hawaiian  
Samoan

\_\_\_\_\_ Hispanic or Latino

\_\_\_\_\_ White or Caucasian

Includes: Spanish, Cuban,  
Mexican, Puerto Rican

**School Services** (if apply)

\_\_\_\_\_ ESLL \_\_\_\_\_ SPED \_\_\_\_\_ 504

**Hawaii State Assessment (HSA)**

\_\_\_\_\_ My child took the Hawaii State Assessment (HSA) last year at \_\_\_\_\_  
(Hawaii school where test was taken)

\_\_\_\_\_ My child did not take the Hawaii State Assessment (HSA) last year.

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

\_\_\_\_\_  
Date

**Data Information form must be turned in before student can start program.**

**Wheeler Middle School  
21<sup>st</sup> Century Learning Community Center  
Enrichment After-School Program**

**Emergency Card**

Circle One: Male Female

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Student's Birthday \_\_\_\_\_

**Mother/Guardian Name** \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone # \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Father/Guardian Name** \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone # \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Emergency Contact** (adult other than parent or guardian)

Name	Relationship	Phone #
1. _____	_____	_____
2. _____	_____	_____

**Medical Information**

Primary/Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

My child has Health Insurance Coverage Yes \_\_\_\_\_ No \_\_\_\_\_

Check One: QUEST \_\_\_\_\_ Medicaid \_\_\_\_\_ Private \_\_\_\_\_

If "private" check your plan: HMSA \_\_\_ Kaiser \_\_\_ Queens \_\_\_ Tri-Care \_\_\_ Other \_\_\_

Indicate any special medical concerns and/or medication taken by the student:

\_\_\_\_\_  
\_\_\_\_\_

