

JEROME HIGH SCHOOL ATHLETIC ELIGIBILITY FORM



IMPORTANT: Please complete this Eligibility Clearance Form and turn it in the Athletic Office or the Main office along with your physical, or interim questionnaire and your signed release forms and Code of Conduct. You will need to bring your signed form to your coach on the first day of tryouts in order to be eligible to participate. If you have any questions, email Jeremy Munroe, jeremy.munroe@jeromeschools.org or Karla Florence at karla.florence@jerome.schools.org, or call 208.324.8134 ext. #4013.

STUDENT NAME: _____ GRADE _____ CELL # _____

Circle your JHS Sport: Volleyball, B. Soccer, G. Soccer, Football, XCountry, Cheer, Dance, Swimming, Wrestling,

G. Basketball, B. Basketball, Bowling, Track, Golf, Tennis, Softball, Baseball.

1. Have you turned in your physical (ALL FRESHMAN AND JUNIORS) or your interim questionnaire (ALL SOPHOMORES AND SENIORS) who have a physical on file at JHS from the previous year? Even if you got one the previous year. _____ (Write Yes or No)

Note: For the 2019-20 School year, physicals are valid starting May 1, 2019.

2. Have you turned in signed Wavier and Release of Liability and Extracurricular Consent form? _____ (Write Yes or No)

Note: These forms must be signed by parent to be eligible to participate in ANY school activity.

3. Did you sign the Jerome High School Code of Conduct with your coach and understand the expectations for EVERY student participating in any extracurricular activity? _____ (Write Yes or No)

NOTE; See Code of Conduct and Consequences, JHS Agenda.

***** Each coach may also create his or her own policy regarding these conduct rules.

4. Did you pass 5 / 7 classes the previous semester? _____ (Write Yes or No)

5. Are you aware that you must have a 2.0 cumulative GPA to participate without being on academic probation and have good attendance? _____ (Write Yes or No)

6. Have you paid for your student activity card (\$35) through the bookkeeper, Becky Long at the main office? This is required to participate in any sport or activity. _____ (Write Yes or No)

By signing below, I verify that the information I have provided on this form is true and correct.

STUDENT SIGNATURE _____ DATE _____

ATHLETIC DEPARTMENT SIGNATURE _____ DATE _____

Cumulative GPA _____



Jerome High School

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WAIVER AND RELEASE OF LIABILITY

DISCLAIMER: JEROME HIGH SCHOOL AND JEROME SCHOOL DISTRICT ARE NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON SUFFERED WHILE PLAYING, PRACTICING, TRAVELING TO AND FROM, OR IN ANY OTHER WAY INVOLVED IN RECREATIONAL ACTIVITIES.

I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form I am agreeing to abide by all of Jerome High School rules and guidelines regarding the use of the school/district facilities. I further understand that by signing this form, I am giving up legal rights and/or remedies, which may be available to me against Jerome High School, or any of the parties listed above.

Signature of Participant

Date

Signature of Parent if Participant is Under Age 18

Date

It is beneficial that the student have insurance in case of emergency or if parent is unavailable. Jerome High School does NOT insure injuries sustained during athletic events.

Please provide name of insurance company _____
and policy number _____.

Thank you,
Jerome Athletic Department

STUDENTS

EXTRACURRICULAR CONSENT FORM

I have received and have read and understand a copy of the Jerome Joint School District's "Extracurricular Activities Drug Testing Program". The Jerome School District requires all students who represent Jerome High School in extra-curricular activities to be randomly drug tested. JHS requests cooperation from all students and their parents to make activities competitive, yet positive in nature.

I desire that _____ participate in this program and in the extracurricular program of Jerome Joint School District and hereby voluntarily agree to be subject to its terms for the entire high school career (grades 9-12). I accept the method of obtaining urine specimens, testing, and analyses of such specimens and all other aspects of the program. I agree to cooperate in furnishing urine specimens that may be required from time to time.

I further agree and consent to the disclosure of the sampling, testing, and results provided for this program. This consent is given pursuant to all State and Federal Statues and is a waiver of rights to nondisclosure of such test records and results only to the extent of the disclosures in the program.

Date _____, 20____

Student Signature

Parent/Guardian Signature



I, _____ have decided NOT to participate in any extracurricular activities sponsored by Jerome Joint School District for the remainder of this school year. In order for me to participate in the extracurricular activity program at a later date, I understand that I must submit to urinalisis.

Student Signature

Date

Parent/Guardian Signature

Date

|



HEALTH EXAMINATION *and* CONSENT FORM

It is required 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 school administration prior to the first practice.

Name: _____ Sex: M / F Date of birth: _____ Age: _____
 Address: _____ Phone: _____
 School: _____ Sports: _____ Participation Grade: _____

MEDICAL HISTORY

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

	Yes	No		Yes	No
1. Have you ever been hospitalized? Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	6. Have you ever had a head injury? Have you ever been knocked out or unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you presently taking any medication or pills?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been diagnosed with a concussion?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any allergies (medicine, bees, other insects)?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever passed out during or after exercise? Have you ever been dizzy during or after exercise? Have you ever had chest pain during or after exercise? Do you tire more quickly than your friends during exercise? Have you ever had high blood pressure? Have you been told you have a heart murmur? Have you ever had racing of your heart or skipped heartbeats? Has anyone in your family died of heart problems or a sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	7. Have you ever had heat or muscle cramps? Have you ever been dizzy or passed out in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any skin problems (itching, rash, acne)?	<input type="checkbox"/>	<input type="checkbox"/>	8. Do you have trouble breathing or do you cough during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you had a medical problem or injury since your last evaluation?	<input type="checkbox"/> Yes <input type="checkbox"/> No		9. Do you use special equipment (pads, braces, neck rolls, mouth guard or eye guards, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any of bones or joints? <input type="checkbox"/> head <input type="checkbox"/> back <input type="checkbox"/> shoulder <input type="checkbox"/> forearm <input type="checkbox"/> hand <input type="checkbox"/> hip <input type="checkbox"/> knee <input type="checkbox"/> ankle <input type="checkbox"/> neck <input type="checkbox"/> chest <input type="checkbox"/> elbow <input type="checkbox"/> wrist <input type="checkbox"/> finger <input type="checkbox"/> thigh <input type="checkbox"/> shin <input type="checkbox"/> foot					
14. Were you born without a kidney, testicle, or any other organ?	<input type="checkbox"/> Yes <input type="checkbox"/> No		10. Have you ever had problems with your eyes or vision? Do you wear glasses, contacts or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>
15. When was your first menstrual period? _____ When was your last menstrual period? _____ What was the longest time between your periods last year? _____					

Explain "YES" answers: _____

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 school authorities for any illness or injury resulting from his/her athletic participation. I also consent to release of any information contained in this form to carry out treatment and healthcare operations for the above named student.

If the health care provider's exam will be performed without compensation as part of the school's health examination program for participation in high school activities, I agree to the waiver provisions as set forth in Idaho Code Section 39-7703 and agree that the health care provider shall be immune from liability as specified in said section.

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 regulation of the State Association.

SIGNATURE OF STUDENT _____ DATE: _____

Idaho High School Activities Association Physical Examination Form

Name: _____ Date of Birth: _____

Height _____	Weight _____	BP _____ / _____	Pulse _____
Vision R 20 / _____ L 20 / _____		Corrected: Y N	
Normal	Abnormal findings		
Medical			
Pulses			
Heart			
Lungs			
Skin			
Ears, nose, throat			
Pupils			
Abdomen			
Genitalia (males)			
Musculoskeletal			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back			
Knee			
Ankle			
Foot			
Other			

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 /activities:

baseball basketball cheer/dance cross country football golf
soccer softball swimming tennis track volleyball wrestling

NOT cleared for other school-sponsored activities (*example: lacrosse*):

D. Student is NOT permitted to participate in high school athletics.

Reason: _____

Recommendation: _____

Name of physician:

Address: _____ Phone: _____

Signature of physician/medical provider: _____ Date: _____

(This Physical Examination Form MUST be signed by a licensed physician, physician assistant or nurse practitioner)



INTERIM QUESTIONNAIRE

PLEASE PRINT!!

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

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

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 yes answers)

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 _____

CONSENT FORM

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.

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

SIGNATURE OF STUDENT _____

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 any of the eligibility rules and regulations of the state association.

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

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury – or TBI – caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head & brain to move quickly back & forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain & sometimes stretching & damaging the brain cells.

WHAT ARE SIGNS & SYMPTOMS OF CONCUSSION?

Signs & Symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with the permission from a health care professional experienced in evaluating for concussions.

Coach Observed Signs:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

**"IT'S
BETTER TO
MISS ONE
GAME
THAN THE
WHOLE
SEASON"**

Athlete Reported Symptoms:

- Headache or "Pressure" in the Head
- Nausea or Vomiting
- Dizziness or Balance Problems
- Blurry or Double Vision
- Sensitivity to Light
- Sensitivity to Noise
- Feeling Sluggish, Hazy, Foggy or Groggy
- Concentration or Memory Problems
- Confusion
- Just not "feeling right" or is "feeling down"

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (even briefly should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Keep the athlete out of play the day of the injury & until a health care professional experienced in the evaluating for concussion says s/he is symptom-free and it's OK to return to play.

2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on a computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

PARENT/GUARDIAN & ATHLETE CONCUSSION INFORMATION ACKNOWLEDGEMENT

I, _____, by signing below, hereby acknowledge that the Jerome School District has provided me with the necessary and appropriate education on concussion as mandated under subsection 33-1625, Idaho Code. The education included appropriate guidelines that identified the signs and symptoms of concussion and head injury, and described the nature and risk of concussion and head injury in accordance with standards of the Centers for Disease Control and Prevention. I acknowledge that in addition to receiving the education designated in the above paragraph, that I understand the nature of concussion, the signs and symptoms of concussion, and the risks of allowing a student athlete to continue to play after sustaining a concussion

Student Name (Please Print) Student Signature Date (mm/dd/YYYY)

Parent/Guardian Name (Please Print) Parent/Guardian Signature Date (mm/dd/YYYY)

JEROME HIGH SCHOOL CODE OF CONDUCT AND CONSEQUENCES

SOCIAL MEDIA POLICY

Jerome School District recognizes and supports its student-athletes' and coaches' rights to freedom of speech, expression, and association, including the use of social media. In this context, each student-athlete and coach must remember that participating and competing for Jerome High School and Jerome School district is a privilege and not a right. The student athlete and coach represents Jerome High School and Jerome School District, and therefore, they are expected to portray themselves, their team, and their high school in a positive manner at all times. Any online postings must be consistent with federal and state laws, as well as team, school, school division, Jerome District rules and regulations (including those listed below):

Specifically prohibited behaviors include, but are not limited to:

- Sexually explicit, profane, lewd, indecent, illegal, or defamatory language/actions
- Derogatory language regarding school personnel and other students
- Comments designed to harass or bully students and/or school personnel
- Nude, sexually-oriented, or indecent photos, images, or altered pictures
- Spam or meme accounts that are derogatory to any student, a team, or the school as a whole.

Also prohibited are on-campus connections to off-campus violations of the policy

- Use of school computers to view inappropriate off-campus postings
- Students accessing inappropriate posts at school on their own devices
- Distribution of hard copies of inappropriate posts on school property
- Re-communication on campus of the content of inappropriate photos

ANY AUTHORIZED, OR UNAUTHORIZED USE IN SCHOOL OR OUT OF SCHOOL OF COMPUTER SOFTWARE, COMPUTER NETWORKS, TELECOMMUNICATIONS, DEVICES, INFORMATION TECHNOLOGY, AND RELATED TECHNOLOGIES WHICH DISRUPTS OR INTERFERES WITH THE EDUCATIONAL PROCESS IN ANY MANNER IS PROHIBITED AND MAY RESULT IN THE REMOVAL FROM THE TEAM OR ACTIVITY, AND A RECOMMENDATION FOR EXPULSION.

LEVEL OF EXPECTATIONS

It is considered a privilege not a right to participate in extra-curricular activities at Jerome High School and for Jerome School District. Students in extra-curricular activities must assume certain obligations and responsibilities beyond those set for students in general. Inappropriate and/or unsportsmanlike conduct, are behaviors that are detrimental to the activities program and will not be tolerated.

RULES OF CONDUCT:

Rules of conduct apply to all school and school-condoned organizational activities whether on campus or not. Rules of conduct also apply to situations not related to school activities.

Violations of the Code of Conduct will accumulate from the first day of school or first activity practice of the student's freshman year, until the last day of the student's final activity season or graduation, whichever occurs last.

1. During the school year, whether in season or not, regardless of quantity, a student shall not use or have in possession any beverage containing alcohol, or tobacco in any form. The student shall not use or consume, have in possession, buy, sell, or give away any controlled substance. It is not a violation for a student to be in possession of a legally defined drug, product, or anything specifically prescribed for the student's use by his/her doctor.
2. It is not acceptable for a student to be in attendance at a gathering where rules of conduct are being violated. If a student is known to be at a gathering of this nature, or one that contains alcohol, drugs, tobacco, or illegal activities, they will be suspended.
3. Student must have passed and received credit for at least five (5) classes the semester previous to participation in any IHSAA sponsored activity. Release Time, as a non-credited assignment, cannot count as one of the five (5) passed classes. Furthermore, students must remain on track to graduate throughout high school to be eligible, and follow in semester academic policy.
4. Students, staff, and parents will follow all IHSAA rules, regulations, and recommendations regarding eligibility, transfer, physical examinations, insurance coverage, starting dates, and use of school equipment.
5. Participants must attend school the complete school day to be eligible to practice for or participate in a competitive event on that day. Exception would be a doctor's appointment, approved in writing by the coach and administration.
6. An IHSAA approved physical form must be on file in the activities director's office for athletes prior to tryouts or first practice. Physicals must be taken every other year. Athletic department policy packet must also be filled out each year.
7. Students in all school sponsored activities must purchase a student activity card.
8. Students must travel to and from away contests in transportation provided by the school. The exceptions are:
 - A. Injury to a participant, at the contest site, which would require alternate transportation
 - B. Prior arrangements, in writing, between the student's parent/guardian and coach for the student to ride with his/her parent/guardian.
 - C. Parent/guardian request at the out of town site for the student to travel with the parent/guardian.
 - D. Under no circumstances are students permitted to transport other students to or from school activities. .
9. Any conduct by a student or parent, that is determined by the coach/advisor or administration to be detrimental to the activities program, school, or school district, including social media posts, will result in discipline by the coach/advisor or administration and may include suspension or expulsion from the activities program for a designated period of time.
10. Any student found guilty of any civil law infraction, theft or malicious destruction of school property will be suspended immediately from the team. The school administration, in conjunction with the coach/advisor, will make a decision regarding length of suspension or further eligibility.
11. Completion of the competitive season is required in order for the student to be eligible for a letter or other team or individual award. Exception: injury that limits participation. No awards will be given to any student suspended for the remainder of the season for activities code of behavior violations. A season will be completed when all obligations to the sport season have been completed.
12. A display of inappropriate conduct toward an opponent or official, or use of profanity during a practice or contest will result in disciplinary action and possible suspension by the advisor/coach. If ejected from a game coach, player, or parent must complete IHSAA course required to return to the next game per IHSAA Rules
13. We believe that confrontations between coaches and parents are very disruptive to team unity and spirit. The advisors/coaches have been instructed to walk away from confrontations. If a parent would like to arrange a conference with an advisor/coach, they may do so by notifying the Activities Director or the Principal in writing. Please remember participation time is an advisor/coach's decision and is a non-negotiable item. (We recommend a 24 hour wait time before meeting with coaches).

*The chain of command for meetings to discuss an issue is Coach, AD, Principal, District Office. This starts new every year, and must be followed. If an attempt is made to skip the ladder, parent/guardian will be sent back to meet with proper person in chain.

*We do not meet with parents, fans, or family regarding playing time, or coaching philosophy
14. To be eligible for an activity season the student and parent/guardian must both have a signed training contract and activity consent form.
15. Coaches and Advisors may have additional rules that are specific to their activity.

Parent/Guardian Code of Conduct Policy

Any parent, guardian, or spectator who walks onto a field, court, coaching area or playing area before, during, or after a game, or competition, to approach a player, coach, or official will be removed from the activity, and will not be permitted at the following two competitions*. They may be required to visit nfhs.com and complete the sportsmanship class. A second violation of this will result in a ban for the rest of the season. *This ban may result in a permanent ban if so deemed by school or district administration.

Any parent, guardian, or spectator who is ejected from a game by an official will face the following consequences:

1. Not be permitted at the following two competitions and must take online sportsmanship class at nfhs.com
2. Not be permitted at the next ten competitions and must retake the sportsmanship class at nfhs.com
3. Banned from all future Jerome High School Competitions

JEROME HIGH SCHOOL ACADEMIC POLICY

Interscholastic athletics will be administered according to the following standards:

1. The administration of each school shall certify the eligibility of all interscholastic participants in accordance to the participation requirements stated herein and pursuant to IHSAA rules. This includes home schooled and dual enrolled students.

2. To be academically eligible for interscholastic activities a student must be enrolled full-time and must have received passing grades and earned credits in full-credit subjects in the previous semester or grading period as follows:

5 classes available must pass at least 4

6 classes available must pass at least 5

7 classes available must pass at least 5

8 classes available must pass at least 6

3. If a student does not acquire a 2.0 GPA from the previous semester, they will be placed on academic probation for the first three weeks of the next semester. If they are not above a 2.0 at that point they will be ineligible until the GPA is above a 2.0.

4. During the semester the athletic department will perform grade checks every Monday.

A. If a student has one F, and/or goes below a 2.0 they are on probation for the week. If the grades stay the same the next week, they are ineligible for that week (final decision is made the end of the school day before next contest).

a. If the student has a signed paper from teachers showing they have been to tutoring, they are passing all classes and have below a 2.0, or they have been working with the teacher(s) to improve the grades, and they are still not up, they MAY BE able to play that week* but will be ineligible the following week.

* This comes at the discretion of school administration and coaches depending on time spent with teacher working on grade. Must be multiple days and effort must be made outside of class time at lunch, before, or after school.

B. If a student has two F's, or more, they have one week to get the grades up, or they are ineligible until grades are up to above a 2.0, and/or all classes are being passed.

C. Students may return to play once the grades are above a 2.0, or all classes are being passed.

D. Each year, the baseline will go up .2 starting at a 2.0 and stops at 2.3.

E. Students in 21st century labs must remain on track with attendance. 9-10 absences is equal to a D. More than 10 absences is equal to an F.

CONSEQUENCES

Once a decision has been made that a violation of conduct has occurred, the following are the minimum consequences:

1. The first violation results in a minimum of fourteen (14) calendar days suspension from competition in all activities in which the student is involved. During the suspension the student may be required to continue participating in team practices. Students shall not travel, dress in uniform, associate or participate with the team or group at its scheduled event for the duration of the suspension.

- A. If the student is between activities, suspension will begin at the commencement of the next activity.
 - B. If two weeks does not remain in the current activity season then the time will carry over into the student's next activity or next school year.
 - C. Parents will be notified via phone or certified mail by the coach/administration, of the ensuing suspension.
 - D. If no event is scheduled during the period of the suspension, the student will be withheld from the next scheduled event.
2. The second violation results as in the first, except the length of the consequence will be a minimum forty (40) calendar day suspension. This suspension will be reduced to a (21) calendar day suspension if:
- 1. in the case of criminal conduct, the student receives counseling which has been approved by a school counselor.
 - 2. in the case of drug, alcohol or tobacco use, the student agrees to and completes
 - a. A drug/alcohol/tobacco assessment provided by the school (no cost) or the community (the family incurs the cost); and/or
 - b. Drug/Alcohol/tobacco education group, provided or facilitated by the school, and/or the community
3. The third violation will result in a permanent loss of eligibility

Before any suspension provided for under the Activities Code of Conduct Regulations take effect, the student shall be verbally notified by his/her advisor/coach of the alleged violation and the student shall have an opportunity to explain or justify the action. If after such conference the coach and administrators are satisfied that suspension is justified, the student and parent/guardian will be notified. The consequence of any infraction may be appealed to the Jerome School Board District #261. Appeal must be made in writing to the high school administration within two working days of notification of suspension.

Participant Signature:

Date:

Parent Signature:

Date:

EMERGENCY INFORMATION

ATHLETE NAME _____

Please list your emergency contact information.

Contact 1.

Name _____ Relationship _____

Phone number _____

Contact 2.

Name _____ Relationship _____

Phone number _____

Are you allergic to anything? Medications, bee stings, etc. _____

Are you presently on any medications? _____

Have you ever been diagnosed by a Medical provider for a concussion? _____

When? _____

Have you ever been dizzy or passed out from the heat or from exercise? _____

Do you use any special equipment? Braces, mouth or eye guards, glasses or contacts? _____

Have you had any major surgeries? _____

Is there any other medical condition that we should know about? _____

If the event that Medical attention should be needed, by signing this form, you give consent to transport and give the doctor consent to treat.

Parent/Guardian Signature _____