### SARASOTA SUNCOAST ACADEMY MIDDLE GRADES

8084 Hawkins Rd. Sarasota, FL 34241 941.924.4242 www.suncoastacademy.org

### **Cross Country (Coed)**



Dear Suncoast Parents.

We are excited to announce that Suncoast will be offering another season of cross country. The season will take place from late September through early December. Mr. Jeremy Taylor and Mr. Joseph McVicker will be coaching our cross country program again this year. As you consider trying out for the team, please know that being a part of the cross-country team is a commitment that requires dedication and a willingness to work hard toward improvement. Members of the team will be expected to attend all practices and meets.

Tryouts for the cross country team will take place Monday, September 29th from 3:15-4:30 on campus at Suncoast Academy (8084 Hawkins Rd. Sarasota, Fl. 34241). We will be meeting outside under the middle school tent. Make sure to bring athletic clothes, a water bottle, and running shoes. When tryouts are over, student-athletes will be picked up by the basketball courts near the front of Suncoast Academy. If cuts need to be made, they will be made on September 30th. This season, practices will take place Monday through Thursday at Suncoast Academy after school until 4:30 pm. Please see the attached schedule to get an idea of when matches will be, but keep in mind that some things may change as the season approaches.

Please look over the information in this packet and have all the medical forms/Athletic Policy completed and turned in to Coach Hill by September 26th. All forms must be completed and turned in before students are allowed to try out for the team. Please note, a doctor must complete the "Pre-Participation Physical Evaluation" form included in this packet (no other form will be accepted). Urgent care centers will usually perform the athletic physical for about \$40. Also, a completed Athletic Packet is valid for all sports for the current school year. Please just turn in a new, signed Athletic Policies form for each additional sport. All students who make the team are responsible for a \$75 participation fee.

We are looking forward to a great cross-country season at Suncoast!

Included in this packet:

- Cross Country Meet Schedule / Practice Calendar
- Suncoast Athletic Policies
- 2025-26 Middle School Athletic Packet

Sincerely,

Michelle Hill

Suncoast Academy Athletic Director

Michelle Hill

michelle.hill@suncoastacademy.org



### **Suncoast Academy Middle School Athletic Department Policies**

At Suncoast Academy, our goals for student-athletes align with the CARES of our school (Cooperation, Assertion, Responsibility, Empathy, and Self-Control). We believe student participation in school athletics has a positive impact on a student's view of themselves and their school. As an extension of the school day, student-athletes are a reflection of their school, and their behaviors during practice and competitions are expected to reflect CARES.

### **Objectives for Student Athletes:**

- Recognize that each individual has a unique set of skills and provide opportunities for maximum participation for all students.
- Develop individual and team skills necessary to compete successfully.
- Grow strong school/team spirit.
- Learn and reflect on the characteristics of good sportsmanship.
- Apply CARES within sports programs.
- Understand body growth and development and learn healthy living habits.

The Suncoast Academy Athletic Department recognizes the vital role that coaches, parents, and students all play in the healthy development of a student-athlete and the success of an athletic program. The athletic director has been assigned by the principal to administer the athletic program. Head coaches report to the athletic director and are charged with responsibility for the student-athletes involved in their program. The coach is also responsible for communicating relevant information to parents throughout the season. Student-athletes represent our school and are, therefore, held to a high standard of conduct at all school events.

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<ul> <li>Academics - Student-athletes MUST maintain a GPA of 2.4 result in that player missing games until the minimum GPA in practice and stay on the team, but will not be able to particip.</li> <li>Outstanding Monies Due to SSA- Any student who owes has not returned library books or uniforms from other sports.</li> <li>Cost- Each participating student-athlete will contribute 75.00 coaches, equipment, and other associated expenses. Check Academy and turned in to Michelle Hill.</li> <li>Absence from School- The student-athlete may not particip that they are absent from school unless excused by an admit expectations. Athletic events must comply with all of SSA Midespectations. Athletic events may be forfeited due to miscon Disciplinary Action- Disciplinary action by an administrator.</li> <li>1st- Incident as directed by administrator = 1 games 2nd- Incident as directed by administrator = 1 wee 3rd- Inciden as directed by administrator = 1 wee 3rd- Inciden as directed by administrator = removal sports for the year.</li> <li>Language- Profanity will not be tolerated. Violation of this rule Appearance- Students involved in interscholastic athletics are guidelines for proper appearance as well as any additional rewho are not properly attired will not be allowed to participate.</li> <li>Practice- Athletes are expected to attend all practices. Athlete coach for any practices missed. Injured athletes who calleast 1 week in advance. If the coach for some place of the coach for a student has to miss any game or conleast 1 week in advance.</li> </ul>	Failure to maintain this standard will be achieved. The player will be able to achieved. The player will be able to ate in the game(s). Inoney to the cafeteria, After Care, or will not be allowed to try out. It to defray the costs of uniforms, a should be made payable to Suncoate in practice or a contest on a day histrator. It is behavioral and attendance duct during the school day. Inay result in the following penalties: a suspension from the team (possibly from all a will be referred to the administration or required to follow the school's guirements from the secondary.
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### PRE-PARTICIPATION PHYSICAL EVALUATION FOR MIDDLE SCHOOL STUDENTS

Part 3. Physical Examination (to be completed by licensed physician, licensed esteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner). Student Name (Print) \_\_\_\_ Weight \_\_\_\_\_ % of Body Fet (Optional) \_\_\_\_\_ Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Date of Sirth Temperature \_\_\_ Flaaring: right: P \_\_\_\_\_F \_\_\_\_F Visual Acuity: Right 20/\_\_\_\_Left 20/\_\_\_\_ Corrected: 🗆 Yes 🗆 No Pupils: Equal \_\_\_\_\_ Unequal \_\_\_ FINDINGS NORMAL ABNORMAL FINDINGS MEDICAL 1. Appearance INITIALS" Eyes/Ears/Nose/Throat
 Lymph Nodes 4. Heart 5. Pulses 6. Lungs 7. Abdomen 8. Genitalia (males only) 9. Skin MUSCULOSKELETAL 10. Neck 11. Back 12. Shoulder/Arm 13. Elbow/Foream: 14. Wrist/Hand 15. Hip/Thigh 15. Knee 17. Leg/Ankle 18. Foot station based examination only ASSESSMENT OF EXAMINING PHYSICIAN/ASSISTANTINURSE PRACTITIONER

I hereby certify that each exemination listed above was performed by myself or an individual under my direct supervision with the following conclusions(s). Disability Diagnosis Precautions \_\_\_\_\_ Not Cleared For \_\_\_\_\_\_Reason\_\_\_\_ Cleared after completing evaluation/rehabilitation for \_\_\_\_\_ Referred to \_\_\_\_\_ For\_\_\_\_ Recommendations\_\_\_\_ Physician/Assistant/Nurse Practitioner Name (Print) Address Physician/Assistant/Nurse Prectitioner Signature RET: Master, ESY, GS7 37 Date Dupl, OSA

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### PARENT/GUARDIAN RELEASE AND HOLD HARMLESS AGREEMENT FOR HIGH SCHOOL STUDENT ATHLETIC PARTICIPATION

Instructions: This form must be notarized and returned to the Head Coach/Athletic Director's Office with the Athletic Packet. If you have questions pertaining to this form, contact your child's school. Student Name (Print) \_\_\_ Student No. \_\_\_\_\_ DOB \_\_\_\_ School Name School Year\_ Name of sport/activity this agreement governs \_\_\_\_\_ Parent/Guardian Home Address \_\_\_\_ Home Phone \_\_Work Phone \_\_\_ Cell Phone I/We fully understand that playing or practicing to play interscholastic sports may be hazardous and poses a risk of injury, including but not limited to, sprains, strains, contusions, abrasions, broken bones and in extreme cases, paralysis or death. Due to the potential hazards associated with Interscholastic sports, I/we recognize the importance of following the instructions of coaches and trainers, regarding playing techniques, training I/We understand that it is the responsibility of the parents/guardians to provide proof of medical insurance coverage prior to participating in any phase of this sport/activity. Yes I/we will be purchasing the student accident insurance made available through the Sarasota School District. No I/we have comprehensive medical insurance that covers this student for any expenses he/she may incur as the result of a Insurance Company Name \_\_\_\_\_ Policy No. Effective Dates This agreement is entered into voluntarily and is made with the understanding that I/we have not violated any of the eligibility rules and regulations of the Florida High School Athletic Association (FHSAA) and/or the Sarasota School District. I/we give my/our consent for my/our student/child/ward to engage in FHSAA and Sarasota School District approved athletic activities as a representative of the student's school. I/we give my/our consent for him/her to accompany the team on out of town/county trips. In consideration of The School Board of Sarasota County, Florida, permitting my/our student/child/ward to engage in interscholastic sports, I/we agree to release and hold harmless The School Board of Sarasota County, Florida, and its employees and agents from and against all claims, judgments, cost, expenses, attorney fees, including but not limited to, claims occurring from the negligence of The School Board of Sarasota County, Florida, its employees, and agents arising out of bodily injuries or property damage resulting from participation in interscholastic sports. I/We acknowledge that I/we have read this agreement and fully understand its meaning, and that I/we will abide by all terms and conditions associated with this sport/activity and in this agreement. Parent/Guardian Name (Print) Parent/Guardian Signature \_\_\_\_ Date\_\_\_\_\_ Parent/Guardian Name (Print) Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Student Signature The state of the s STATE OF FLORIDA, SARASOTA COUNTY Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this \_\_\_\_\_\_day of \_, 20\_\_\_\_\_\_, by\_\_\_\_\_\_\_who is Personally Known Produced Identification Type of Identification Produced \_\_\_\_\_ (Seal) Typed or Printed Name of Notary Public Signature of Notary Public My Commission Expires \_\_\_\_\_\_ Commission No. \_\_\_ RET; Master, 7SY, GS7 172

### PRIVATE VEHICLE TRANSPORTATION PERMISSION

Instructions: The School Board will not be providing bus transportation for certain field trips/athletic events during the school year. Instead, the school may try to arrange alternate transportation using private vehicles driven by parents or other adults. If you agree to allow your student to be driven to/from field trips/athletic events in a private passenger vehicle, complete this form, have it notarized and return it to the school. This form must be signed and returned to the school before your student will be allowed to be transported to any field trip/athletic event in a private passenger vehicle

school before your student will be allowed to be transported to any field trip/athletic event in a private passenger vehicle.  I,
Parent/Guardian Name (Print) give my permission for
Student Name (Print) to be transported to/from field trips/athletic
events in a private passenger vehicle during the 20 20 school year. The phone number(s) where I can be
reached during this school year is(are)
Parent/Guardian Signature
State of Florida County of Sarasota
Sworn to (or affirmed) and subscribed before me by means of $\Box$ physical presence or $\Box$ online notarization, this
day of20by(Name of Person Making Statement)
(Name of Person Making Statement)  The foregoing instrument was acknowledged by who is:
Personally known to me, or Produced identification consisting of  lotary Public Signature
lame of Notary Public (print, stamp, or type as commissioned)
ly Commission Expires Commission Number
ET: Master, ESY, GS7 37 Dupl., OSA

Rev. 3-4-2020

### AUTHORIZATION TO RELEASE MEDICAL INFORMATION FOR ATHLETICS

Instructions: This form is required to allow Athletic Trainers from Agillity Physical Therapy & Sports Performance, LLC, to release protected medical information for student athletes to The School Board of Sarasota County, Florida, coaching staff. This form must be returned to the Head Coach or Athletic Secretary. The original will be given to the Athletic Trainer and a copy will be maintained in the Athletic Director's office. This authorization is not valid unless signed and dated by the athlete or legally authorized representative. If

In accordance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Agility Physical Therapy & Sports Performance, LLC., is required to provide the patient, the patient's parent, or legally authorized representative with the Notice of Privacy Practices, it is available through the Athletic Trainer at your High School.

Authorization of Disclosure

Student Name (Print)	First	Middle DOS
Certific that this author state	, useunent and care information	Middle  C. to release/disclose the following protected heal regarding my medical condition, injuries, prognosi on, and related personal identifiable health informatio nformation is to be released/disclosed to the Athlet staff for The School Board of Sarasota County, Florid
Possibility of Da Wart		ly be subject to re-disclosure by the recipient under
Expiration and Revocation		te I sign it. I understand that I have the right to revoke cot on the day it is received except to the extent it ha
Conditions of Treatment I understand that Agility Physical The authorization.	rapy and Sports Performance	cannot condition my treatment upon my signing this
Acknowledgement of receipt of Notice	of Privacy Practices (initial)	
Student Signature		Date
Parent/Guardian Name (Print)		
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Legally Authorized Representative Na	ne (Print)	
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EMERGENCY MED	PHONE (941)		
Instructions: Return	PHONE (941)  DICAL/TREATMENT CONSENT FOR FIELI  completed form to your child's school. If you have	TRIPS AND/OR OTHER AFTER SCHO	OL ACTIVIT
Date	,	a quascons periaining to this form, contact you	ır child's scho
Student Name Last			
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Address of above (if o	different)Street	Relationship	The state of the s
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Carry and Water M	ante (Print)		
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oes the above studen	it have any chronic medical problems (out)		
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Yes, list and describe Yes, list and describe Oes the above student Yes, complete the mer e medication(s) and tir mily Physician Name case of non-life threats case of serious illness or propriate emergency me apportation for my child. It is the case of an accident of trip, I request that the other products and the state of the s	thave any chronic medical problems (such medical requirements for field trip	As asthma, diabetes, seizures)? Yes  No  No  Physician Phone  Physician Phone  Physician Phone  hool or its representative has my permission to provide necessary the undersigned will be responsible for emerger is not indicated, but where (s)he is unable to insportation for my child. If the school is unable to insportation for my child.	No  No  om) and list to contact the treatment or ncy treatment
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Yes, list and describe Yes, list and describe oes the above student Yes, complete the mere medication(s) and the maily Physician Name case of non-life threats case of serious illness or propriate emergency measurements of the case of an accident of the case of accident of the case of an accident of the case of an accident of the case of an accident of the case of	thave any chronic medical problems (such medical requirements for field trip	Physician Phone  Physician Phone  Physician Phone  Physician Phone  phool or its representative has my permission in the service necessary the undersigned will be responsible for emergency in the service of the servi	No  No  No  nm) and list  to contact the treatment or ncy treatment remain at the ple to contact  ormation. I

## September

# Suncoast Academy Cross Country

Saturday 6	13	20	27	
Friday	12	19	26	
Thursday 4	디디	18	25	
Wednesday 3		17	24	
Tuesday 2	0	16	23	30 Tryouts 3:15-4:30
Monday	ω	15	22	29 Tryouts 3:15-4:30
Sunday	7	14	21	28

### October

# Suncoast Academy Cross Country

Saturday 4	11	18	25	
Friday 3	10	17	24	31
Thursday 2 Practice 3:15-4:30	9 Practice 3:15-4:30	16 Practice 3:15-4:30	23 Practice 3:15-4:30	30 3:15-4:30
Wednesday  1 Practice 3:15-4:30	8 Practice 3:15-4:30	Palmetto Charter School Meet	Sky Englewood Meet	SSAS Meet
Tuesday	7 Practice 3:15-4:30	14 Practice 3:15-4:30	Practice 3:15-4:30	28 Practice 3:15-4:30
Monday	6 Practice 3:15-4:30	13 Practice 3:15-4:30	20 Practice 3:15-4:30	27 Practice 3:15-4:30
Sunday	10	12	91	56

## November

2025

## Suncoast Academy Volleyball

) Saturday	00	15	22	29
Friday		14	21	28
Thursday	6 Practice 3:15-4:30	13 Practice 3:15-4:30	20 Practice 3:15-4:30	27
Wednesday	Sarasota Military Academy Meet	Home Meet	Parish Charter Academy Meet	26
Tuesday	4 Practice 3:15-4:30	Practice 3:15-4:30	18 Practice 3:15-4:30	25
, Monday Tuesday	3:15-4:30	10 Practice 3:15-4:30	17 Practice 3:15-4:30	24
Sunday	0	O	16	23/30

## December

# Suncoast Academy Cross Country

Saturday 6	13	20	27	
Friday	12	19	26	
Thursday 4 Practice 3:15-4:30	11	18	25	
Wednesday 3 Student Leadership Academy Meet	Rowlett Meet	17	24	31
Tuesday ? 2 Practice 3:15-4:30	9 Practice 3:15-4:30	16	23	30
Sunday , Monday 1 Practice 3:15-4:30	8 Practice 3:15-4:30	15	22	29
Sunday		14	21	28