

ROSLYN MIDDLE SCHOOL

Interscholastic Sports Information Packet



2022-2023

CONTACT INFORMATION

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**ROSLYN
BULLDOGS**

ATHLETIC EVENTS AND COACH PROFILES

BEGINNING FALL 2022 SEASON, THE INTERSCHOLASTIC ATHLETES IN NASSAU COUNTY HAS TRANSITIONED TO A NEW SCHEDULING PLATFORM CALLED **rSchool Today (rST)**.

rSchool Today allows athletic fans to easily find team schedules, receive notifications of schedule changes, and includes a smartphone app. Families can customize calendars to meet their individual needs. To get the **App** search "Activity Scheduler" on the App Store or Google Play store. The icon for the scheduling system in the App Store or Google Play store is below.



GO TO RMS ATHLETIC WEBSITE HOMEPAGE AND ON THE LEFT SIDE CLICK ON “**SPORTS SCHEDULE**”

OR USE THE LINK BELOW TO SEE GAME SCHEDULES, CLICK ON EVENT FOR LOCATION, AND COACHES FOR CONTACT INFO:

<https://www.section8ny.org/public/genie/1488/school/389/>

CLICK ON “**COACHES**” TAB THEN CLICK ON “**COACH’S NAME**” FOR THEIR “**EMAIL**” INFO.

FIELD DIRECTIONS

Use this link for directions to the Nassau County Athletic Fields

<https://www.roslynschools.org/Page/666#ROSLYN>

Click on the **Town's Name** for Field Directions

or

Scroll Down and Click on “**School Name Locator**” to find:

 School District's Town

 Field's Town Location

 Park's Town Location



Dominic Murray

Sudden Cardiac Arrest Prevention Act

This is a new law as July 1, 2022. A Sudden Cardiac Arrest (SCA) in youths is rare. Prevention is the best way to save a life. The incidence of SCA on a playing field is 0.61 in 100,000.

Signs or Symptoms are:

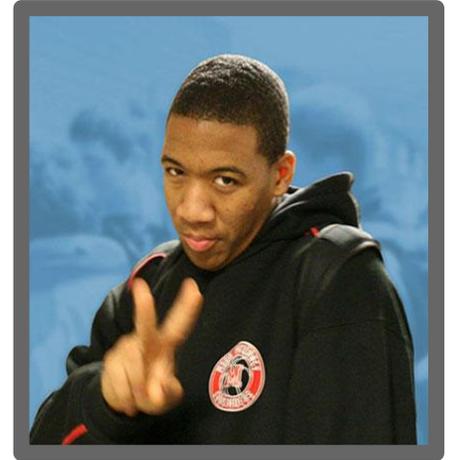
- Fainting or seizure, especially during or right after exercise or with excitement or startled
- Racing heart, palpitations, or irregular heartbeat
- Dizziness, lightheadedness, or extreme fatigue with exercise
- Chest pain or discomfort with exercise
- Excessive shortness of breath during exercise
- Excessive, unexpected fatigue during or after exercise

Risk Factors:

- Use of diet pills, performance-enhancing supplements, energy drinks
- Drugs such as cocaine, inhalants, or “recreational” drugs.
- Elevated blood pressure or cholesterol
- History of healthcare provider ordered test(s) for heart related issues
- Family history of heart related illnesses, heart abnormality, and/or heart conditions.

Click the Link for further information:

<https://www.roslynschools.org/cms/lib/NY02205423/Centricity/Domain/31/Dominic%20Murray%20-%20Sudden%20Cardiac%20Arrest%20Letter.pdf>



Dominic Murray 17 yrs old

MEDICAL CLEARANCE (1 of 2 Pages)

For your student-athlete to be cleared to play you must:

- ❑ **Register your athlete online at the FamilyID website** which includes important health information reviewed by the Health Office prior to each season. The link for this form will be emailed home 30 days prior to the start of each season (exception: Winter I & II open together on 10/11/22) and due one week prior to start of season. Step-by-step video instructions are on the homepage of FamilyID.
www.familyid.com/organizations/roslyn-public-schools-athletic-department
- ❑ **Provide a Current Yearly NYS Physical Examination Form:** Either upload a current NYS Physical Exam Form in **pdf** format (see Form Instructions to Print & Save) to the FamilyID sports registration account or bring a copy to the Health Office during regular school hours. The sport physical is valid for one year from the date it was completed. No athlete will be permitted to play or tryout with an expired physical.
<https://www.roslynschools.org/cms/lib/NY02205423/Centricity/Domain/31/NYSSchoolHealthExamForm.pdf>

MEDICAL CLEARANCE (2 of 2 Pages)

- ❑ **Student must complete the ImPACT Test** which can be done at home. 6th and 8th grade students will take the ImPACT test in May in their Physical Education class. The test must be completed every two years.
<https://docs.google.com/forms/d/e/1FAIpQLSd6YCqCNfAAXOILM25VULSmbX3xv7QlyxEUY3X3PIM7veCK6w/viewform>
- ❑ **Provide a Current Yearly Self-Medicare Form**, if applicable. (e.g. inhalers, epi-pens, etc.) Must be completed and signed by both the healthcare provider and parent/legal guardian.
<https://www.roslynschools.org/cms/lib/NY02205423/Centricity/Domain/31/selfmed.pdf>
- ❑ **Medical Clearance note from your physician** if a student-athlete receives an injury, he/she may not return to athletic participation until he/she submits a **medical clearance note to the MS Health Office**.

The district permits you to either use your own healthcare provider or you can have your athlete see the school physician on: *(dates are subject to change)*

‣ **Girls:** June 5th, 2023 from 2:30-3:30p

‣ **Boys:** June 7th, 2023 from 2:30-3:30p

HOW TO REGISTER WITH FAMILY ID

Go to the ROSLYN MIDDLE SCHOOL ATHLETIC WEBSITE TO REGISTER

CLICK THE BLUE BUTTON TO REGISTER YOUR STUDENT-ATHLETE



[2022-2023 School Year](#)

Mandated NYS School Health Exam Form

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR			
<p>Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special Education (CPSE).</p>			
STUDENT INFORMATION			
Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:	
School:	Grade:	Exam Date:	
HEALTH HISTORY			
Allergies <input type="checkbox"/> No <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached <input type="checkbox"/> Yes, indicate type <input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Latex <input type="checkbox"/> Medication <input type="checkbox"/> Environmental			
Asthma <input type="checkbox"/> No <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached <input type="checkbox"/> Yes, indicate type <input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other: _____			
Seizures <input type="checkbox"/> No <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached <input type="checkbox"/> Yes, indicate type <input type="checkbox"/> Type: _____ Date of last seizure: _____			
Diabetes <input type="checkbox"/> No <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached <input type="checkbox"/> Yes, indicate type <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> HbA1c results: _____ Date Drawn: _____			
Risk Factors for Diabetes or Pre-Diabetes: <i>Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes.</i>			
BMI _____ kg/m ² Percentile (Weight Status Category): <input type="checkbox"/> <5 th <input type="checkbox"/> 5 th -49 th <input type="checkbox"/> 50 th -84 th <input type="checkbox"/> 85 th -94 th <input type="checkbox"/> 95 th -98 th <input type="checkbox"/> 99 th and >			
Hyperlipidemia: <input type="checkbox"/> No <input type="checkbox"/> Yes Hypertension: <input type="checkbox"/> No <input type="checkbox"/> Yes			
PHYSICAL EXAMINATION/ASSESSMENT			
Height:	Weight:	BP:	Pulse:
TESTS	Positive	Negative	Date
PPD/ PRN	<input type="checkbox"/>	<input type="checkbox"/>	
Sickle Cell Screen/PRN	<input type="checkbox"/>	<input type="checkbox"/>	
Lead Level Required Grades Pre-K & K	Date	Other Pertinent Medical Concerns	
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 10 $\mu\text{g}/\text{dL}$		<input type="checkbox"/> One Functioning: <input type="checkbox"/> Eye <input type="checkbox"/> Kidney <input type="checkbox"/> Testicle <input type="checkbox"/> Concussion – Last Occurrence: _____ <input type="checkbox"/> Mental Health: _____ <input type="checkbox"/> Other: _____	
<input type="checkbox"/> System Review and Exam Entirely Normal			
Check Any Assessment Boxes <i>Outside</i> Normal Limits And Note Below Under Abnormalities			
<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological
<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:		<input type="checkbox"/> Speech	<input type="checkbox"/> Social Emotional
		<input type="checkbox"/> Musculoskeletal	
		Diagnoses/Problems (list)	ICD-10 Code
		_____	_____
		_____	_____
		_____	_____
<input type="checkbox"/> Additional Information Attached			

Name:			DOB:		
SCREENINGS					
Vision	Right	Left	Referral	Notes	
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Distance Acuity With Lenses	20/	20/			
Vision – Near Vision	20/	20/			
Vision – Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail					
Hearing	Right dB	Left dB	Referral		
Pure Tone Screening			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Scoliois Required for boys grade 9 And girls grades 5 & 7	Negative	Positive	Referral		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Deviation Degree:		Trunk Rotation Angle:			
Recommendations:					
RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK					
<input type="checkbox"/> Full Activity without restrictions including Physical Education and Athletics.					
<input type="checkbox"/> Restrictions/Adaptations Use the Interscholastic Sports Categories (below) for Restrictions or modifications					
<input type="checkbox"/> No Contact Sports Includes: baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling					
<input type="checkbox"/> No Non-Contact Sports Includes: archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field					
<input type="checkbox"/> Other Restrictions:					
<input type="checkbox"/> Developmental Stage for Athletic Placement Process ONLY					
Grades 7 & 8 to play at high school level OR Grades 9-12 to play middle school level sports					
Student is at Tanner Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V					
<input type="checkbox"/> Accommodations: Use additional space below to explain					
<input type="checkbox"/> Brace*/Orthotic		<input type="checkbox"/> Colostomy Appliance*		<input type="checkbox"/> Hearing Aids	
<input type="checkbox"/> Insulin Pump/Insulin Sensor*		<input type="checkbox"/> Medical/Prosthetic Device*		<input type="checkbox"/> Pacemaker/Defibrillator*	
<input type="checkbox"/> Protective Equipment		<input type="checkbox"/> Sport Safety Goggles		<input type="checkbox"/> Other:	
*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.					
Explain: _____					
MEDICATIONS					
<input type="checkbox"/> Order Form for Medication(s) Needed at School attached					
List medications taken at home: _____					
IMMUNIZATIONS					
<input type="checkbox"/> Record Attached		<input type="checkbox"/> Reported in NYSIIS		Received Today: <input type="checkbox"/> Yes <input type="checkbox"/> No	
HEALTH CARE PROVIDER					
Medical Provider Signature:				Date:	
Provider Name: <i>(please print)</i>				Stamp:	
Provider Address:					
Phone:					
Fax:					
Please Return This Form To Your Child's School When Entirely Completed.					

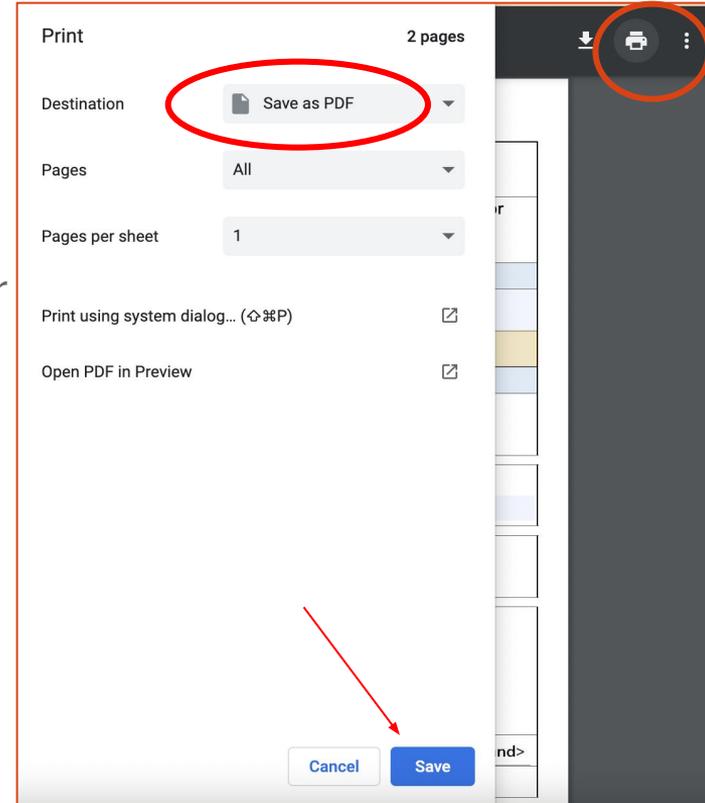
Please return or email completed form to the school nurse immediately after your child receives their physical exam or upload to the student's Family ID account in PDF format only. (see Form Instructions to Print/Save on next page)

Form Instructions to Print and Save

- Select the form you require
- Fill in the Form Fields
- Click the printer icon in the upper right hand corner



- Change the printer destination to “ Save as PDF”
- Click “Save”
- Save the file to desired location on your computer



NYS Mandate For All Entering 7th Grade

Must Show Proof within the first 14 days of school that the Meningococcal Conjugate Vaccine (MenACWY) was administered.



Note: As of July 2019 NYS Ended Religious Exemptions for School Vaccine Requirements

ALL STUDENT-ATHLETES

If your student plans to play a sport, regardless of their grade, a NY State Health Examination Form, dated within 12 months of the sports start date, is required.

What is an ImPACT Test?

ImPACT= Immediate Post-Concussion Assessment & Cognitive Testing

It is a computerized test that measures the student's memory, attention span, visual, and verbal problem solving. This baseline test is conducted to measure the student-athlete's performance baseline. In case of an injury, a post- injury test is administered and compared to the baseline and/or normative data scores. It provides objective data to evaluate a post-injury condition and helps in tracking recovery for a safe return to sport activities.



Annual Self-Medication Release Form

If a student-athlete needs to self-carry and self-medicate, this form must be completed every year and submitted to the Health Office. The Self -Medication Release Form must be completed and **signed by both** the **health care provider** and the **parent/guardian**.

*** THIS FORM IS FOR STUDENTS WHO WISH TO KEEP MEDICATION IN THEIR LOCKER OR CARRY MEDICATION WITH THEM IN SCHOOL**

**ROSLYN PUBLIC SCHOOLS
ROSLYN, NEW YORK 11576**

SELF-MEDICATION RELEASE FORM

Date: _____

Student's Name: _____ Date of Birth: _____

Grade: _____ Phone No: _____

Has been instructed in proper use of the following medication procedures: (list medications)

We (Physician's signature)**

And (Parent or Guardian's signature)**

Physician

Parent

Print name: _____

Print name: _____

Address: _____

Address: _____

Phone No: _____

Phone No: _____

Date: _____

Date: _____

Request that (Student's name) _____ be permitted to carry the Medication on his/her person or to keep same in his/her locker or P.E. locker, as we consider him/her responsible. He/she has been instructed in and understands the purpose and appropriate method and frequency or use. The child and parent may also opt to maintain the medication in the nurse's office.

Check one:

Student will carry medication in a properly labeled container and self-administer.

NOTE: It is the parent's responsibility to monitor on an ongoing/daily basis that student is carrying and taking medication as directed.

Student will keep medication supply in the Health Office to be administered by nurse and self-administer only as needed on field trips and after school activities. (In this case the "Permission for Administration of Medication in School" form must be completed.

NUTRITION AND STAYING HYDRATED

 **Upon waking** drink a cup (8oz) of water and have a healthy snack early in the day prior to sports. Bring appropriate snacks and fill up your water bottle to sip throughout the day.

 **Before Exercise**, drink at least 2 cups (16 oz) of water 2 hours prior to sports.

 On humid/hot days and **more than an hour** work-out drink an electrolyte sports drink to replace sodium lost from sweating and to enhance motor skills by staying hydrated.

 **During exercise** drink as often as possible or every 15-20 minutes at least a ½ cup (4 oz.) to replace fluid and sodium lost. Take sips and to prevent stomach upset don't chug.

 **After exercise** replace lost fluids and eat a hearty dinner with your family.

SPORTS SEASONS AND TEAMS

 **FALL SEASON** • **09/07/22 - 11/05/22** 

FamilyID Registration Portal will be OPEN from **8/7/22-9/7/22** on the MS Athletic Website.

www.familyid.com/organizations/roslyn-public-schools-athletic-department

- ◆ A Preseason Meeting for all athletes takes place on **09/07/22** after school at 2:20.
- ◆ Team Tryouts will begin **09/08/22**.
- ◆ What Teams are being offered:

 **Girls** – Badminton, Cross Country, Sideline Cheer, Soccer, Tennis

 **Boys** – Cross Country, Football, Soccer

The FALL TEAMS PRACTICE at the MIDDLE SCHOOL.

FALL SPORT

Cross Country Boys & Girls

Cross Country Boys & Girls

Girls Badminton

Boys Soccer

Boys Soccer

Girls Soccer

Girls Soccer

Girls Tennis

Girls Tennis

Football

Football

Football

Cheerleading

COACH

Ms. Greenfield

Ms. Naughton

Mrs. Sparaco

Mr. Ramonetti

Ms. Pappas

Ms. Lopez

Ms. Tretola

Ms. Krol

Mr. Stanis

Mr. Leveille

Mr. Folaccari

Mr. Cordeau

Ms. Salvatore

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❄️ **WINTER I SEASON 11/07/22-01/14/23** ❄️

FamilyID Registration Portal will be OPEN from 10/11/22 -11/7/22 on the MS athletic website.

www.familyid.com/organizations/roslyn-public-schools-athletic-department

- A Preseason Meeting for all athletes will take place on **11/07/22** after school at 2:20.
- Team Tryouts will begin **11/09/22**.
- What Teams are being offered:

 ❄️ **Girls** – Volleyball and Winter Track  ❄️ **Boys** – Basketball and Winter Track

VOLLEYBALL TEAMS PRACTICE at EAST HILLS. A bus is provided for practice to East Hills. At the end of practice, parents must pick up their student-athlete from EAST HILLS.

BASKETBALL TEAMS PRACTICE Tryouts 1st week at the MIDDLE SCHOOL. After teams are made **PRACTICE** at the MIDDLE SCHOOL and/or HARBOR HILL.

WINTER TRACK TEAMS PRACTICE at the MIDDLE SCHOOL.

WINTER I

Girls 8th Grade Volleyball

Girls 7th Grade Volleyball

Coed Winter Track

Coed Winter Track

Boys 8th Grade Basketball

Boys 7th Grade Basketball

Boys 7th & 8th Grade Basketball

COACH

Mrs. Berkowitz

Ms. Lopez

Mr. Valentino

Ms. Greenfield

Mrs. Mastriano

Mr. Demakopoulos

TBA

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llopez@roslynschools.org

mvalentino@roslynschools.org

hgreenfield@roslynschools.org

cmastriano@roslynschools.org

ademakopoulos@roslynschools.org



WINTER II SEASON • 01/17/23- 3/25/23



FamilyID Registration Portal will be OPEN from **10/11/22** to **1/17/23** on the MS athletic website.

www.familyid.com/organizations/roslyn-public-schools-athletic-department

- A Preseason Meeting for all athletes will take place on **01/17/23** after school at **2:20**.
- Team Tryouts will begin **01/18/23**.
- What Teams are being offered:

 **Girls** – Basketball and Bowling  **Boys** – Bowling, Volleyball, Wrestling

BASKETBALL TEAMS PRACTICE Tryouts 1st week at MIDDLE SCHOOL. After teams are made **PRACTICE** at MIDDLE SCHOOL and/or HARBOR HILL.

BOWLING TEAMS PRACTICE at HERRILL LANES

VOLLEYBALL TEAMS PRACTICE at EAST HILLS. A bus is provided for practice to East Hills. At the end of practice, parents must pick up their student-athlete from EAST HILLS.

WRESTLING TEAMS PRACTICE at the HIGH SCHOOL. **MATCHES** at the MIDDLE SCHOOL.

WINTER II

Coed Bowling

Coed Bowling

Boys 7th Grade Volleyball

Boys 8th Grade Volleyball

Girls 7th Grade Basketball

Girls 8th Grade Basketball

Girls 7th & 8th Grade Basketball

7th & 8th Grade Wrestling

7th & 8th Grade Wrestling

COACH

Mrs. Sparaco

Mrs. Covino

Mrs. Donoghue

Mr. Steinmuller

Mrs. Mastriano

Mr. Demakopoulos

Ms. Dwyer

Mr. Lanzillotta

TBA

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rlanzillotta@roslynschools.org



SPRING SEASON 03/27/23- 6/3/23



FamilyID Registration Portal will be OPEN from 3/1/23 - 3/27/23 on the MS Athletic Website.

www.familyid.com/organizations/roslyn-public-schools-athletic-department

A Preseason Meeting for all athletes will take place on **03/27/23** after school at 2:20.

- Team Tryouts will begin **03/28/23**.
- What Teams are being offered:

 **Girls** – Lacrosse, Softball, and Track & Field

 **Boys** – Lacrosse, Baseball, Tennis, and Track & Field

The Spring Teams practice at the MIDDLE SCHOOL.

SPRING

Baseball 7th & 8th Grade

Baseball 7th & 8th Grade

Softball 7th & 8th Grade

Softball 7th & 8th Grade

Boys Lacrosse 7th & 8th Grade

Girls Lacrosse 7th & 8th Grade

Boys Tennis 7th & 8th Grade

Boys Tennis 7th & 8th Grades

Coed Track & Field 7th & 8th Grade

COACH

Mr. Johnson

Mr. Steinmuller

Mr. Schoenfelder

Mr. Demakopoulos

Mr. Marvin

Mr. Formichelli

Mr. Lanzillotta

TBA

TBA

TBA

Mr. Leveille

Mr. Takseraas

Mr. Floccari

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mleveille@roslynschools.org

etakseraas@roslynschools.org

mfloccari@roslynschools.org

TEAM SELECTION PROCESS

- All MS students are required to try out for positions on interscholastic athletic teams
- Team selections are based on selection criteria (sometimes referred to as rubrics or assessments), which address the sport specific skills and abilities needed to play the sport and, in some cases, performance benchmarks (i.e., the level of performance in the skills and abilities) required to make a given team.
- Students will be notified of the selection criteria prior to trying out.
- RMS teams can accommodate the large number of students who try out. However, this does not guarantee that every student who tries out for a team will be placed on a team.
- Student-athletes must demonstrate a strong commitment to both team and player development before being placed on a team.
- Once a player is selected for a team, it is his/her responsibility to maintain commitment to the team and their individual improvement.

PLAYING TIME PHILOSOPHY

Student-athletes in the Roslyn MS Interscholastic Athletic Program earn playing time for game and scrimmage situations by:

- Being a member in good standing of the school community
- A student-athlete must attend practices and work to the best of his/her ability
- A student-athlete must be a team player and execute the specific role assigned to him/her by the coach
- A student-athlete must demonstrate a commitment to fair-play and sportsmanship at all times
- A student-athlete must support the team by contributing in a positive way to the team's learning environment. In other words, the student-athlete must focus on learning tasks and assignments and not disrupt other players

YOUR RESPONSIBILITIES

- Participation in athletics, even at the middle school level, requires a substantial commitment by those involved, i.e., athletes, coaches, and parents.
- All RMS athletic programs will meet either five or six days a week depending on practices or games.
- Student-athletes need to prepare themselves for this next level of athletic competition by keeping up with their school work and using their free time wisely.
- Student-athletes must demonstrate a commitment to fair-play and sportsmanship at all times.

ELIGIBILITY REQUIREMENTS

Roslyn Middle School student-athletes are required to be a member in good standing in the school academic and social community.

- Student-athletes must be up-to-date with their academic requirements and passing all of their subjects.
- Student-athletes must also be free of disciplinary problems and referrals.
- When necessary, a review of a student-athlete's case will be handled by the MS Eligibility Committee (i.e., coach, school counselor, school administrator, and the MS athletic director).
- Contingency programs and consequences will be established and monitored by the Eligibility Committee.

HOMework POLICY

If a student-athlete is:

- missing three or more homework assignments
- failing one or more subjects

The student-athlete will not be able to return to play or practice until they are made up and handed in.



DISCIPLINE POLICY



- If a student is assigned to a detention they will not be eligible to participate in athletics the day that they serve it.
- In severe cases where the student-athlete receives in-school suspension, out of school suspension, 3 Detentions in the same season, or another significant disciplinary consequence, they will not be eligible to play or practice the day(s) that they serve and will also be suspended for at least one additional game.
- Any athlete who violates the policies above can also be removed from extracurricular sports participation upon review by the MS Eligibility Committee.

STUDENT PICK-UP

- When picking up from the athletic fields, use the lower parking lot which is supervised by the teacher assistants.
- All athletes who take late buses will be dismissed to the front of the school's bus pickup area which is supervised by the teacher assistants.

Every Student Matters, Every Moment Counts



WEBSITE and APP OVERVIEW

We will be using the Roslyn Middle School Athletic Webpage

<https://www.roslynschools.org/domain/159>

To communicate all athletic information to parents.

Examples: updates, policies, game schedules, directions, and cancellations that may arise due to weather, early dismissals, conflicts, etc.

We invite all parents to please feel free to check the webpage or sign-up with the **rST App** (Activity Scheduler) for the notifications of game schedules and schedule changes.



rST App available at the App Store and Google Play store

Athletic Placement Process Overview

NYS Education Dept has adopted a new policy to allow current Middle School Athletes to compete at the High School Level. The process is called “ Athletic Placement Process”.

The intent of “APP” is to provide students in grades 7th and 8th a mechanism allowing them to participate safely at an appropriate level of competition based upon readiness rather than age and grade.

The Program is not to be used to fill positions on teams, provide additional experience or a place for Middle School students when no modified program is offered.

Instead, it is aimed at the few select Middle School students who can benefit from such placement on a Varsity Team because of their level of readiness.

All of the requirements about what this program entails can be found by clicking the link below.

<https://www.p12.nysed.gov/sss/documents/AthleticPlacementProcess12-11-17FINALRevised.pdf>

ROSLYN ATHLETICS 2022-2023 VARSITY

Athletic Placement Process for 7th and 8th Graders Only

Those who feel they are skilled enough and are interested in trying out for a High School Varsity Teams must notify Dr. Brostowski.

✦ Send email to : mbrostowski@roslynschools.org



**BEST TO ALL OUR
RMS ATHLETES**



GO ROSLYN BULLDOGS!!