

Ferguson-Florissant School District**Activities / Athletics*****Code of Honor*****MUST BE COMPLETED****EVERY YEAR**

Participation in any extracurricular activity is a privilege. With this privilege comes a responsibility to represent the activity, the school and the community in a positive manner. Participants must adhere to the highest standards of sportsmanship and personal conduct. Members of these groups are highly visible representatives of our school, as well as role models for our student body, and therefore, it is appropriate to set higher standards for them than the general school population.

MSHSAA (Missouri State High School Activities Association) By-Laws state, “Students who represent a school in interscholastic activities must be creditable school citizens and judged so by the proper school authority. Those students whose character or conduct is such as to reflect discredit upon themselves or their schools are not considered creditable citizens. Each individual school has the authority to set more restrictive citizenship standards and shall have the authority to judge its students under those standards.”

All students participating in extracurricular activities are governed by the Student Code of Conduct of the Ferguson – Florissant School District. Students under suspension for violation of the Student Code of Conduct will not be allowed to practice, compete or perform in school activities; additionally, students under suspension for Student Code of Conduct violations may be stripped of membership in extracurricular activities.

In conjunction with the Student Code of Conduct and beginning with the first meeting or practice, students in extracurricular activities are also governed by any additional rules and policies which sponsors and coaches may establish. It is important that students become familiar with these rules and policies for each activity in which they participate.

MSHSAA by-laws state that students in extracurricular activities are subject to discipline for violations of any rule or policy even if the violation of the rule or policy occurs on non-school time or off school property. For example, students who are found to be in possession of or under the influence of tobacco, alcohol, or any illegal substance, off school grounds at any time will be subject to school disciplinary procedures, including possible dismissal or exclusion from participation in extracurricular activities. In accordance with MSHSAA by law 2.2.4, it is the student’s responsibility to notify the school of any and all situations that would affect his/her eligibility. Failure by the student to notify the school of the situation prior to the school’s discovery will result in the student being ineligible for up to 365 days from the discovery, pending review by the MSHSAA Board of Directors.

If students decide they are unable or unwilling to abide by the conditions for membership in a particular activity, they should not become members of such activity.

Initial Requirements to Participate

- In order to try-out, practice, or compete on an athletic team, MSHSAA requires participant to have a Pre-Participation Physical Exam on File in the Athletic/Activities Office. The Physical must be completed on a MSHSAA Physical examination form. All Physicals are good for two calendar years from the date of physical.
- The additional documentation required to participate includes FFSD Code of Honor, health history, parent permission, student agreement, concussion agreement which all must be signed and dated, and the emergency contact information and insurance information must be fully completed. These documents are required of all athletes every year. All participants must carry individual insurance, as the School District does not carry health insurance for individual participants.
- Student-Athletes must meet all MSHSAA Eligibility Requirements, including academic requirements of earning 3.0 credits per semester.

Athletic Department Participation Contract

There are certain risks and responsibilities associated with participation in athletics. But, the honor of participating on a team, the interpersonal benefits, and privilege of representing your Ferguson-Florissant high school and the community outweighs these risks. I understand the following conditions for participation:

- Students must meet all standards set by MSHSAA, including: eligibility, academic standing, residence, transfers, age, attendance, citizenship, sportsmanship, non-school competition, and amateurism.
- There is an inherent risk of injury in athletics, which may range from common injuries, temporary to permanent disability, paralysis, and even death. As a parent and athlete I understand these risks, and will strive to use equipment and training techniques in a safe manner.
- There are certain responsibilities associated with participation, including but not limited to: sportsmanship, citizenship, dedication, academic requirements, attendance, and timely transportation to and from events/practices. As a participant and a parent, I agree to follow these standards.
- Students must respect the equipment and facilities at all times. This includes the buildings, courts, fields, locker rooms, weight rooms, busses, equipment, and uniforms. All items must be returned in acceptable condition immediately upon the conclusion of the season to avoid fines.
- All participants, parents, and guardians must follow the Parent/Coach Communication Guidelines set by the Athletic Department (available on the Athletic Website).
- **I agree that my directory and contact information, as well as academic information may be shared with college athletic coaches and recruiters during the recruiting process. ***
- I consent to allow my student to be photographed, interviewed and/or videotaped by representatives of the District, its agents, and/or independent contractors. Any information or images obtained from these activities may be reproduced by the school district for use in publicity or educational activities including, but not limited to Districts and school publications and/or videos, print and television news and/or school websites. I hereby waive any claims to these materials and release the District and its employees from any liability of claims arising from these activities.
- **I understand that coaches may utilize personal cell phones/social media for contact that helps organize and communicate information to their athletes. I agree to allow the coaching staff or sponsor to communicate electronically or by cell phone with my child.**

***Signatures imply the student-athlete or participant and parent/guardian has read this Code of Honor and understand/agree to follow the above requirements.**

***Signatures of student and parent/guardian required for participation.**

Student Name (Print)

Parent/Guardian Signature

Student Signature

Student Cell Phone Number *

Date

Activity

MSHSAA PRE-PARTICIPATION DOCUMENTATION – ANNUAL REQUIREMENTS

INTERIM MEDICAL HISTORY	
<p>Note: Complete and sign this form (with your parents if younger than 18). Note: An injury or medical condition results in a separate medical release.</p>	
Name:	Date of Birth:
Date:	
Sex assigned at birth (F, M or intersex):	How do you identify your gender? (F, M or other):
List past and current medical conditions:	
Have you had surgery since your last Pre-Participation Physical Examination (physical)? If yes, list those surgical procedures:	
Medicines and supplements: List all current prescriptions, over-the-counter medicines and supplements (herbal and nutritional):	
Do you have any allergies? If yes, please list all of your allergies (i.e., medicines, pollens, food, stinging insects):	
Have you been diagnosed with any medical or health condition since your last PPE (physical)? If yes, please describe:	

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

Signature of Athlete:
Signature of Parent(s) or Guardian:
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, Hepatitis B, severe acute respiratory syndrome (COVID-19) and/or any mutation or variation thereof. 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, injury or illness 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.

In the event of an emergency or when the Parent(s) or Guardian is unable to directly supervise health care services needed by the student for injuries or illnesses sustained at any athletic practice, conditioning exercise or contest, I also give my consent to the rendering of necessary health care services for the student by a qualified provider (QP) covering the athletic practice, conditioning exercise or contest, including an athletic trainer, physician, physician assistant, nurse practitioner or other medically-trained professional licensed by the State of Missouri (or the state in which the student injury or illness occurs) and who is acting in accordance with the scope of practice under their designated state license and any other requirement imposed by state law. In emergency situations, the QP may also be a certified paramedic or emergency medical technician for the purpose of providing emergency health care and transport. Health care services are defined as services including, but not limited to, evaluation, diagnosis, first aid, emergency care, stabilization, treatment and referral. I further authorize the QP who provides such health care services to disclose such information about the student's injury or illness, diagnosis, care and treatment in the professional judgment of the QP to the student's athletic director, coaches, school nurse and any classroom teacher required to provide academic accommodation to assure the student's recovery and safe return to activity. If the Parent(s) or Guardian believes that the student is in need of further evaluation, treatment, rehabilitation or health care services for the injury or illness, the student may be treated by the physician or provider of his or her choice.

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 any and all portions of school record files to MSHSAA, 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:

Has this student incurred a medical condition since their last physical examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
STUDENT AGREEMENT (Regarding Conditions for Participation)	
<p>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.</p> <p>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 <i>MSHSAA Handbook</i> 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 <i>Handbook</i> are also posted on the MSHSAA website at www.mshsaa.org).</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • 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. <p>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.</p>	
Signature of Athlete:	Date:
Have you experienced a medical condition since your last physical examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PARENT AND STUDENT SIGNATURE (Concussion Materials)	
<p>I accept responsibility for reporting all injuries and illnesses to my school and medical staff (athletic trainer/team physician) including any signs and symptoms of a CONCUSSION. I have received and read the MSHSAA materials on Concussions, which includes information on the definition of a concussion, symptoms of a concussion, what to do if I have a concussion and how to prevent a concussion. I will inform my school and athletic trainer/team physician immediately if I experience any of these symptoms or if I witness a teammate with these symptoms.</p>	
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

VCP COVID Athletic Release Form

**PERMISSION AND WAIVER OF LIABILITY FOR
STUDENT PARTICIPATION AT FERGUSON-FLOISSANT SCHOOL DISTRICT**

By signing below, I give permission for my child, _____, to participate in athletics and after school activities June 5, 2021 - June 5, 2022 sponsored by the Ferguson-Florissant School District (the "District"):

If 18 years or older, I am signing below acknowledging I understand each item and will participate in the following program or activity.

(initials) I acknowledge that federal and state government officials have declared that there currently exists a public health crisis in our country related to the novel coronavirus disease 2019 ("COVID-19") and that COVID-19 infections have been confirmed throughout the country, including several cases in the State of Missouri.

(initials) I confirm that my child or myself (if 18 years or older) has not tested positive or had symptoms of COVID-19 (including but not limited to fever, cough, fatigue, shortness of breath or difficulty breathing, muscle or body aches, headache, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, or new loss of taste or smell) in the last 2 months, or as otherwise directed by MSHSAA. If a student has tested positive within the last 2 months, or otherwise directed by MSHSAA, they must complete the MSHSAA Return to Play form before participating in the program or activity, including virtual conditioning practice.

(initials) I confirm that I will not permit my child or myself (if 18 years or older) to participate in the program or activity, including virtual conditioning practices if, at any time during the program or activity, including virtual conditioning practices my child, or I (if 18 years or older) or anyone in our household is showing any symptoms of COVID-19 (including but not limited to fever, cough, fatigue, shortness of breath or difficulty breathing, muscle or body aches, headache, sore throat, congestion or runny nose, nausea or vomiting, or new loss of taste or smell). Additionally, I confirm that I will not permit my child or myself (if 18 years or older) to participate in the program or activity, including virtual conditioning practices if, at any time during the program or activity, , including virtual conditioning practices my child or I (if 18 years or older) or anyone in our household (a) has a suspected or confirmed/diagnosed COVID-19 infection; or (b) has been exposed to an any individual with a confirmed/diagnosed COVID-19 infection or any individual currently waiting for test results confirming the possibility of a COVID-19 diagnosis. I agree that in such situations, my child or I (if 18 years or older) will be unable to participate in the program or activity, including virtual conditioning practices until: (i) 14 calendar days after the symptoms first appeared and my child or I (if 18 years or older) is no longer showing any symptoms; or (ii) a healthcare provider has confirmed in writing that my child or I (if 18 years or older) has tested negative for COVID-19 or that my child's or my (if 18 years or older) symptoms were not due to COVID-19 and that my child or I (if 18 years or older) does not need to self-isolate.

_____ (initials) I further understand and acknowledge that my child's participation or my participation (if 18 years or older) in the program or activity, including virtual conditioning practices involve the risk of illness, serious bodily injury (including the possibility of permanent disability, or paralysis), or death, which may be caused by (a) my child's own actions or inactions or my own actions or inactions (if 18 years or older); (b) the actions or inactions of others planning or supervising the attending the program or activity, including virtual conditioning practices ; (c) the conditions of the facilities at which the program or activity, including virtual conditioning practices are located; or (d) the actions or inactions of the entities and persons identified below. I, on behalf of my child or myself (if 18 years or older), fully accept and freely assume all such risk and all responsibility for losses, costs, and damages I as the parent, my child or myself (if 18 years or older) may incur as a result of my child's or my (if 18 years or older) participation in the program or activity, including virtual conditioning practices.

I acknowledge that Virtual Conditioning Practices do not provide the same level of supervision as traditional practice environments; and I acknowledge that students and parents/guardians have been encouraged to have an individual at the virtual conditioning practices supervising the conditioning activities.

In exchange for the District sponsoring the program or activity, including virtual conditioning practices and providing District-paid staff to supervise the program or activity, including virtual conditioning practices, the undersigned agrees to release, discharge, hold harmless and indemnify the District, its agents, employees, officers, Board of Education members, insurers and others acting on the District's behalf (the "Releasees"), of and from any and all claims, demands, causes of action and/or legal liabilities for any illness, injury to, or death of my child occurring during, arising out of, or resulting from, my child's participation or my participation (if 18 years or older) in the above-mentioned program or activity, including virtual conditioning practices, even if the cause, damages or injuries are alleged to be the fault of or alleged to be caused by the negligence or carelessness of the Releasees. I further agree that if, despite this release and waiver of liability agreement I as the parent, my child, or anyone on behalf of myself or my child, or myself (if 18 years or older) makes a claim released in this agreement, I will indemnify and hold harmless each Releasee from any and all litigation expenses, attorneys' fees, loss, liability, damage, or cost they or I (if 18 years or older) may incur as a result of such claim.

Student Name: _____

School: _____ Birthdate: _____

Student Signature: _____ Date: _____
*if 18 years or older

Printed Name: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18)

This is to certify that I, as parent/guardian, with legal responsibility for this Student, have read and explained the provisions in this Waiver/Release to Student including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, Student understands and accepts these risks and responsibilities. I for myself, my spouse, and Student do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and Student do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my Student's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

Student Name: _____

School: _____ Birthdate: _____

Parent Signature: _____ Date: _____

Printed Name: _____
(Parent or Legal Guardian)