

PRE-PARTICIPATION 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 a copy of this form in the chart for their records).

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 <input type="checkbox"/> No <input type="checkbox"/> If yes, please identify specific allergy below:			
<input type="checkbox"/> Medicines:		<input type="checkbox"/> Pollens:	<input type="checkbox"/> Food: <input type="checkbox"/> Stinging Insects:

Explain "Yes" answers below. Circle questions you do not know the answer to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
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:		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
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 <input type="checkbox"/> Other:		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
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)?		
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?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
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)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males) or spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headaches, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with the doctor?		
FEMALES ONLY	Yes	No
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(s) or Guardian:	Date:

PRE-PARTICIPATION 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 supplements?
 - 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

Height: _____ Weight: _____ Male Female

BP: _____ / _____ (_____ / _____) Pulse: _____ Vision: R 20/ _____ L 20/ _____ Corrected: Yes No

MEDICAL **NORMAL** **ABNORMAL FINDINGS**

Appearance
 • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)

Eyes/Ears/Nose/Throat
 • Pupils equal
 • Hearing

Lymph Nodes

Heart*
 • Murmurs (auscultation standing, supine, +/- Valsalva)
 • Location of point of maximal pulse (PMI)

Pulses
 • Simultaneous femoral and radial pulses

Lungs

Abdomen

Genitourinary (males only)**

Skin
 • HSV, lesions suggestive of MRSA, tinea corporis

Neurologic***

MUSCULOSKELETAL **NORMAL** **ABNORMAL FINDINGS**

Neck

Back

Shoulder/arm

Elbow/forearm

Hip/thigh

Knee

Leg/ankle

Foot/toes

Functional
 • Duck-walk, single leg hop

* Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam; **Consider GU exam if in private setting. Having third party present is recommended.

***Consider 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 (please list):
Reason: _____

Recommendations:

I have examined the above-named student and completed the pre-participation 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 (type/print): _____ Date: _____

Address: _____ Phone: _____

Signature of Physician (MD/DO/ARNP/PA/Chiropractor): _____

PRE-PARTICIPATION PHYSICAL EVALUATION

Missouri State High School Activity Association (MSHSAA) Eligibility and Authorization Statement

STUDENT AGREEMENT (Regarding Conditions for Participation)

This application to represent my school in interscholastic athletics is entirely voluntary on my part and is made with the understanding that I have studied and understand the eligibility standards that I must meet to represent my school and that I have not violated any of them.

I have read, understand, and acknowledge receipt of the MSHSAA brochure entitled "How to Maintain and Protect Your High School Eligibility," which contains a summary of the eligibility rules of the MSHSAA. (I understand that a copy of the *MSHSAA Handbook* is on file with the principal and athletic administrator and that I may review it in its entirety, if I so choose. All MSHSAA by-laws and regulations from the *Handbook* are also posted on the MSHSAA website at www.mshsaa.org).

I understand that a MSHSAA member school must adhere to all rules and regulations that pertain to school-sponsored, interscholastic athletics programs, and I acknowledge that local rules may be more stringent than MSHSAA rules.

I also understand that if I do not meet the citizenship standards set by the school or if I am ejected from an interscholastic contest because of an unsportsmanlike act, it could result in me not being allowed to participate in the next contest or suspension from the team either temporarily or permanently.

I understand that if I drop a class, take course work through Post-Secondary Enrollment Option, Credit Flexibility, or other educational options, this action could affect compliance with MSHSAA academic standards and my eligibility.

I understand that participation in interscholastic athletics is a privilege and not a right. As a student athlete, I understand and accept the following responsibilities:

- I will respect the rights and beliefs of others and will treat others with courtesy and consideration.
- I will be fully responsible for my own actions and the consequences of my actions.
- I will respect the property of others.
- I will respect and obey the rules of my school and laws of my community, state, and country.
- I will show respect to those who are responsible for enforcing the rules of my school and the laws of my community, state, and country.

I have completed and/or verified that part of this certificate which requires me to list all previous injuries or additional conditions that are known to me which may affect my performance in so representing my school, and I verify that it is correct and complete.

Signature of Athlete:

Date:

PARENT PERMISSION (Authorization for Treatment, Release of Medical Information, and Insurance Information)

Informed Consent: By its nature, participation in interscholastic athletics includes risk of serious bodily injury and transmission of infectious disease such as HIV and Hepatitis B. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. **PARENTS, GUARDIANS, OR STUDENTS WHO MAY NOT WISH TO ACCEPT RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN MSHSAA- SPONSORED SPORT WITHOUT THE STUDENT'S AND PARENT'S/GUARDIAN/S SIGNATURE.**

I understand that in the case of injury or illness requiring transportation to a health care facility, a reasonable attempt will be made to contact the parent or guardian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be transported via ambulance to the nearest hospital.

We hereby give our consent for the above student to represent his/her school in interscholastic athletics. We also give our consent for him/her to accompany the team on trips and will not hold the school responsible in case of accident or injury whether it be en route to or from another school or during practice or an interscholastic contest; and we hereby agree to hold the school district of which this school is a part and the MSHSAA, their employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever which may arise by or in connection with participation by my child/ward in any activities related to the interscholastic program of his/her school.

If we cannot be reached and in the event of an emergency, we also give our consent for the school to obtain through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student, if he/she is injured in the course of school athletic activities. We authorize the release of necessary medical information to the physician, athletic trainer, and/or school personnel related to such treatment/care. We understand that the school may not provide transportation to all events, and permit / do not permit (CIRCLE ONE) my child to drive his/her vehicle in such a case.

To enable the MSHSAA to determine whether the herein named student is eligible to participate in interscholastic athletics in the MSHSAA member school, I consent to the release of the MSHSAA any and all portions of school record files, beginning with seventh grade, of the herein named student, specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), residence address of the student, academic work completed, grades received, and attendance data.

We confirm that this application for the above student to represent his/her school in interscholastic athletics is made with the understanding that we have studied and understand the eligibility standards that our son/daughter must meet to represent his/her school and that he/she has not violated any of them. We also understand that if our son/daughter does not meet the citizenship standards set by the school or if he/she is ejected from an interscholastic contest because of an unsportsmanlike act, it could result in him/her not being allowed to participate in the next contest or suspension from the team either temporarily or permanently.

I consent to the MSHSAA's use of the herein named student's name, likeness, and athletic-related information in reports of contests, promotional literature of the Association and other materials and releases related to interscholastic athletics.

We further state that we have completed that part of this certificate which requires us to list all previous injuries or additional conditions that are known to us which may affect this athlete's performance or treatment and we certify that it is correct and complete.

The MSHSAA By-Laws provide that a student shall not be permitted to practice or compete for a school until it has verification that he/she has basic health/accident insurance coverage, which includes athletics. Our son/daughter is covered by basic health/accident insurance for the current school year as indicated below:

Name of Insurance Company:	Policy Number:
Signature of Parent(s) or Guardian:	Date:

PARENT AND STUDENT SIGNATURE (Concussion Materials)

We have received and read the MSHSAA materials on Concussion, which includes information on the definition of a concussion, symptoms of a concussion, what to do if you have a concussion, and how to prevent a concussion.

Signature of Athlete:	Date:
Signature of Parent(s) or Guardian:	Date:

EMERGENCY CONTACT INFORMATION

Parent(s) or Guardian	Address	Phone Number
Name of Contact	Relationship to Athlete	Phone Number
Name of Contact	Relationship to Athlete	Phone Number

HEADS*UP

CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **ATHLETES**

What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body.
- Can change the way your brain normally works.
- Can occur during practices or games in any sport or recreational activity.
- Can happen even if you haven't been knocked out.
- Can be serious even if you've just been "dinged" or "had your bell rung."

All concussions are serious. A concussion can affect your ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most people with a concussion get better, but it is important to give your brain time to heal.

What are the symptoms of a concussion?

You can't see a concussion, but you might notice *one or more* of the symptoms listed below or that you "don't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

What should I do if I think I have a concussion?

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach right away if you think you have a concussion or if one of your teammates might have a concussion.
- **Get a medical check-up.** A doctor or other health care professional can tell if you have a concussion and when it is OK to return to play.
- **Give yourself time to get better.** If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have another concussion. Repeat concussions can increase the time it takes for you to recover and may cause more damage to your brain. It is important to rest and not return to play until you get the OK from your health care professional that you are symptom-free.

How can I prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Use the proper sports equipment, including personal protective equipment. In order for equipment to protect you, it must be:
 - The right equipment for the game, position, or activity
 - Worn correctly and the correct size and fit
 - Used every time you play or practice
- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

If you think you have a concussion,
Don't hide it. Report it. Take time to recover.

It's better to miss one game than the whole season.

For more information and to order additional materials *free-of-charge*, visit: www.cdc.gov/Concussion.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



Return to Play (RTP) Procedures After a Concussion

1. Return to activity and play is a medical decision. The athlete must meet all of the following criteria in order to progress to activity:

Asymptomatic at rest and with exertion (including mental exertion in school) AND have written clearance from their primary care provider or concussion specialist (athlete must be cleared for progression to activity by a physician other than an Emergency Room physician, if diagnosed with a concussion).

2. Once the above criteria are met, the athlete will be progressed back to full activity following the step-wise process detailed below. (This progression must be closely supervised by a Certified Athletic Trainer. If your school does not have an athletic trainer, then the coach must have a very specific plan to follow as directed by the athlete's physician).
3. Progression is individualized, and will be determined on a case by case basis. Factors that may affect the rate of progression include: previous history of concussion, duration and type of symptoms, age of the athlete, and sport/activity in which the athlete participates. An athlete with a prior history of concussion, one who has had an extended duration of symptoms, or one who is participating in a collision or contact sport may be progressed more slowly.
4. Stepwise progression as described below:

Step 1: Complete cognitive rest. This may include staying home from school or limiting school hours (and studying) for several days. Activities requiring concentration and attention may worsen symptoms and delay recovery.

Step 2: Return to school full-time.

Step 3: Light exercise. This step cannot begin until the athlete is no longer having concussion symptoms and is cleared by a physician for further activity. At this point the athlete may begin walking or riding an exercise bike. No weight-lifting.

Step 4: Running in the gym or on the field. No helmet or other equipment.

Step 5: Non-contact training drills in full equipment. Weight-training can begin.

Step 6: Full contact practice or training.

Step 7: Play in game. Must be cleared by physician before returning to play.

- The athlete should spend 1 to 2 days at each step before advancing to the next. If post-concussion symptoms occur at any step, the athlete must stop the activity and the treating physician must be contacted. Depending upon the specific type and severity of the symptoms, the athlete may be told to rest for 24 hours and then resume activity at a level one step below where he or she was at when the symptoms occurred.

Student Athlete/Activities Code of Conduct Book

St. Charles City School District

District Mission Statement

The School District of the City of St. Charles believes that teaching and learning are the two most important activities that occur in our community. Our mission is to provide the care, leadership, and instructional skills necessary to ensure that effective learning occurs for all children.

St. Charles West High School

The mission of St. Charles West High School is to provide a safe, student-centered learning community in which each individual achieves success.

Purpose of Activities

The purpose of the activities program at SC West is to provide the students with the opportunity to meet the challenges put forth in the mission statements of the district, school and state association. The opportunities provided should allow for students to take pride in themselves and their school. The students should always strive to enhance their own self-esteem, while learning to work as a team for a common goal. The activities should also provide the community with a positive image of its schools.

Missouri State High School Activities Association

The Missouri State High School Activities Association promotes the value of participation, sportsmanship, team play and personal excellence to develop citizens who make positive contributions to their community and support the democratic principles of our state and nation.

Governance Groups

The activities of SC West are governed by regulations found in the Student Code of Conduct for The School District of the City of St. Charles, the West Student Handbook and this document. In addition, SC West voluntarily is a member of and governed by the regulations established by the Gateway Athletic Conference (GAC), the Missouri State High School Activities Association (MSHSAA), and the National Federation of State High Schools Association (NFSHSA).

Academic Eligibility

MSHSAA by-law 213 states, all students must earn 3.5 credits each semester to maintain eligibility. The only exception is incoming freshmen who are automatically eligible for first semester participation.

Students who first become eligible for activities/athletics after 2/3 of the season has passed will not be allowed to participate in that sport. This is true whether the student first becomes eligible after coming off suspension or if a student simply moves into the district late in the season. The criteria of "2/3 of the season" will be calculated by counting 2/3 of the calendar days beginning with the first day of practice allowed by the MSHSAA and ending with the day of the stated finals for that sport.

Attendance

TO BE ELIGIBLE TO PRACTICE OR PARTICIPATE IN A CONTEST OR ACTIVITY, THE STUDENT WILL BE IN ATTENDANCE AT SCHOOL ALL DAY. If the student is absent for unavoidable medical or dental appointments, the student must notify the office with a written excuse from the medical or dental office, and have an admit slip signed by a principal. Please notify the office prior to absences whenever possible. Any other reason for absence must be approved by a principal in writing. The signed slip must be presented to the coach or sponsor before practice, or activity.

Attendance at school is a top priority of the activities program at West. Being in class on a regular basis is a necessary requirement for making progress and maintaining grades required for graduation and eligibility. **If a student is tardy to the first class of the day by more than ten minutes, the student is ineligible to participate in activities for the day. It is this commitment to education that sets our attendance policy.**

Practice/Meeting Procedures

Students must notify the coaching staff, or sponsors in advance, if they are going to be tardy, have to leave early, or miss practice or meeting for any reason. If a practice/meeting is missed due to a student being tardy to his/her first class, the student will be counseled about missing practices/meeting with the possibility of and subsequent removal from the team, The coaching staff/director/sponsor will develop appropriate guidelines for dismissal from a team due to **excessive, excused and/or unexcused absences from practice.** All team members must be in practice "uniform" or they will be withheld from practice. The term "uniform" includes proper shoes for the specific sport; in addition, the student will not participate that day. Practices/meeting missed due to sickness, injury, family commitments and home emergencies will be given consideration by the coaching staff and sponsor.

Contest Procedures

When provided, all team members will ride the bus to off campus contests and back to school when the contest is completed. To promote team unity, all team members should ride the bus as a team, win or lose. A team member, with prior approval by the coach, or sponsor may ride home with her/his own parents, but must have prior written approval from the principal. A parent must notify a coach upon leaving with his/her child. Any other arrangement must have written approval from the principal. As with all contests, home or away, the Code of Conduct will be enforced.

Participation in Activities

Participation in interscholastic athletics and activities is a privilege. With this privilege, comes responsibility. Students must be willing to accept these responsibilities. A student should do nothing to discredit himself, the team, club or the school.

Team and club members must conform to all MSHSAA rules and regulations, the School District of the City of St. Charles – High School Code of Conduct, West Student Handbook and the rules included in this document.

Team and club members should especially be aware that a practice/meeting or contest is an extension of the school day. The application of discipline during the regular school day will carry over into the student's interscholastic experience. Students suspended, in school or out-of-school, will not be allowed to practice or participate in a contest or activity.

Student athletes and club members are expected to be good citizens during the school day, at practice and especially at contests. Team and club members who violate the standards of good citizenship are subject to dismissal from the team or club.

Use of alcohol, tobacco products, drugs or any kind of violation of civil laws may result in dismissal from the team. (See Athletic/Activities Code of Conduct below.)

Athletic/Activities Code of Conduct

St. Charles School District Policy—as provided in Board Policy and the Student Code of Conduct, any student in possession, using, or under the influence of alcohol, drugs, or narcotics on school property or during school-sponsored activities (whether on or away from school property) shall be recommended to the superintendent for disciplinary action according to the following:

Distribution – any student who, while on school property or at a school activity (whether on or away from school property), distributes alcohol, drugs, or narcotics and admits to such action, or who through the testimony of one or more witnesses or other evidence, is found to have distributed any of these substances, will be recommended to the superintendent for disciplinary action, which shall range from a minimum suspension of 180 days up to and including possible recommendation for expulsion. A student is ineligible to participate in athletic/activities during any period of out-of-school suspension. This exclusion applies to games, matches, meets, and practices. Students must be readmitted to school and attend one full day of classes to be eligible to return to athletics/activities

SC West Athletic/Activities Department Policy- (Illegal use or possession of alcohol, drugs or tobacco)

If a student is discovered using or in possession by a coach, sponsor, teacher, administrator or law enforcement official, anywhere, any time any place, the following penalties will be enforced:

1st offense = minimum of 1/3 of the season up to citizenship suspension using MSHAA by law 212.0 as determined by the principal. In addition the student will be required to attend a drug/alcohol/tobacco program. The student will be subject to random drug testing for the remainder of high school eligibility. The cost of the program and testing shall be borne by the family. If the family agrees to the program and testing the athlete/club member will be allowed to practice/meet but will be suspended from competition for 1/3 of the season. If the family disagrees with the program and testing, there is an immediate suspension of eligibility until they do agree.

2nd offense = minimum of 365 (1 year) up to lifetime suspension as determined by the principal.

SPORTSMANSHIP

All students are expected to promote sportsmanship and fair play in all activities. Parents and fans will all display good sportsmanship through their actions and words. West demands that all involved in athletics/activities "Be A Sport".

CONFLICT RESOLUTION PROCEDURES

As with any organization, there are proper procedures to follow for the smooth operation of the system. One of these is dealing with problems between a coach/sponsors and student. The resolution of these problems in a timely and fair manner is the goal of St. Charles West. Please adhere to the following steps in resolving any and all conflicts.

First, the student must talk with the coach involved. These discussions should delineate the problem and ask for some resolution.

Second, if the first step fails, the parent may want to discuss the problem with the head coach/sponsor of the sport/club.

Third, if no resolution is found, speak with the activities director.

This procedure fails when the proper steps are not followed. All conflicts may not be resolved to the satisfaction of one party, or even all parties. The key is communication. To skip steps leaves the very people charged with guiding and nurturing the activities program in a very precarious position. We are confident that conflict resolution, if approached from this perspective can be achieved.

Risk Statement

The health and safety of student athletes is the first priority for the staff and administration at St. Charles West High School. The coaching staff teaches proper techniques and implements procedure to promote safety for every athlete. However, all athletic and many other student activities include an inherent risk of injury. Therefore, it is important that athletes and parents understand and acknowledge the risks attached to participating in interscholastic activities. These risks include but are not limited to the possibility of sprains, fractures, ligament and/or cartilage damage, and/or other injuries that could result in temporary or permanent, partial or complete impairment in the use of limbs, brain damage, paralysis, or even death. Although severe injury is uncommon, this statement is intended to remind and caution parents and athletes of such risk. If athletes or parents have question or concern, they should be directed to the coaching staff, activities director and or building or District-level administration prior to signing the Signature Page, which states that you have read and understand this Risk Statement.

These policies are in effect for the current sports year and may be revisited at the end of each year.

(Revised 8/3/11)

St. Charles West High School Code of Conduct Agreement Form

Student Name *(please print)* _____

School Year: 20 - 20

Athletic/Activities Rules and Regulation and Risk Statement found in the Student Athletic/Activities Code of Conduct Book

I acknowledge receiving, reading, understanding, and by signing below indicate my agreement with and willingness to abide by the rules and regulations set forth in the Student Athlete/Activities Handbook.

In additions, I have read the risk statement contained in the Student Athlete/Activities Code of Conduct Book and with full knowledge of the risk in participating, it is still my desire to participate in sports/activities. I, along with my parents/legal guardians, certify we have read and understand the statement and affix our signatures as indicated.

Student Signature _____ **Date** _____

Parent/Guardian Signature: _____ **Date** _____

Note: Please keep the copy of the handbook, but return the signature page to your coach/sponsor or the activities office.

Attendance Reminder:

***To be eligible to practice or participate in a contest or activity, the student must be in attendance at school all day.**

****If a student is tardy to the first class of the day by more than ten minutes, the student is ineligible to participate in activities for the day. It is this commitment to education that sets our attendance policy.**



Name: _____ Last, First

Athlete Information
Personal Information

Full Name: _____
Last First M.I.

DOB: _____

Medical Information

Allergies: _____

Medications: _____

Immediate Medical Concerns: _____

Emergency Contact Information

Full Name: _____

Primary Phone: _____ Alternate Phone: _____

Full Name: _____

Primary Phone: _____ Alternate Phone: _____