

Mountain Home High School

Athletic/Activities

Information & Form Packet

Revised – 1-20-18

The following information is provided for students who would like to participate in athletics or activities. The following packet should be read completely and signed by both parent/guardian and student. The following packet contains:

1. Student code of conduct and responsibility. (Page 1 Back)
 - a. Should be read with student.
 - b. Information should be saved for future reference.
2. Transportation policy. (Page 3 Front)
 - a. Should be read with student.
 - b. Information should be saved for further reference.
3. Release and athletic participation. (Page 4 Front)
 - a. Should be read with student.
 - b. Initial insurance information.
 - c. Mark and initial all activities that student would like to participate.
 - d. Both parent/guardian and student need to sign and date.
 - e. Return to coach/advisor.
4. Activity/Athletic participation agreement. (Page 4 Back)
 - a. Should be read with student.
 - b. Both parent/guardian and student need to sign and date.
 - c. Return to coach/advisor.
5. Interim questionnaire. (Page 5)
 - a. Should be read with student.
 - b. To be filled out by returning seniors or sophomores.
 - c. Both parent/guardian and student need to sign and date.
 - d. Return to coach/advisor.
6. Athletic emergency information. (Page 6)
 - a. Should be read with student.
 - b. Parent/guardian need to sign and date.
 - c. Return to coach/advisor.
7. Physical form. (Page 7)
 - a. Should be read with student.
 - b. Needs to be filled out by new students to the district, juniors or freshmen.
 - c. Both parent/guardian and student need to sign and date.
 - d. Physician's signature is required.
 - e. Return to coach/advisor.

provide a list of ineligible students to coaches, sponsors and directors five (5) days following the end of the semester. A student will be allowed to participate until the list is made available. A student will be declared ineligible on the day the coaches, sponsors or directors receive the list of ineligibility.

A student must attend at least two periods for the high school & three periods for the Jr. High the day of a scheduled school activity or athletic event when classes are in session in order to participate in the extracurricular and/or co-curricular activity. Failure to attend school will make a student ineligible for participation of that day's extracurricular and co-curricular event.

All students involved in extracurricular and co-curricular activities are responsible to make arrangements with teacher regarding assignments, makeup tests or other responsibilities prior to departing school for such events.

III. Prohibited Conduct and Consequences

A. Policy Statement:

It is the policy of this school and the school district that a student participating in

extracurricular and co-curricular activities shall not engage in the prohibited conduct described herein below, in school or out of school, at any time during the scholastic year, as defined as the beginning of the fall sports/activity season and ending the last day of the school year. To insure that all students understand this policy, prior to the start of the season, coaches or activity sponsors shall, during a meeting thoroughly review this policy with prospective members or participants.

B. Minor Infraction:

A minor infraction involves student behavior that occurs while the student is engaged in an extracurricular and co-curricular activity or is otherwise under the direct supervision of a coach or activity advisor. A minor infraction is one that is determined to be a slight deviation from acceptable behavior or stated student expectations, such as inattentive behavior or school truancy. The coach or activity sponsor will handle these minor infractions as soon as possible. It will be at the coach or advisor's discretion as to what punishment is given. The punishments are listed below:

1. First Offense:

The coach or activity sponsor shall verbally

reprimand the student on the inappropriateness of the action.

2. Second Offense:

On the occasion of a second offense, a student and parent conference may be held with the coach or activity advisor. The student may be placed on a probationary status, this requires the student's complete cooperation and respect for the rules which apply to participation in the extracurricular and co-curricular activity. At this time the student and the parent will be advised of the consequences if a third offense should occur.

3. Third Offense:

The student may be dismissed from the extracurricular and co-curricular activity for the remainder of the season or duration of the activity.

The student may request and be granted an appeal hearing by the principal, or the principal's designee. The principal, at his or her discretion can prevent the student from participating for five (5) school days with the intent of scheduling a hearing within that period of time. The hearing procedure will follow Section III E see following column:

C. Major Disciplinary Violations:

class is complete. When the student/athlete returns from their suspension, they must also participate in 10 practices before being eligible to compete in a game.

Substance Abuse

Violation: All athletes that break the substance abuse policy (in season or out) must also complete an online substance abuse class through MHHS. The cost of this class must be paid by the student. MHHS will not cover the cost of this class for any athlete that breaks the substance abuse policy.

Second Infraction:

The second infraction results in suspension from all activities for the remainder of the school year.

Mountain Home High School and School District No. 193

Release and Athletic Participation Information

To be read and completed by Parent/Guardian and Student

Student's Name (Print)	Grade	Sex	Birth date
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Your son/daughter has expressed a desire to participate in a Mountain Home District Athletic Activity. The information provided is important for a successful experience. PLEASE READ the information carefully. If you have any questions, contact or call your child's coach or school activities director. Before such athlete is allowed to practice or check out uniforms, you are required to READ, SIGN, and RETURN the release and participation information to the appropriate head coach.

1. Each athlete must have on file a passed physical examination (9th and 11th grade, or any student new to the district) followed by an interim questionnaire completed by the parent (10th and 12th grade). The examination or questionnaire must be completed prior to beginning practice. Cost incurred for the physical examination will be the responsibility of the parent/guardian.

2. **Notice of Risk:** Student athletes and the student's parent/guardian need to be aware that sport activities involve risk of injury. When an athlete practices, plays, or participates in any sport, the activity can be dangerous. The student risks serious and permanent injury affecting their well being. Instruction given by the coach regarding playing techniques, training and team rules must be followed.

3. Mountain Home School District 193 is not liable or responsible for any medical, dental or hospital bills occurring as a result of injuries sustained by a student while participation in a school athletic activity or sport. All injury related expenses shall be the responsibility of the student's parents/guardians.

4. (Initial One)

_____ I have insurance that will pay for medical expenses if my son/daughter _____ (name) is injured while participating in a school sport.

_____ I have purchased one of the student insurance plans.

_____ I do not have insurance for my son/daughter and understand that the School District is **not** responsible and will **not** pay any doctor, hospital and medical expenses if my child is injured while participating in any school sport.

5. Recognizing that as a result of athletic participation, medical treatment on an emergency basis may be necessary and that school personnel may be unable to contact me for my consent for emergency medical care. Including tests, x-rays, surgery, and hospital care as may be deemed necessary under the then existing circumstances.

6. I give my permission for my son/daughter to participate in the following sports/activities. Please **check** and **initial** activities the athlete will participate in this school year:

- | | | |
|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Cheerleading |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Dance | <input type="checkbox"/> Football |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Soccer | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Track | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Wrestling | <input type="checkbox"/> Other _____ | |

7. All athletes are expected to conform to the rules of scholastic eligibility, participation and training as prescribed by the Idaho High School Activities Association, The Mountain Home High School District, and the athletic coaching staffs. This information will be reviewed prior to the start of the sport season with each athlete.

8. Transportation

A. The Mountain Home School District provides transportation for participants both to and from the location of athletic contests.

Participants must be transported by district transportation to and from athletic or related scheduled events. **Students may ride home from an event with parents only if permission is granted by the coach or advisor.

B. Particular activities may warrant the use of private carriers if the proper owner operator vehicle form is completed or prearranged written and verbal communications on file in the principal's office.

9. School day

All athletes are expected to be in school for a minimum of half the class periods for a complete school day in order to be eligible to participate in practice or a contest. A written note from a doctor or school administrator stating the reason for the absence must be turned into the office prior to participation

I have read, understand and will comply with all the above information discussed in the Release and Athletic Participation Form

Signature of Parent or Guardian (First and Last Name)

Date

Signature of Student-Athlete (First and Last Name)

Date

In the event of an accident, it will be the responsibility of the principal to make a full and complete report to the District's Administration Office.

INTERIM QUESTIONNAIRE



PLEASE PRINT!!

_____ Male/Female
 Last Name First Middle (circle one) City Date

Since his/her last athletic physical examination, has this student:

	YES	NO	Year in School
(1) Had surgery	___	___	_____
(2) Been hospitalized	___	___	_____
(3) Been under a physician's care	___	___	_____
(4) Had a serious illness	___	___	_____
(5) Had an injury requiring a physician's care	___	___	_____
(6) Been rendered unconscious	___	___	_____
(7) Started taking any new medications	___	___	_____
(8) Developed any new drug allergies	___	___	_____
(9) Developed any health problems	___	___	_____
(Please explain all <u>yes</u> answers)			

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My child ___ should or ___ should not have a physical examination prior to participation in high school athletics.

 Signature of Parent or Guardian

 Address

 City Zip Code

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CONSENT FORM

I hereby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent incl travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated by school at for any illness or injury resulting from his/her athletic participation.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

My participation in interscholastic athletics for the above school is entirely voluntary on my part, and with the understanding that I have not violated the eligibility rules and regulations of the state association.

SIGNATURE OF STUDENT _____ DATE _____

NOTE: The original copy is to be returned to the school

Mountain Home High School
Athletic Emergency Information

Name _____ Birth date _____

Parent/Guardian Name _____

Address _____

Home Phone _____ Cell Phone _____

Work Phone Father _____ Mother _____

In case of emergency, and parent/guardian cannot be contacted notify

Name _____ Phone _____

Family Physician _____ Phone _____

Insurance Company _____ Number _____

Known Allergies(i.e. bees, penicillin)

Last Tetanus _____

Medial Conditions

I understand that the team physician, trainer, or coach will apply first aid treatment until the family doctor can be contacted. Yes _____

I understand that coaches, athletic trainers, and team physicians will use their own judgment in securing medical aid and ambulance service in case the parent/guardian cannot be reached. Yes _____

Parent/Guardian Signature

Date

**IDAHO HIGH SCHOOL ACTIVITIES ASSOCIATION
IDAHO HEALTH EXAMINATION AND CONSENT FORM**

It is required that all students complete a History and Physical examination prior to his/her first 9th and 11th grade practice in the interscholastic (9-12) athletic program in the State of Idaho. The exam is at the expense of the student and may not be taken prior to May 1 of the 8th and 10th grade years. This examination is to be done by a licensed physician, physician's assistant or nurse practitioner under optimal conditions. Interim history forms are required during the 10th and 12th grade years and must be submitted to the principal prior to the first practice.

Name _____ Home Address _____ Phone _____
 Grade _____ Sports _____
 Personal Physician _____ Physician's phone number _____
 Date of Birth _____ Sex _____ School _____

HISTORY FORM

*Fill in details of "YES" answers in space below:

- | | YES | NO | | YES | NO |
|--|-------|-------|---|-------|-------|
| 1. A. Have you ever been hospitalized? | _____ | _____ | 5. Do you have any skin problems?
(itching, rash, acne) | _____ | _____ |
| B. Have you ever had surgery? | _____ | _____ | 6. A. Have you ever had a head injury? | _____ | _____ |
| 2. Are you presently taking any medication or pills? | _____ | _____ | B. Have you ever been knocked out or unconscious? | _____ | _____ |
| 3. Do you have any allergies (medicine, bees, other stinging insects)? | _____ | _____ | C. Have you ever had a seizure? | _____ | _____ |
| 4. A. Have you ever passed out during or after exercise? | _____ | _____ | D. Have you ever had a stinger, burner, or pinched nerve? | _____ | _____ |
| B. Have you ever been dizzy during or after exercise? | _____ | _____ | 7. A. Have you ever had heat cramps? | _____ | _____ |
| C. Have you ever had chest pain during or after exercise? | _____ | _____ | B. Have you ever been dizzy or passed out in the heat? | _____ | _____ |
| D. Do you tire more quickly than your friends during exercise? | _____ | _____ | 8. Do you have trouble breathing or cough during or after exercise? | _____ | _____ |
| E. Have you ever had high blood pressure? | _____ | _____ | 9. Do you use special equipment, pads, braces, mouth or eye guards? | _____ | _____ |
| F. Have you ever been told you have a heart murmur? | _____ | _____ | 10. A. Have you had problems with your eyes or vision? | _____ | _____ |
| G. Have you ever had racing of your heart or skipped beats? | _____ | _____ | B. Do you wear glasses, contacts or protective eyewear? | _____ | _____ |
| H. Has anyone in your family died of heart problems or a sudden death before age 50? | _____ | _____ | | | |

11. Have you ever sprained/strained, dislocated, fractured/broken, or had repeated swelling or other injuries of any of your bones or joints?

_____ Head	_____ Neck	_____ Chest	_____ Back	_____ Hip
_____ Shoulder	_____ Elbow	_____ Forearm	_____ Wrist	_____ Hand
_____ Thigh	_____ Knee	_____ Shin/Calf	_____ Ankle	_____ Foot

12. Have you ever had any other medical problems such as:

_____ Mononucleosis	_____ Diabetes	_____ Asthma	_____ Hepatitis	_____ Headaches (frequent)
_____ Tuberculosis	_____ Eye injuries	_____ Stomach ulcer	_____ Other	

13. Have you had a medical problem or injury since last exam? _____

14. When was your last tetanus shot? _____

When was your last measles immunization? _____

15. When was your first menstrual period? _____ When was your last menstrual period? _____

What was the longest time between periods last year? _____

*Explain "YES" answers here: _____

CONSENT FORM

(Parent or Guardian and Student Permission and Approval)

I hereby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated by school authorities for any illness or injury resulting from his/her athletic participation. In the absence of parents, I also consent to the release of any information contained in this form to carry out treatment and health care operations for the above named student.

PARENT OR GUARDIAN SIGNATURE _____ DATE: _____

This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the State Association.

SIGNATURE OF STUDENT _____ DATE: _____