

# MUSTANG BASKETBALL



# TRY-OUT PACKET

**MUSTANG  
BASKETBALL**

**SECTION**

**1**

**(turn into Coach Matzen)**

**TRY-OUT PACKET**

**PLAYER BIO**  
(please print clearly)

Player Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Address: \_\_\_\_\_  
street city zip

Home Phone (include area code): (\_\_\_\_) \_\_\_\_\_

Parent Cell Phone (include area code): (\_\_\_\_) \_\_\_\_\_

Player Cell Phone (include area code): (\_\_\_\_) \_\_\_\_\_

Player E-Mail: \_\_\_\_\_

Parent E-Mail: \_\_\_\_\_

Class (circle one):                    SR                    JR                    SO                    FR

Birth Date: \_\_\_\_\_ Fall Sport? \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Shoe Size: \_\_\_\_\_

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

VTS Transportation Needed (circle one):                    YES                    NO

**PACKET CONTENTS**

**SECTION 1 (turn into Coach Matzen)**  
Player Bio and Checklist

Parent Requirements Form

Rockwood Athletic Emergency Consent/Accident Insurance Coverage/Waiver & Release

**SECTION 2 (to be kept by player and parent/guardian)**  
Program Mission Statement

Rules & Regulations

“Three A’s” of Playing Time

Rockwood Codes of Ethics for Coaches, Players and Spectators

Coaches Requirements Form

Mustang Basketball Pre-Season Schedule

Physical Form (if needed)

**“I have read and understand each part of this packet and the expectations placed on each coach, player and parent.”**

player signature \_\_\_\_\_ parent signature \_\_\_\_\_

**Rockwood Physical Form\***

(\*This completed physical form is to be turned into the MHS Activities Office. Regardless of whether you have a physical on file already or are turning in the enclosed form to the AD...you need the Activities Office waiver stating that they have a physical on file for you.)

**MHS Activity Office:** \_\_\_\_\_

## **PARENT REQUIREMENTS**

\*Always show my support for my child regardless of the circumstances they are under.

\*Support my son's team in a positive manner.

\*Enjoy the games! My son's time as a high school student is a fleeting one. Make it a time to remember.

\*Show class and dignity in game-settings toward fellow fans, opposing players, opposing coaches and referees.

\*I will allow the coach to coach my son. I will refrain from shouting instructions during the game.

\*When a situation occurs relating to my son that raises concern (pertaining to all matters except playing time, game strategy, or issues concerning other players), I/we will follow this chain of command to resolve said situation:

- 1) Encourage my son to seek out his coach in a private meeting.
- 2) I/we will arrange a meeting with my son's coach.
- 3) I/we will arrange a meeting with the athletic director.
- 4) I/we will arrange a meeting with a member of the school administration.

I/We agree to the above terms and will try to live up to them to the best of our ability:

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Player Name (print)

Signatures of all Parents and/or Guardians

Print Student's Last Name, First Name \_\_\_\_\_ Grade: \_\_\_\_\_  
FALL \_\_\_\_\_ WINTER \_\_\_\_\_ SPRING \_\_\_\_\_ SUMMER \_\_\_\_\_

**MARQUETTE SENIOR HIGH SCHOOL ACTIVITIES  
ATHLETIC CONSENT FORM**

Various rules and regulations apply to all students who participate in extra-curricular activities at Marquette High School. This form, along with the attached Health Examination Form and the Activities Guidelines found in the Student Handbook, contain information necessary for participants and their parents. Your acknowledgment and agreement to abide by State, District, and School policies will be indicated by your signatures in the appropriate places.

**PHYSICAL/PARENTAL PERMISSION TO PARTICIPATE** - The Missouri State High School Activities Association requires that students have an updated physical prior to participating in extra-curricular activities. In addition, parents must acknowledge and approve their son/daughter's participation in extra-curricular activities. The attached Health Examination Form, when completed, meets the above requirements. The physical must be dated February 1, or after of the preceding school year.

**ACCIDENT INSURANCE** - The Rockwood School District requires that every student have adequate accident insurance coverage before participating in any extra-curricular activity. Those who have no family protection coverage should seek a plan applicable to their needs. You may contact the Activities Office if you have questions.

**ACTIVITIES GUIDELINES** - All participants and their parents must be aware of policies which affect students in extra-curricular activities. These policies are included in the Marquette High School Student Handbook.

MY SIGNATURE BELOW INDICATES THE FOLLOWING:

1. I acknowledge and understand the fact that most extra-curricular activities contain some degree of potential injury and assume the risk thereof.
2. My son/daughter is adequately covered by an accident policy for activity injuries.
3. I agree to abide by the information in the Student Policy Handbook, as outlined under Activities and Athletics (provided the first day of school), as well as the information provided in the Guidelines for Student Activities (provided during each student's first activity at Marquette).
4. I give my permission for the Marquette High School Guidance Office, to release grade point and class rank information to athletic recruiters. YES \_\_\_\_\_ NO \_\_\_\_\_

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

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

This form, along with the Health Examination Form, must be completed and returned to the appropriate coach prior to participation in activities (including practices).

STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_

Father's Name \_\_\_\_\_ Telephone Number at Work \_\_\_\_\_

Mother's Name \_\_\_\_\_ Telephone Number at Work \_\_\_\_\_

Home Address \_\_\_\_\_ Home Telephone Number \_\_\_\_\_

Physician \_\_\_\_\_ Telephone Number \_\_\_\_\_

Dentist \_\_\_\_\_ Telephone Number \_\_\_\_\_

Allergies \_\_\_\_\_

Emergency Phone Number (friend, neighbor, relative, or cell phone) \_\_\_\_\_

Hospital preference in case of an emergency \_\_\_\_\_

(The nature of the injury or site where it occurs may preclude this preference.)

Does the School have your authorization to transport the child by whatever means necessary in case of an emergency?

YES \_\_\_\_\_ NO \_\_\_\_\_

In the case of an emergency, and neither the Parents or Guardian can be reached, do you give your consent for emergency procedure to be followed by the School?

YES \_\_\_\_\_ NO \_\_\_\_\_

Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_

**MUSTANG  
BASKETBALL**

**SECTION**

**2**

**(to be kept by player)**

**TRY-OUT PACKET**



## PROGRAM MISSION

All of us involved in the Marquette High School basketball program are committed to success on the court. In the process of achieving that parameter of success, we also acknowledge that the world outside the gymnasium is where true success and fulfillment can be found.

In reaching our goals we turn to the three legs of our “Success Triangle”:



**PLAYING HARD** means we are competitors without equal. We, as players and coaches, are striving to make sure that no one prepares more thoroughly or works more diligently to become a successful team than us. It also means giving our all in being students and employees of Marquette.

**PLAYING TOGETHER** means accepting our teammates and coaches as they are and molding ourselves to do whatever we can to make US successful. As a group, we are also remembering to enjoy each other and have fun while we participate in this great game. In our off-the-court lives, it means contributing our time to others, to good and worthwhile causes, and to the welfare of our families and loved ones.

**PLAYING LIKE A MUSTANG** means being a player or coach who when the practice, the game, the season, or the career is over can look back and say “I gave all of myself and am thus worthy of the statement: I AM A MUSTANG.” Playing and living our lives with class and integrity are values we treasure in each other and ourselves.

## RULES & REGULATIONS

1. Attendance: It is of utmost importance for players to be at all practices, meetings, games, etc. No progress or improvement will be made without good attendance. As far as excused absences go, the following apply: a family matter (funeral, etc.), injury (though player must be in attendance if physically possible), and meeting with a teacher (test, extra help, etc.). If at all possible though, these absences must be pre-approved with the player's coach. If alerting the coach is not possible, the player is expected to contact the coach as soon as possible after returning to the team function. Rockwood School District policy requires that students must attend every class in order to participate in game or practice on a particular day. The only excuse is for a doctor or dentist appointment if the athlete brings a note from his doctor. \*Unexcused absences occur when a player misses practice without prior approval or when a player fails to notify his coach upon arrival to practice or game as to why he was late or absent (calls to coaches' homes are encouraged in this case as well). Conditioning to make up time missed, partial/full game suspensions and dismissal from the team are options the staff have to deal with each individual case.
2. Behavior for Mustang players is expected to be at an even higher level than that of the MHS student body. Players should show respect at all times to not only their teammates and coaches, but to other teachers and students and adults and/or other individuals outside of the school environment.
3. Players are expected to ride the team bus to and from games except in special situations approved by the coach.
4. Smoking, drinking, use of smokeless tobacco and the use of any drugs not prescribed by a doctor if proven can result in immediate dismissal from the team.
5. Any conduct (i.e. stealing or other law-breaking activity) that proves detrimental to the player's or team's image can result in immediate dismissal from the team.
6. Basketball-wise, only two things are expected of all players: \*Players must listen and attempt to do what their coach directs at all times. \*Players must at all times give their best effort in all team matters (games, practices, meetings). While human mistakes are expected, the effort to follow and attempt the coaches' instructions is vital to our teams' success. Failure to do the above will be considered on a case-by-case basis and can be handled by the punishments mentioned in item 1.



## PLAYING TIME

This is an issue that all parents and players are concerned with. A player's time on the court is based on what we refer to as the "Three A's": ATTENDANCE, ATTITUDE AND APTITUDE. Playing time is EARNED, not granted. A spot on the team is a precious commodity, especially in a school of our size. Being able to be on the court at games is another level beyond being on the team. We as a staff will do our best to help players understand their roles as they relate to playing time. It is imperative though that players approach the coaches when that understanding is not occurring to the player's expectations. The "Three A's" are like any other characteristic a human being has; that being, some players do better at some of them than others. It is the combination of "The Three A's" that the staff must take into consideration (to the best of its ability) when deciding who will be on the playing floor at any given time.

Substitutions are a key component in playing time. Obviously, the "Three A's" come into play when deciding who should come into a game. A player may be substituted for when: he needs rest, failed to follow directions, is in foul trouble, to get a better match-up with our opponent, correct a mistake and take advantage of a teachable moment, we need to foul at the end of a game, for a special offensive or defensive situation and/or if he is just having "one of those nights" when nothing is going right.

Finally, players may be moved between our three teams (freshmen, sophomore and varsity) based on the "Three A's". The players that earn positions will be given them based on many factors including the ones listed below as well as our teams' make-up in a given year.

### A<sub>t</sub>tendance

School: Be in attendance the entire day to play or practice unless he has a doctor's written excuse.

Practice: Attend everyday. Prepare or practice to play at each player's and our team's highest level. Sacrifices will have to be made to have a good practice. Enthusiasm is a must regardless of whatever happened off the court on that particular day. Playing time will be adjusted due to missed practice time. Unexcused practices may result in extra conditioning, suspension or even dismissal from the team.

Game: Attend every game and be prepared to give 100% effort in whatever role is given. Those roles could range from being a high-scoring starter to defensive specialist to bench player who needs to support those on the floor. All of those roles are VERY important to our team's success.

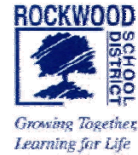
### A<sub>t</sub>titude

Show respect in tone of voice, body language, reaction to instruction and facial expressions toward coaches, officials, opponents and teammates. Maintain a high level of effort in the classroom to match that on the court.

### A<sub>p</sub>titude

This is the skill and knowledge of the game and of what the team is trying to accomplish and how each player's abilities in those areas relate to the success of the team. Examples include:

- \*Knowledge of our offense, defense and what to do in particular game situations.
- \*Ability to listen and follow instructions.
- \*Level of physical conditioning (speed, quickness, endurance, strength, etc.)
- \*Key basketball skills: 1)Play defense 2)Avoid turnovers 3)Take good shots 4)Block out and rebound 5)Intensity and desire to obtain loose balls.



## **Rockwood Athletics**

### **Athletes' Code of Ethics**

It is the responsibility of the athlete to:

Always represent your school with pride, handling adversity and success with dignity and grace.

Be a role model, committed to the highest standards of sportsmanship, leadership, and personal conduct.

Honor commitments to the sport, coaches and teammates and give an all out effort in practice and competition.

Demonstrate respect for all sports, coaches, officials, teammates and opponents.

Practice good citizenship, pursue academic achievement, and live a healthy lifestyle.

### **Coaches' Code of Ethics**

It is the responsibility of the coach to:

Care for and act in the best interest of all student athletes, promoting development as a whole person.

Create an atmosphere of pride and respect for the sport, players, officials, opponents and coaches.

Be a positive role model - set high standards; demonstrate fair play and sportsmanship to all; never place winning above the value of instilling the highest, desirable ideals of character.

Be committed, be knowledgeable, and prepare student athletes to compete to the best of their ability.

Promote good citizenship, academic achievement, and a healthy lifestyle.

### **Spectators' Code of Ethics**

It is the responsibility of the spectator to:

Always represent your school with pride, handling adversity and success with dignity and grace.

Demonstrate sportsmanship through positive support and encouragement of all players, coaches, and officials.

Create an atmosphere of respect for the sport, players, officials, coaches, and fellow spectators.

Recognize that school athletics are a learning experience for students and mistakes are sometimes made. Praise them in their attempt to improve themselves as students, athletes and people.

## COACH REQUIREMENTS

- \*Always treat our players with respect.
- \*Be very clear with our players about their roles with the team.
- \*Motivate each other and our players to be their absolute best.
- \*Be cognizant of players' off-the-court welfare.
- \*Enjoy the time we spend together as a staff and as a team.
- \*Respond promptly and appropriately to parents' needs and concerns. All parents' concerns are important ones and are to be treated with respect. Parents should be able to meet with any of us without any cause for concern that the content of the meeting will affect our treatment of their son or his playing time in a negative manner.
- \*Be up-to-date with the latest in coaching methods and/or techniques.
- \*Show class and sportsmanship in game-settings toward opposing fans, coaches and players and toward officials.
- \*Spend time in the off-season working to bring about positive exposure to the program and at keeping the program fiscally-sound.

We agree to the above terms and will try to live up to them to the best of our ability.

Shane Matzen

Derek Hoffman

Kevin Schultz

Eric Schweain

**MARQUETTE MUSTANG BASKETBALL  
2008 PRE-SEASON SCHEDULE**

- \*1<sup>ST</sup> Pre-Season Meeting: Thursday, September 23rd 3:15 in  
Driver Ed Room 270  
  
PICK UP TRY-OUT PACKETS. FALL  
SPORT ATHLETES BEGIN PICKING  
THEM UP ON THE 24th.
- \*Skill Development/Open Gyms: 6-7:30pm  
6:00-6:45 individual skill development  
6:45-7:30 scrimmage  
You CANNOT STAY AT THE SCHOOL  
UNTIL OPEN GYM STARTS and you  
must provide your own transportation home!  
  
September 30  
October 2, 7, 9, 16, 21, 23, 28
- \*Conditioning: 3:15 at the Track (Tuesdays & Thursdays)  
  
September 30  
October 2, 7, 9, 14, 16, 21, 23, 28, 30  
November 6  
  
\*CANCELLATIONS DUE TO WEATHER  
WILL BE MADE OVER SCHOOL  
INTERCOM AT THE END OF THE  
SCHOOL DAY!
- \*Weight-Training: We have a large group of athletes  
participating in a fall program at Velocity  
Sports Performance in Chesterfield Valley.  
If you are unable to join them, see Coach  
Matzen for a workout that you can do on  
your own. This aspect of our training  
CANNOT be emphasized enough!
- \*Final Pre-Season Meeting: Tuesday, October 29<sup>th</sup> 3:15pm in Driver Ed  
Room 270  
  
TRY-OUT PACKETS ARE DUE THAT  
DAY!!!!!!
- \*First Day of Practice/Try-Outs: Monday, November 10<sup>th</sup>



**ROCKWOOD SCHOOL DISTRICT PHYSICAL EXAMINATION FORM  
FOR  
KINDERGARTEN • NEW STUDENTS • GRADE 6 • HIGH SCHOOL SPORTS**

Please return completed health examination form to the school nurse.  
Any questions regarding completion of this form may be directed to the school nurse.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

**TO BE COMPLETED BY EXAMINER**

**DATE OF EXAM:** \_\_\_\_\_

**IMMUNIZATIONS** (give month/day/year or attach record)

DTP \_\_\_\_\_  
 DTaP/Td \_\_\_\_\_ Hep B \_\_\_\_\_  
 Polio \_\_\_\_\_  
 MMR \_\_\_\_\_ Hep A \_\_\_\_\_  
 Varicella \_\_\_\_\_ or Date of Illness \_\_\_\_\_  
 Hib \_\_\_\_\_  
 PPD +/- \_\_\_\_\_ Menactra \_\_\_\_\_  
 Other \_\_\_\_\_

**HISTORY**

Asthma: No \_\_\_ Yes \_\_\_  
 ADHD: No \_\_\_ Yes \_\_\_  
 Chronic Condition/Major Surgeries: (list, give date) \_\_\_\_\_  
 \_\_\_\_\_  
 Allergies (list): \_\_\_\_\_  
 Medications (list): \_\_\_\_\_

**ORTHOPEDIC HISTORY** (for sports participation)

Previous Injury Date, Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Special Seating Recommendations: \_\_\_\_\_

Medical Treatment Needed at School: \_\_\_\_\_

Other Health Recommendations: \_\_\_\_\_

**PHYSICAL**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ B/P: \_\_\_\_/\_\_\_\_ Pulse: \_\_\_\_  
 Eyes: R - 20/\_\_\_\_, L - 20/\_\_\_\_ Hearing: \_\_\_\_\_  
 Review of Systems: **WNL**  
 If not, please explain: \_\_\_\_\_  
 \_\_\_\_\_

**ORTHOPEDIC EXAM** (for PE/sports participation)

Back/Neck/Shoulders/Extremities: **WNL**  
 If not, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Recommendation for PE/Sports: **Full / Limited / None**  
 Clearance withheld until: \_\_\_\_\_  
 If limitations, please explain: \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE of EXAMINER:**

Name (please print): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_

**For High School Sports Participation Only - Parent's or Guardian's permission:** I hereby give my consent for the student to represent his/her school in interscholastic activities, except those stated on the form by the examiner; I also give my consent for him/her to accompany the team as a member of its out-of-town trips and will not hold the school responsible in case of accident or injury. I also give consent and authorize the school to obtain, through a physician of its choice, such medical care as is necessary for the welfare of the student, if he/she is injured in the course of school activities.

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