

Student-Athlete/Parent Packet for Athletics

Capital High School
Athletics



BOISE SCHOOL DISTRICT INTERIM QUESTIONNAIRE AND CONSENT FORM
PLEASE PRINT CLEARLY!



PERSONAL HISTORY

LAST NAME _____ FIRST _____ MIDDLE INITIAL _____ GENDER: M F

GRADE IN SCHOOL: 7 8 9 10 11 12 DATE OF BIRTH _____ HOME PHONE _____

ADDRESS _____ CITY _____ ZIP CODE _____

PARENT/GUARDIAN NAME _____ HOME PHONE _____
Mother / Father / Step-Parent WORK PHONE _____
EMAIL _____ CELL PHONE _____

PARENT/GUARDIAN NAME _____ HOME PHONE _____
Mother / Father / Step-Parent WORK PHONE _____
EMAIL _____ CELL PHONE _____

IN CASE OF AN EMERGENCY, IF PARENTS CANNOT BE CONTACTED PLEASE NOTIFY

NAME _____ RELATION _____ PHONE NUMBER _____

MEDICAL INFORMATION

ALLERGIES _____ HEALTH PROBLEMS _____

MEDICATIONS _____ LAST TETANUS _____ LAST PHYSICAL _____

FAMILY DOCTOR _____ PHONE NUMBER _____

SINCE HIS/HER LAST ATHLETIC PHYSICAL EXAMINATION, HAS THIS STUDENT...

	YES	NO		YES	NO
1) Had Surgery	_____	_____	6) Had A Concussion	_____	_____
2) Been Hospitalized	_____	_____	7) Been Unconscious	_____	_____
3) Been Under A Physician's Care	_____	_____	8) Allergic To Any Drugs	_____	_____
4) Had A Serious Illness	_____	_____	9) Developed Any Health Problems	_____	_____
5) Had Injury Requiring A Physician's Care	_____	_____			

PLEASE EXPLAIN ALL YES ANSWERS

INSURANCE INFORMATION

IS YOUR SON/DAUGHTER COVERED BY MEDICAID? _____ YES _____ NO

IS YOUR CHILD COVERED BY A FAMILY HEALTH INSURANCE POLICY? _____ YES _____ NO

PRIMARY INSURANCE COMPANY _____

DO YOU WISH TO PURCHASE SCHOOL HEALTH INSURANCE? _____ YES _____ NO

If YES, more information may be obtained from your son or daughter's school.

CONSENT FORM

- ▶ I hereby consent to the above named student-athlete participating in the Boise School District interscholastic athletic program. This consent includes travel to and from athletic contests and practice sessions.
- ▶ I hereby consent that the BSD Administrator, RN, Certified Athletic Trainer or Coach may apply first aid treatment for any injury or injuries sustained during practice or games in inter-school athletics sanctioned by the Boise School District, until the parents/guardians can be contacted.
- ▶ I hereby consent that in case the parents/guardians can't be reached, the BSD Administrator, RN, Certified Athletic Trainer or coach secure medical first aid, ambulance service, and if necessary emergency room care, when needed, as a result of injury during participation in sanctioned practices/games scheduled by the Boise School District.
- ▶ I hereby consent to the release of the information contained in this form to carry out treatment and healthcare operations for the above named student.
- ▶ I hereby consent to establishing baseline concussion assessment scores and post-concussion testing using the Head Injury Scale - Resolution (HIS-R), Standardized Assessment of Concussion (SAC), Balance Error Scoring System (BESS), and ImPACT (computerized neurocognitive assessment).
- ▶ I hereby consent to the release of medical information to other healthcare professionals upon request.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

Participation in interscholastic athletics for the Boise School District is entirely voluntary on my part, and with the understanding that I have not violated any of the eligibility rules and regulations of the IHSAA.

SIGNATURE OF STUDENT ATHLETE _____ DATE _____

JUNIOR HIGH AND SENIOR HIGH RELEASE AND PARTICIPATION FORM

To Be Read and Completed by Parent/Guardian - Please Print

Student's Name (Print)

Grade

Sex

Birth date

Your son/daughter has expressed a desire to participate in a Boise School District extracurricular/co-curricular activity. The information provided is vital for the successful experience. Please read the information carefully. If you have any questions, contact or call your child's advisor/coach or the school athletic director.

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. I do hereby consent in advance to such emergency medical care, including tests, x-rays, surgery, and hospital care as may be deemed necessary under the then existing circumstances.

FOR ATHLETIC PARTICIPATION ONLY:

1. Before a student is allowed to practice or check out uniforms, they are required to *READ, SIGN, and RETURN* the Release and Participation Information document to the appropriate head coach.

5. I give my permission for my son/daughter to participate in the following extracurricular/co-curricular activity. Please *initial the box provided* for activities your student will participate in this school year:

2. Each student must have on file a passed physical examination followed by a yearly interim questionnaire completed by the parent. 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.

- | | | |
|--|--|---------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Softball | <input type="checkbox"/> Debate |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Tennis | <input type="checkbox"/> Drama |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Track | <input type="checkbox"/> Choir |
| <input type="checkbox"/> Football | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Music |
| <input type="checkbox"/> Drill Team | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Speech |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Soccer | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Student Council | <input type="checkbox"/> Sports Medicine | |

3. **NOTICE OF RISK:** Student athletes and the students' 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.

6. All student participants are expected to conform to the rules of scholastic eligibility, participation and training as prescribed by the Idaho High School Activities Association, the Boise School District, the athletic coaching staffs and activity advisors. *This information will be reviewed prior to the start of the activity with each student participant. (Code of Conduct)*

4. The Independent School District of Boise City is not liable nor responsible for any medical, dental or hospital bills occurring as a result of injuries sustained by a student while participating in a school athletic activity or sport. All injury related expenses shall be the responsibility of the student's parents/guardians.

7. Transportation:
 a. The school district provides transportation for participants both to and from the location of the contest/activity during the normal school day that is, activities immediately following the school day.
 b. Participants must be transported by district transportation to and from events scheduled outside the city if the events begin before 4:30pm.
 c. Students may ride home from an event with parents if the coach or advisor grants permission.
 d. Students may provide their own transportation for Boise/Meridian District activities scheduled *outside* the regular school day (4:30pm).
 e. Certain activities may warrant the use of private carriers if the proper owner-operator vehicle form is completed and on file in the principal's office.

(Check One)

I have insurance that will pay for medical expenses if my son/daughter, _____

(First & Last Name)

is injured while participating in a school sport.

I have purchased one of the United Healthcare 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.

I have read, understand, and will comply with all of the above information plus all District policies and procedures, including, but not limited to those listed in the Code of Conduct.

(First and Last Name) of Student

Date

Signature of Student

(First and Last Name) of Parent/Guardian

Date

Signature of Parent/Guardian

**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? | ___ | ___ |
| B. Have you ever had surgery? | ___ | ___ | (itching, rash, acne) | ___ | ___ |
| 2. Are you presently taking any medication or pills? | ___ | ___ | 6. A. Have you ever had a head injury? | ___ | ___ |
| 3. Do you have any allergies (medicine, bees, other stinging insects)? | ___ | ___ | B. Have you ever been knocked out or unconscious? | ___ | ___ |
| 4. A. Have you ever passed out during or after exercise? | ___ | ___ | C. Have you ever been diagnosed with a concussion? | ___ | ___ |
| B. Have you ever been dizzy during or after exercise? | ___ | ___ | D. Have you ever had a seizure? | ___ | ___ |
| C. Have you ever had chest pain during or after exercise? | ___ | ___ | E. Have you ever had a stinger, burner, or pinched nerve? | ___ | ___ |
| D. Do you tire more quickly than your friends during exercise? | ___ | ___ | 7. A. Have you ever had heat cramps? | ___ | ___ |
| E. Have you ever had high blood pressure? | ___ | ___ | B. Have you ever been dizzy or passed out in the heat? | ___ | ___ |
| F. Have you ever been told you have a heart murmur? | ___ | ___ | 8. Do you have trouble breathing or cough during or after exercise? | ___ | ___ |
| G. Have you ever had racing of your heart or skipped beats? | ___ | ___ | 9. Do you use special equipment, pads, braces, mouth or eyeguards? | ___ | ___ |
| H. Has anyone in your family died of heart problems or a sudden death before age 50? | ___ | ___ | 10. A. Have you had problems with your eyes or vision? | ___ | ___ |
| | | | B. Do you wear glasses, contacts, or protective eyewear? | ___ | ___ |

11. Were you born without a kidney, testicle, or any other organ? _____

12. 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

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

___ Mononucleosis	___ Diabetes	___ Asthma	___ Hepatitis
___ Headaches (frequent)	___ Eye Injuries	___ Other	

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

15. When was your last tetanus shot? _____

When was your last measles immunization? _____

16. 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. I also consent to the release of any information contained in this form to carry out treatment and healthcare 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: _____

PHYSICAL EXAMINATION FORM

Height _____ Weight _____ BP _____ / _____ T _____ Pulse _____ R _____

Visual Acuity R 20 / _____ L 20 / _____ Corrected: Y N Pupils _____

	Normal	Abnormal
Ears, Nose, Throat	_____	_____
Cardiopulmonary		
Pulses	_____	_____
Heart	_____	_____
Lungs	_____	_____
Skin	_____	_____
Abdominal	_____	_____
Genitalia	_____	_____
Musculoskeletal	_____	_____
Neck	_____	_____
Shoulder	_____	_____
Elbow	_____	_____
Wrist	_____	_____
Hand	_____	_____
Back	_____	_____
Knee	_____	_____
Ankle	_____	_____
Foot	_____	_____

CLEARANCE / RECOMMENDATIONS

Clearance:

- _____ A. Cleared for all sports and other school-sponsored activities.
- _____ B. Cleared after completing evaluation / rehabilitation for:

- _____ C. **NOT** cleared to participate in the following IHSAA sponsored sports:

Baseball	Wrestling	Golf	Softball
Track	Cross Country	Basketball	Football
Soccer	Tennis	Volleyball	

NOT cleared for other school-sponsored activities:
 (Example: *Swimming*) 1. _____ 2. _____ 3. _____
- _____ D. Student is **NOT** permitted to participate in high school athletics.
 Reason: _____

Recommendation: _____

Examiner's Signature: _____ Date: _____
 (This Physical form must be signed by a licensed physician, physician assistant or nurse practitioner)

Address: _____ Phone: (____) _____

RESPECT, DIGNITY, HONESTY, RESPONSIBILITY AND TEAMWORK

CODE OF CONDUCT

DISTRICT CO-CURRICULAR AND EXTRACURRICULAR PHILOSOPHY

Education in the Boise School District has multiple responsibilities. The challenge is to meet as effectively as possible the needs and interests of all its pupils. The extracurricular and co-curricular programs are designed to enrich the educational experience and have the potential of contributing to the total development of each student in several ways.

- A. Participation in co-curricular and extracurricular activities provides experiences through which pupils learn social values. Co-curricular and extracurricular assemblies serve to teach students to act favorably in large groups. Knowledge of the activity, interpretation of rules, courtesy, school morale, respect for property, and many other values are stressed as desirable social outcomes.
- B. Co-curricular and extracurricular activities are conducted and regulated as other enterprises in society. These activities operate within a set of rules. Co-curricular and extracurricular activities offer the opportunity for parents, students, and other citizens of the community to mingle together with a common bond.
- C. Co-curricular and extracurricular competitions provide situations requiring skilled performance, respect for opponents, and acceptance of results determined by officials, according to rules. Experiences related to planning, organizing, adjusting and completion of tasks occur continually and are immediate in effect.

The co-curricular and extracurricular philosophy of the Boise School District is two-fold. First, to offer a program in which interested co-curricular and extracurricular student participants can try-out and work toward improving their skills and secondly, to provide a setting which encourages team members to use their skills in competition with others. The number of participants will be determined by skill level, availability of facilities, and qualified coaches.

Further, the purpose of co-curricular and extracurricular activities in the Boise School District is to help each participant:

- develop their potential to the maximum.
- build strong character traits including a respect for the rights of others.
- develop the understanding, skills, habits, and attitudes necessary for full enjoyment and appreciation of life.
- use of critical thinking and good judgment in teaching decisions.
- be open-minded and want to continue to learn.
- act upon an understanding of and loyalty toward our American democratic ideals.
- form good work habits and pride in careful workmanship.
- understand and follow good health and safety practices.
- expand and assist in the development of a philosophy of life.
- develop a sense of values.
- gain an appreciation of cultural and social diversity.

Students in co-curricular and extracurricular activities must adhere and abide by all Boise School District policies. The following list of policies includes, but is not limited to cover co-curricular and extracurricular activities. For more information please refer to *The Independent School District of Boise City Policy Manual CD* located in all District buildings and at www.boiseschools.org/trustees.

- District Mission, Vision, Values, Goals and Beliefs #1710
- Open Enrollment #3113
- Bullying, Hazing and Harassment #3231
- Drug, Alcohol and Tobacco Use # 3233
 - Drug, Alcohol and Tobacco Procedure #3233BP
- Abuse of District Property #3238
- Detection Dog Use #3261
- Corporal Punishment #3270
- Major Disciplinary Violations #3272
- Idaho High School Activities Association #3571
- Ninth Grade Participation in High School Interscholastic Activities #3574
 - Ninth Grade Participation in High School Interscholastic Activities Procedure #3574BP
- Non-Sanctioned Sports #3577
- Suspension from Extracurricular and Co-curricular Activities #3580
- Use of Private Automobiles for Trips #4222

have read, understand and will abide by all District policies and procedures, including, but not limited to those listed above. **Signing the release and Participation form is mandatory prior to participation in co-curricular or extracurricular activities.**

Athlete Signature

Date

Parent/Guardian Signature

Date

Suspension from Extracurricular and Co-curricular Activities

Participation in extracurricular and co-curricular activities is a privilege and not a right. As representatives of their school and District, students participating in such activities are expected to meet high standards of behavior. The Board believes that the safety and welfare of other students may be adversely affected when students who are involved in school activities commit major infractions or repeated minor infractions at school or during school activities, and/or are involved in drug use, hazing or other criminal conduct in any location. (BP 3850)

Activity Suspension for Drug Use or Other Criminal Conduct, in Any Location, During the Scholastic Year

A student may be suspended from extracurricular and co-curricular activities when it reasonably appears to the principal or designee that he/she has been involved with drug use, hazing or other criminal conduct **in any location, either on or off campus, during the scholastic year.** (BP 3580)

Consequences:

1. Students may be barred from any form of extracurricular or co-curricular activity for a period of time up to and including the remainder of their attendance in the District.
2. All students will be reported to the Superintendent or designee and, if applicable, **to the appropriate law enforcement agency.**
3. The parent/guardian may request an appeal as outlined in the "Appeal Process", Section VI of this policy and procedure #3580BP if the activity suspension exceeds nine (9) calendar days.
4. Extracurricular and co-curricular activity – students involved with hazing (BP 3231), drug use (BP 3233), and/or criminal activity (BP 3580) are subject to consequences.

Infractions Which Occur on Out-of-School Trips

During an out-of-school trip, if the authorized person in charge of the activity determines that a student should be sent home early because of criminal conduct, drug use or a major infraction, the Superintendent's designee will notify the parent/guardian, and ask him/her to take charge of the return of the student. The parent/guardian will assume any expenses incurred for the return of the student. (BP 3580)

School Related and Non-School Related Bullying, Hazing, and Harassment; Drug Use and Criminal Activity by Students In Extracurricular Or Co-Curricular Activities (BP 3231, 3580 & 3233)

A. Knowingly Present

1. First Offense: The school resource officer (SRO), principal, or designee:
 - a. will hold a conference with the student;
 - b. will notify the student's parent/guardian of the policy violation;
 - c. may arrange a conference with the parent/guardian and the student; and
 - d. will inform the student and parent/guardian of consequences for future violations of the policy.

B. Securing, Using, Possessing

1. First Offense

- a. The principal or designee may require twenty-one (21) calendar days of activity suspension.
- b. If the student completes a drug assessment, the suspension may be reduced to fourteen (14) calendar days of activity suspension.
- c. If the student completes a District approved drug education class, the suspension may be reduced to ten (10) calendar days of activity suspension.
- d. If the student and a parent/concerned adult completes a District approved drug education class, the suspension may be reduced to seven (7) calendar days of activity suspension.

2. Second Offense: The principal or designee may choose one or any combination of the following:

- a. recommend and require an activity suspension for the balance of the scholastic year;
- b. require twenty-one (21) calendar days of activity suspension; or
- c. require compliance with a drug behavior contract.

3. Third and Subsequent Offenses: The student is subject to the consequences outlined by the principal or designee. This may include:

- a.. Recommend expulsion; or
- b. Recommend extended suspension and require an activity suspension up to the remainder of the student's attendance in the District.
- c.. Require compliance with a drug behavior contract.

Athlete Signature

Date

Parent/Guardian Signature

Date