



CHEROKEE COUNTY SCHOOL DISTRICT
Athletic Parental Consent, Insurance, Authorization and Waiver and Release Form
2018-19 School Year



INSURANCE INFORMATION

Please INITIAL one of the following statements regarding insurance coverage for your student for the current school year, then sign below.

____ My student is adequately and currently covered by accident insurance that will cover injuries sustained while participating in any school authorized activity (including, but not limited to Varsity or JV Football).

____ Insurance Company _____ Name of Insured _____ Policy Number _____

____ I have purchased the Benefit Plan provided by CCSD. I understand this is a supplemental policy. (A copy of this Benefit Plan should be attached)

____ Signature(s) Parent(s)/Guardian(s) _____ Date _____

AUTHORIZATION AND WAIVER

I/We certify that the medical history on this form is complete and accurate. I/We understand that this will serve as the basis for determining that my student may compete in middle/high school athletics within CCSD. I/We also understand this medical evaluation is general in nature and only performed to determine fitness for athletics and is not to take place of regular medical examinations. In case of an emergency or accident on/off school grounds during any school activity or athletic event, which in the opinion of school authorities present requires immediate medical or surgical attention, I/we hereby grant permission to physicians, consulting physicians, certified athletic trainers, emergency medical technicians, and other healthcare providers selected by school authorities to provide medical care and treatment (including hospitalization if deemed necessary) unless I am present and request otherwise or until I later request otherwise.

I/We understand that the terms hereof apply to any injury, illness or other medical problem or emergency that arises as a result of or in connection with any aspect of athletic participation for CCSD, including tryouts, practice, conditioning, meetings, games, and/or travel. I/We also understand that reasonable efforts will be made to contact parent(s) or legal guardian(s) before any serious or involved medical treatment.

I/We understand that per GHSA, a Pre-Participation Physical Evaluation must be performed by a physician to medically screen each student who participates in the athletic program(s) of CCSD. I/We further understand that a basic medical screening (the required physical exam) is general in nature and limited in its scope and does not indicate or assure me that my student is completely free from impairments. If I/we wish for a more detailed physical exam to be performed upon my student, then it is my responsibility to arrange and pay for such an exam. If this more detailed exam is performed, it is my responsibility to notify CCSD and its appropriate employees, of any potential medical problems uncovered by any physical exam given to my student other than the general physical required by the school system for athletic participation.

I/We assume all liability and responsibility for any and all potential or real risks, injuries or even death which may result from Student's participation in inter-scholastic athletics, sports teams/clubs and events. I/We represent and warrant that I/we know of no mental or physical condition that would make it unsafe for Student to participate in inter-scholastic athletics, sports teams/clubs and events. I/We understand, acknowledge and agree that CCSD shall not be liable for any injury/illness suffered by the Student which arises out of and/or is associated with preparing for and/or participating in inter-scholastic athletics, sports teams/clubs and events.

I/We hereby release, discharge, indemnify, and agree to hold harmless CCSD, Members of the CCSD Board of Education, its past, present and future officers, attorneys, agents, employees, predecessors and successors in interest, and assigns, hereinafter "CCSD Releasees", from any and all liability arising out of or in connection with Student's participation in inter-scholastic athletics, sports team/clubs and events. For purpose of this Release, liability means all claims, demands, losses, causes of action, suits, or judgements of any kind that Student or Student's parents, guardians, heirs, executors, administrators, and assigns have or may have against the CCSD Releasees because of Student's personal, physical, or emotional injury, accident, illness or death, or because of any loss of or damage to property that occurs to Student or his or her property including Student's participation in inter-scholastic athletics, sports teams/clubs and events due to acts of passive or active negligence by CCSD Releasees other than actions involving fraud or actual malice.

By signing below, I/we acknowledge that I/we have carefully read this voluntary Waiver and understand the potential dangers incident to engaging in inter-scholastic athletics, sports teams/clubs and events, and are fully aware of the legal consequences of this agreement.

____ Signature(s) Parent(s)/Guardian(s) _____ Date _____

____ Signature of Student _____ Date _____

THIS ACKNOWLEDGEMENT OF AUTHORIZATION AND WAIVER SHALL REMAIN IN EFFECT UNTIL REVOKED IN WRITING.

____ Signature(s) Parent(s)/Guardian(s) _____ Date _____



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STUDENT TRANSPORTATION RELEASE AND CONSENT FORM

While CCSD provides transportation through the utilization of the District bus fleet for many extracurricular events, in some cases school sponsored transportation is not available. In those instances, it is necessary for the parent/guardian to make arrangements for transportation. CCSD discourages students from riding with other students to and from extracurricular events.

I/We, _____, parent/guardian of _____ (student) hereby give my/our permission for my student to provide his/her own transportation to/from extracurricular events, and I/we, parent/guardian of the student listed above, hereby give my permission for my/our student to ride with another parent.

I/We hereby consent on behalf of the student named to participate in school-sponsored trips. I/We understand that transportation may or may not be provided by CCSD. In the event transportation is not provided by CCSD, transportation will be the student's and parent(s)/guardian(s) responsibility.

Signature(s) Parent(s)/Guardian(s)

Date

RELEASE OF INFORMATION TO MEDIA AND COLLEGES

I/We hereby authorize the release of any and all information relating to the athletic participation of the above-named student to the media and to all college recruiters, including any medical information concerning injury or illness, any biographical information, and any other information related to the athletic participation, including ability, attitude and conduct.

Signature(s) Parent(s)/Guardian(s)

Date

GUIDELINES FOR OUTDOOR EXTRACURRICULAR ACTIVITIES DURING EXTREME HOT AND HUMID WEATHER

I/We hereby verify that I/we have received and reviewed the CCSD Guidelines for Outdoor Extracurricular Activities During Extreme Hot and Humid Weather.

Signature(s) Parent(s)/Guardian(s)

Date

STUDENT ATHLETE CONCUSSION AWARENESS, DIAGNOSIS AND MANAGEMENT PROGRAM

(GHSA 02.18)

DANGERS OF CONCUSSION

Concussions at all levels of sports have received a great deal of attention and a state law has been passed to address this issue. Adolescent athletes are particularly vulnerable to the effects of concussion. Once considered little more than a minor "ding" to the head, it is now understood that a concussion has the potential to result in death, or changes in brain function (either short-term or long-term). A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. Continued participation in any sport following a concussion can lead to worsening concussion symptoms, as well as increased risk for further injury to the brain, and even death.

Player and parental education in this area is crucial – that is the reason for this document. Refer to It regularly. This form must be signed by a parent or guardian of each student who wishes to participate in GHSA athletics. One copy needs to be returned to the school, and one retained at home.

COMMONS SIGNS AND SYMPTOMS OF CONCUSSION

- Headache, dizziness, poor balance, moves clumsily, reduced energy level/tiredness
- Nausea or vomiting
- Blurred vision, sensitivity to light and sounds
- Fogginess of memory, difficulty concentrating, slowed thought processes, confused about surroundings or game assignments
- Unexplained changes in behavior and personality
- Loss of consciousness (NOTE: This does not occur in all concussion episodes.)

BY-LAW 2.68: GHSA CONCUSSION POLICY: In accordance with Georgia law and national playing rules published by the National Federation of State High School Associations, any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the practice or contest and shall not return to play until an appropriate health care professional has determined that no concussion has occurred. (NOTE: An appropriate health care professional may include licensed physician (MD/DO) or another licensed individual under the supervision of a licensed physician, such as a nurse practitioner, physician assistant, or certified athletic trainer who has received training in concussion evaluation and management.



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- a) No athlete is allowed to return to a game or a practice on the same day that a concussion (a) has been diagnosed, OR (b) cannot be ruled out.
- b) Any athlete diagnosed with a concussion shall be cleared medically by an appropriate health care professional prior to resuming participation in any future practice or contest. The formulation of a gradual return to play protocol shall be a part of the medical clearance.

By signing this concussion form, I/we give _____ High School permission to transfer this concussion form to the other sports that my child may play. I am aware of the dangers of concussion and this signed concussion form will represent myself and my child during the 2018-2019 school year. This form will be stored with the athletic physical form and other accompanying forms required by CCSD.

I/We have read the information concerning usage of the Immediate Post-Concussion Assessment and Cognitive Test (ImPACT™) and understand its contents. I/We have been given an opportunity to ask questions and all have been answered to my satisfaction. I/We understand that participation in the ImPACT™ concussion baseline testing is highly recommended but not required for athletes in Cherokee County schools. I/We also understand that the ImPACT™ testing is merely a tool to assist Medical Professionals in the diagnosis and subsequent treatment of potentially serious injuries, the ImPACT™ testing IS NOT a substitute for treatment by a Medical Professional.

I/We acknowledge that if my/our child is suspected of receiving a concussion causing injury, my/our child WILL NOT be allowed to participate in athletics until cleared by an appropriate health care provider. (NOTE: An appropriate health care professional may include licensed physician (MD/DO) or another licensed individual under the supervision of a licensed physician, such as a nurse practitioner, physician assistant, or certified athletic trainer who has received training in concussion evaluation and management)

Please INITIAL one of the choices below, sign and date:

_____ YES, I give permission for my child, _____, to participate in baseline training with the ImPACT™ program.

_____ NO, I do not give permission for my child, _____, to participate in baseline testing.

 Signature(s) Parent(s)/Guardian(s)

 Date

 Signature of Student

 Date

Preparticipation Physical Evaluation HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALES ONLY		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

Preparticipation Physical Evaluation

THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

Preparticipation Physical Evaluation PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		Vision R 20/		L 20/		Corrected <input type="checkbox"/> Y <input type="checkbox"/> N	
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female					
BP	/	(/)	Pulse		
MEDICAL		NORMAL		ABNORMAL FINDINGS			
Appearance							
<ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) 							
Eyes/ears/nose/throat							
<ul style="list-style-type: none"> Pupils equal Hearing 							
Lymph nodes							
Heart*							
<ul style="list-style-type: none"> Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI) 							
Pulses							
<ul style="list-style-type: none"> Simultaneous femoral and radial pulses 							
Lungs							
Abdomen							
Gen/urinary (males only)*							
Skin							
<ul style="list-style-type: none"> HSV, lesions suggestive of MRSA, linea corporis 							
Neurologic ^c							
MUSCULOSKELETAL							
Neck							
Back							
Shoulder/arm							
Elbow/forearm							
Wrist/hand/fingers							
Hip/thigh							
Knee							
Leg/ankle							
Foot/toes							
Functional							
<ul style="list-style-type: none"> Duck-walk, single leg hop 							

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam
^aConsider GU exam if in private setting. Having third party present is recommended
^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- Not cleared
- Pending further evaluation
- For any sports
- For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____
 Address _____ Phone _____
 Signature of physician _____, MD or DO

Preparticipation Physical Evaluation CLEARANCE FORM

Name _____ Sex M F Age _____ Date of birth _____

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

Not cleared

Pending further evaluation

For any sports

For certain sports _____

Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

EMERGENCY INFORMATION

Allergies _____

Other information _____



Appendix J: Student Activity Code of Conduct

I. Introduction

The Cherokee County School District has determined that participation in interscholastic/extracurricular activities is a privilege for students enrolled in the School District. A student participating in such activities is considered to be a school leader; and, with leadership comes additional responsibility, so students must adhere to the standards and expectations contained in the School District's Activity Code of Conduct. As such, if a student violates these standards, schools may withdraw the privilege of participating in these activities, regardless of whether the violation occurred at a school-related or non-school-related activity. Schools may also withdraw the privilege of participating in these activities if the student violations occur outside of the scope of the activity's "season"; or, beyond the scope of the school day/year.

II. Student Infractions and Standards of Behavior

Student Infractions: Any student who commits the following infractions may be suspended or permanently dismissed from the team:

- 1.) Hazing other students—school clubs and student organizations will not use hazing or degradation of individual dignity;
- 2.) Missing practice, rehearsal or activities (unless excused by the coach or sponsor);
- 3.) Truancy and/or skipping classes;
- 4.) Acting in an unsportsmanlike manner when representing the school;
- 5.) Violating team curfews (as established by the coach or sponsor);
- 6.) Any behavior which results in discipline by the school administration; and
- 7.) Any behavior which, in the opinion of the administration, reflects in a negative manner on the team, activity, athletic program or school.

Standards and Expectations for Behavior: Students participating in interscholastic/extracurricular activities must comply with the following standards and expectations for behavior:

- 1.) Establishing and promoting a positive self-image for the program, school and School District.
- 2.) Exhibiting good sportsmanship.
- 3.) Supporting team/activity rules developed by the activity's coaches or sponsors.
- 4.) Adhering to the School District's Student Discipline Code.
- 5.) Observing all standards and guidelines established by the Georgia High School Association (GHSA) Constitution and by-laws.
- 6.) Obeying local, State and Federal laws governing behavior and conduct.*

Note: Provisions for dealing with starred () items above are contained in Section V of this document.*

III. Dispositions for Student Infractions and Standards of Behavior

Dispositions for student infractions and violations of standards and expectations of behavior include, but are not limited to, the following:

- Additional practice or conditioning time
- Conferencing between sponsor/parent or sponsor/student athlete
- Loss of position or awards privileges
- Suspension and/or removal from team

IV. Suspensions for Student Infractions and Standards of Behavior

Applying Suspensions: Relative to suspensions, progressive discipline processes will be utilized in order to create the expectation that the degree of discipline will be in proportion to the severity of the behavior, as well as consideration given to each student's previous discipline history and other relative factors.

- | | |
|--------------|--|
| 1st Offense: | Amount of suspension will be at the discretion of the Principal |
| 2nd Offense: | Suspension will be a minimum of twice the suspension for the first offense |
| 3rd Offense: | Permanent suspension |



Reporting Suspensions: Parent/guardian will be notified of the student's suspension. A suspension report will be filed with the Office of Student Activities and Athletics.

Transferring of Suspended Student Athletes: Students suspended from activities will not regain eligibility by transferring to another school within the School District.

V. Dealing with Student Arrests

Reporting of Misdemeanor or Felony Arrests: A student (or his/her parent/guardian) is responsible for informing a school official, which may include the Principal, Athletic Director or his/her Head Coach or sponsor, of misconduct which results in a misdemeanor or felony arrest. This report must occur within five calendar days of the arrest or the student faces disciplinary action up to, and including, partial or permanent suspension.

Confirming Student Arrests: Student arrests that are verified through a reliable source (school administrator, teacher, coach/sponsor, staff member, parent of involved student, School District Police Department, etc.) will be appropriately investigated by the school administration or designee.

Investigations arising from student arrests will be reviewed by a panel comprised of staff from the offending student's school, to include, but not be limited to the following: a school administrator, the school's athletic director, the coach/sponsor of the student, one additional coach/sponsor (as selected by the Principal), and one teacher (as selected by the Principal). It will be the role of this panel to review all information available as a result of the investigation and recommend potential dispositions for any confirmed infraction to the Principal for his/her consideration—it will ultimately be the responsibility of the Principal to administer discipline. The student may present a written response to the alleged infractions being presented to the panel, but the student will not be present at the panel hearing. The student's parent/guardian will be notified in writing of the panel's decisions.

The school reserves the right to suspend and/or permanently dismiss a student from all extracurricular/interscholastic programs for the remainder of their school career for misconduct, which could result in the arrest or conviction of select misdemeanor or felony crimes.

Addressing Felony Arrests and/or Convictions: Felony arrests constitute an immediate suspension from activities. Relative to that arrest, any subsequent felony conviction of a student may result in a permanent dismissal from activities.

Addressing Misdemeanor Arrests and/or Convictions: Misdemeanor arrests and/or convictions that will cause suspensions from activities may include, but are not limited to, the following areas:

- Disruption of school or school events
- Threats of violence or acts of violence against school employees or students
- Sexual Offenses
- Weapons Offenses
- Alcohol or Drug Offenses

VI. Duration of Code of Conduct

The Student Activity Code of Conduct will be in effect year-round.

Signature(s) Parent(s)/Guardian(s)

Date

Signature of Student

Date



ATHLETIC EMERGENCY INFORMATION

03/21/2014

Student's Legal Last Name Legal First Name Middle Name Name called

Residential Address

Mailing Address if different

Student Home Phone

Student's primary contacts

Contact name Relationship Home Phone Work / Alt Phone Cell Phone

Primary Email Employer

Contact name Relationship Home Phone Work / Alt Phone Cell Phone

Primary Email Employer

ANY ALLERGIES OR MEDICAL CONDITION: YES _____ NO _____ If Yes, Explain:

Physician Name Physician Telephone

Insurance Carrier Policy Number

EMERGENCY CONTACT INFORMATION (Other Than Parent)

Contact name Relationship Home Phone Work / Alt Phone Cell Phone

I DO _____ DO NOT _____ grant consent and desire emergency treatment to my child

_____ with the nearest available doctor or hospital. I understand that the doctor or hospital bill is my responsibility.

Parent/Legal Guardian Signature

Date