



Port Huron Schools  
Advocate Innovate Educate

## **2019-20 District Athletic Handbook Student-Athletes and Families**

[www.phasd.us](http://www.phasd.us)

[www.phhsbigreds.com](http://www.phhsbigreds.com)

[www.phnathletics.com](http://www.phnathletics.com)

### **Mission Statement**

*The mission of the Port Huron Schools' Athletic Department is to provide opportunities for students to participate in safe, coordinated, sequential interscholastic athletic programs promoting participation, sportsmanship, skill and knowledge development.*





### *MHSAA STUDENT ADVISORY COUNCIL BELIEF STATEMENT*

We believe athletes should be competitive, sportsmanlike and excel academically. We believe students in the stands should have fun, but not take the focus away from the game. We believe coaches should act as teachers, helping student-athletes develop while still keeping high school sports in perspective. We believe that parents should always be positive role models and be supportive of their child's decisions. We believe officials commit their own time to high school sports and respect should always be shown and given to them.

The most important goal for student-athletes is to enjoy high school sports while keeping a high level of respect between all those involved in the games.

Participation in extracurricular competitive interscholastic athletics is a student's privilege, not a right, that can be removed at any time for failure to meet the standards and requirements of particular teams, school or school districts, leagues or conferences, and regional, statewide or national organizations to which the student's school belongs. Observe completely all district policies regarding conduct, doing so as a duty to school, team & self. Counsel with the athletic director over questions of eligibility.

Practice and play fairly, giving complete effort in all circumstances and credit in victory to teammates and to opponents in defeat.

Accept favorable and unfavorable decisions, as well as victory and defeat, with equal grace.

Demonstrate respect for opponents and for official *MHSAA CODE FOR ATHLETES*.

Know and adhere to the athletic code of the school.

Exceed all attendance and academic requirements as practical evidence of loyalty to school and team and a proper philosophy of school-sponsored athletics.

### ~ INFORMED CONSENT ~

By its nature, participation in interscholastic athletics includes risk of injury, which may range in severity. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk. Participants have the responsibility to help reduce the chance of injury. Players must obey all safety rules, report all physical problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.

## **RESPONSIBILITY**

Being a member of an athletic team is the fulfillment of an early goal for many students. The attainment of this goal carries with it certain traditions and responsibilities that must be maintained. A great athletic program is not built overnight; it takes the hard work of many people over many years. As a member of an interscholastic team, you have inherited a wonderful tradition. Our tradition has been to compete with honor.

When you wear the colors of your school, you will not only understand our traditions, but are willing to assume the responsibility that goes with them.

### **Responsibility to Yourself**

The most important of these responsibilities is to broaden yourself and develop strength of character. You owe it to yourself to make the most of your interscholastic athletic experiences. Your involvement as a student-athlete for Port Huron Schools will provide lessons that shape your character and prepare you for life beyond school.

### **Responsibility to your School and Community**

Another responsibility is to your school and community. Every time you put on your uniform you are representing your school and our district. Your effort and sportsmanship are a reflection of our schools and there is a responsibility to compete with integrity and pride.

## **LEADERSHIP**

You assume a leadership role when you are on an athletic team. The student body, the community and other communities judge our school by your conduct and attitude both on and off the field. Because of this leadership role, you can contribute greatly to your school spirit and community pride. Make Port Huron Schools proud of you, and your community proud of your school, by your faithful exemplification of these details.

### **Role of the Athlete**

Athletes are in school first for an education. An interscholastic athletic program has a proper place in Port Huron Area Schools only when it is an educational function. The values of athletics, as far as the athletes are concerned, are many. In order to get the most out of their athletic competition, athletes must assume certain responsibilities:

- Strive to achieve sound citizenship and desirable social traits, including emotional control, good sportsmanship, honesty, cooperation, dependability, and respect for the other fellow and his abilities
- Maintain academic and eligibility standards
- Show respect for both authority and property
- Learn to attain physical fitness through good health habits
- Learn the spirit of hard work and sacrifice
- Desire to excel

### **Conduct of the Athlete**

The conduct of any athlete is closely observed in many areas of life. It is important that your behavior be above reproach in all of the following areas:

- On the Field - In the area of athletic competition, a real athlete does not use profanity or illegal tactics, and learns fast that losing is part of the game and that you should be gracious in defeat and modest in victory. It is always courteous to congratulate the opponent on a well-played game after the contest, whether in defeat or victory.
- In the Classroom - In the academic arena, a good athlete must be a good student. A person cannot be lapse in academics and think he/she can be an outstanding athlete. If you do not give 110% in class, you will not give 110% on the practice field or floor and will never reach your potential. As an athlete, you must plan your schedule so that you may allocate sufficient time and energy to your studies - as they are your priority.

In addition to maintaining good scholarship, an athlete should give respectful attention to classroom activities and show respect for the students and faculty at all times. Horseplay and unnecessary boisterousness are not approved habits of behavior. A healthy athlete should have a good attendance record. *You must be in school at least half of the day to participate in any athletic contest or practice on that day.*

# ELIGIBILITY

## Academic Eligibility Requirements

Research indicates that students involved in extracurricular activities receive higher grades than their peers. This is true for many reasons including the student's increased awareness of the importance of school and school activities to their lives. Students who excel in school activities also excel in the classroom. It is an expectation of our programs that our student-athletes meet strict standards in order to compete. As a district we support these expectations with the following procedures and School Support. School Support hours are defined as additional tutoring by student's teacher (timesheet filled out and signed at end of session) and School Support Sessions noted here:

### Port Huron High and Northern School Support Sessions

*(times may vary by school)*

Monday	2:30 PM	60 minutes
Wednesday	7:00 AM	30 minutes
Thursday	2:30 PM	60 minutes
Lunch	- - - -	20 minutes
Saturday	added when needed	

## High School

Out of Season - Part of the eligibility requirements of the Michigan High School Athletic Association deal with the athlete's academic standing and progress. Port Huron Schools' standards are that an athlete must have passed a minimum of four classes at the conclusion of the last semester of enrollment (*as stated in the MHSAA Guidelines*).

- passed all - this is our expectation
- passed 5 - is eligible should raise both the coach and student's awareness
- passed 4 - is eligible but must complete 1.5 hours a week of School Support
- Passed 3 - ineligible

In Season - Academic standing will be determined by the Athletic Director utilizing the "Current Eligibility Check" in Skyward every Monday morning (student-athletes are advised that work must be submitted prior to the following Monday). Students not meeting current academic eligibility standards will be notified that day by the athletic director who will also notify the parent and coach involved by the end of the school day.

- passing all - this is our expectation
- 2Ds and 1E - 1st week is eligible but must complete 1.5 hours of Support
- 2nd week ineligible for practice/game and must complete 3 hours of Support
- 3rd week repeats
- 2Es - 1st week ineligible for game and must complete 1.5 hours of Support
- 2nd week ineligible for practice/game and must complete 3 hours of Support
- 3rd week repeats
- 3Es - 1st week ineligible for practice/game and must complete 3 hours of Support
- 2nd week ineligible for practice/game and must complete 3 hours of Support
- 3rd week repeats

If a student-athlete continues to fail more than two classes after three weeks of ineligibility during a season, he or she will be removed from the team for the remainder of the season.

Students enrolled in less than five classes at their home school (ie Middle College) must pass all their HS classes.

## **Middle School**

Out of Season - Students must have passed a minimum of 3 of their classes from the previous semester. A first year 7th grade student may compete without reference to his/her record in 6th grade.

In Season - During the athletic season a weekly academic check will be required for all team members by the Athletic Director using Skyward on Mondays. No student shall compete in an athletic contest for a minimum of one week who has two or more academic failures. The student will be ineligible for a minimum of one week and until such time that the student receives an acceptable academic report on a scheduled check. While ineligible, a student must practice, but cannot play or dress for games. The week is defined as Monday through Saturday based on the previous week's check.

We expect our athletes to do more than meet the minimum state requirements. Every student athlete has the opportunity to choose from a great number of course offerings suited to individual needs, desires, and achievement expectations. Our counselors work closely with their students and parents to help achieve maximum growth and potential.

## **Transfer Students - High School Only**

### **New MHSAA 2019 Transfer Rule**

The new sport specific transfer rule means that:

- Students in grades 9 through 12 who have not participated in an interscholastic scrimmage or contest on a school-sponsored team in Michigan or elsewhere in an MHSAA sport one season may transfer from one school to another with no delay in eligibility at any level in that sport the next season. No MHSAA action is required.
- Immediate eligibility in a sport not played the previous season
- No eligibility for the upcoming season in a sport actually played the previous season (unless one of the 15 MHSAA Exceptions apply)
- Students who transfer during a season in which they are participating, and do not meet one of the 15 stated Exceptions, are ineligible at all levels of that sport for the remainder of that season, including the MHSAA tournament; and they remain ineligible at all levels of that sport through the next complete season in that sport, including the MHSAA tournament.

### **Previous School Violations:**

Port Huron Schools will enforce upon a transfer student any period of ineligibility to which that student would have been subject as a result of a student or athletic code violation(s) at that student's previous school of attendance.

## **PROGRAM**

Port Huron Schools will make every reasonable effort to ensure that all individuals associated with our athletic programs and contests conduct themselves in a sportsmanlike manner.

### **Guidelines**

The following actions on the part of players, coaches, parents and/or spectators will not be tolerated:

- Physically or verbally abusing any official, coach, player or spectator
- Inciting participants or spectators to violent behavior
- Using profanity, vulgarity, making derogatory or demeaning comments, or making obscene gestures (verbal or written)
- Mistreatment of the facilities or equipment
- Throwing of objects onto the playing surface or at participants or spectators
- Unauthorized entrance of the field of play
- Other acts of conduct deemed by the school personnel supervising the event as inappropriate

### **Penalties**

Penalties for unsportsmanlike conduct may result in, but are not limited to, the following:

- Verbal warning
- Removal from the facilities
- Barring an individual from attending future athletic events
- Issuance of a no-trespassing order prohibiting an individual from entering school property or attending school functions
- Contact law enforcement and possible criminal prosecution
- Additional penalties for unsportsmanlike behavior on the part of players, students, coaches and school personnel will be administered in accordance with established District policies.

### **High School Awards**

All Freshman and Junior Varsity athletes will receive a certificate for their particular sport. Any athlete who has earned a Varsity Letter will receive a Varsity Certificate, a Varsity "Letter", and a sport insignia. If an athlete earns a second letter in a Varsity sport, they will receive a Year Bar. If an athlete has earned a Varsity Letter in another sport, they will receive the sport insignia and a year bar. An athlete will be given only one Varsity Letter.

All Varsity athletes are eligible for the MAC Academic Award. In order to receive this award an athlete must have a 3.0 cumulative G.P.A.

### ***Risk of Injury***

Be aware that playing or practicing in interscholastic sports can be a dangerous activity involving many risks of injury. These injuries could include the following to my child as a result of his/her participation: bruise and

cuts, muscle tears, sprains and strains, broken bones, closed head injuries, partial or full paralysis, death, other impairments to the body or mind.

## **POLICIES FOR ATHLETES**

### **Citizenship and Academics**

An athlete must work to his/her academic potential in his/her academic subjects. He/she must also display good school citizenship at all times. Disciplinary action taken by the school may be supplemented by additional disciplinary action by the Athletic Department.

### **Missing Class**

An athlete shall not participate in athletics on the day he/she has an unexcused absence from any class or excused absences for more than half the day. Athletic Directors may use their discretion in certain circumstances (if an athlete is too ill or tired to attend class, he/she shall not participate in athletics).

### **Missing Practice**

An athlete should always consult his/her coach before missing practice. Missing practice or a game without good reason will be dealt with by reducing playing time. Sudden illness or some other emergency would be a good reason for missing practice or a game. *If an athlete has excessive excused absences from school or practice during the week, it may affect playing time.*

### **Dropping or Transferring Sports**

In extremely rare cases an athlete may find it necessary to drop a sport for a good reason. If this is the case, the following procedure must be followed: a) talk with your coach, b) report your situation to the Athletic Director c.) check in all equipment issued to you. If an athlete wishes to change sports, he/she must have approval of both coaches concerned and the athletic director prior to ever practicing or competing with new team.

### **Equipment**

School equipment checked out by the student athlete is his/her responsibility. He/she is expected to keep it clean and in good condition. Loss of any equipment is the athlete's financial obligation. Athletes are to wear only department approved equipment.

### **Travel**

All athletes must travel to and from out-of-town athletic contests in transportation provided by the Athletic Department unless specific permission is granted by the coach and Athletic Director. **We leave and return as a team unless there is an emergency.** Students may then leave **only** with a parent and the parent must sign a release form. Athletes will remain with their team and under the supervision of a coach when attending away contests. All regular school bus rules will be followed when applicable including food, noise, remaining in seats, and care and respect for equipment. Always dress appropriately and in good taste - remember **you are an ambassador of our district.**

### **High School**

It is understood that travel to and from authorized school athletic events or practices for the season may be by means of school bus, private car or walking (Note: private car is meant to be one driven by the coach or other authorized person).

### **Middle School**



The school district will provide transportation to ALL athletic contests for away games (Saturday not included). The school district will provide return transportation for OUT of district games (i.e. St. Clair, Marysville, etc.)

### **College Recruitment Policy**

In the event an athlete should be contacted personally by a college recruiter, he/ she has an obligation to work through his/her coach and the Athletic Department. Inform your coach of such a contact as soon as possible.

### **Conflicts in Co-Curricular Activities**

An individual student who attempts to participate in too many co-curricular activities will undoubtedly be in a position of a conflict of obligations. The Athletic Department recognizes that each student should have the opportunity for a broad range of experiences in the area of co-curricular activities and will attempt to schedule events in a manner so as to minimize conflicts. Students have a responsibility to do everything they can to avoid continuous conflicts. This would include being cautious about belonging to too many activities where conflicts are bound to happen. It also means notifying the faculty sponsors involved immediately when a conflict does arise.

### **Personal Habits of Good Health**

An athlete shall develop the following habits:

- consider showering after each workout (using soap)
- keep fingernails cut short
- keep all personal and athletic clothing clean
- as rest is important, attempt to get adequate rest at all times
- good nutrition is important, eat healthy foods

### **Grooming and Dress**

A member of an athletic team is expected to be well groomed and dressed neatly. Appearance, expression and actions always influence people's opinions of athletes, the team and the school. Sportsmanship, leadership, team pride and respect are influenced by an athlete's grooming and dress. Once you have volunteered to be a member of a team, you have made a choice to uphold certain standards expected of athletes in this community.

Only uniforms issued by the Athletic Department will be permitted to be worn for contests. An athlete shall dress presentably at all times while on trips, at assemblies and at banquets.

## **POLICY ON ATHLETIC INJURIES**

A Physical Examination and parent's consent is required of every student before he/she is allowed to participate in tryouts, practice sessions or games. Coaches shall check each player personally to ascertain that these requirements have been fulfilled.

Athletics are voluntary programs in which a student may participate if he/she so desires, but he/she does so at his/her own risk of injury. Port Huron Schools will not assume any responsibility or liability relative to doctor or hospital expense. This policy should be explained to all students participating in the program by each coach. The coach should emphasize that neither their name nor the name of the school should be used where medical expense is involved.

Coaches and the school district will strive to ensure:

- that all players receive adequate instructions in the fundamentals

- that all players provide or have provided good protective equipment and that players are told to check their equipment and ask for replacements if and when they think it is defective
- that players receive adequate medical examinations
- that injured players are not returned to competition unless a physician clears them for further action

Whenever possible, a coach or trainer will accompany an injured player to the hospital. The coach will call the parents at once and notify the Principal and/or Athletic Director as soon as possible.

When an injury occurs, it is the responsibility of the coach to fill out an injury report and return it to the Athletic Director within 24 hours after the injury occurs. This report is required as a precaution against personal and school liability.

A student returning to athletic participation following a lengthy illness or serious injury must deliver to his/her coach or trainer a statement from the physician releasing him/her for participation in practice and competition.

## **RULES AND REGULATIONS**

### **Basic Rule of Conduct**

As a general rule, any time student athletes do anything to bring discredit to themselves, their family, their team, or their school, they are in effect telling their coaches that they no longer want to be a member of the team. An athlete will not engage in or be an accomplice to the act of stealing, extortion, gross disrespect, bullying, or vandalism or any other types of inappropriate behavior. Violation of these basic rules of conduct will mean the suspension of the student athlete and possible exclusion from that sport or athletic program.

### **Illicit Substances and Severe Inappropriate Behavior**

Students who are involved in school activities are in a leadership role representing their school and the school district. Involvement is a privilege. The school and the school district will not condone the use, possession, buying selling or giving away of illicit substances, including vapes, illegal drugs, inhalants, alcohol, tobacco products, steroids and performance enhancing substances, drug paraphernalia, etc., or involvement in other severe inappropriate behavior by participants in co-curricular activities. Infractions of this rule will be directed to the appropriate administrator and acted upon immediately.

### **Suspension Procedure for Violations**

The importance of enforcement of all regulations in this book should be apparent. A firm and fair policy of enforcement is necessary. The community, school administrators and the coaching staff feel strongly that high standards of conduct and citizenship are essential in maintaining a sound program of athletics. It is our intent to preserve rules that reasonably pertain to the health and safety of the individual, and to the orderly conduct of sports. We do not wish to establish arbitrary personal preferences to insure absolute uniformity. The welfare of the students is our major consideration. What happens to them is of primary importance. Hopefully, their welfare transcends any other consideration.

### **Discipline Procedure**

In the event an athlete fails to comply with PHS expectations, the athlete may be denied the privilege of participating. After meeting with the student and investigating the circumstances, the coach (or athletic director) will notify the student and his family of this decision. The Athletic Director will send written notification of the violation (letter or email), consequences and how to access the due process procedures in this handbook.

If the athlete or family chooses to appeal they must contact the Athletic Director within 2 days of receiving the pre-mentioned written notification. The Athletic Director may schedule a meeting with the student,

parent, and/or coach to re-examine the issue. The AD will communicate his/her decision to uphold or change the assigned discipline.

If athlete or family still wish to continue the appeal process after this communication, they must request an appeal in writing to the building principal within 3 calendar days of the communication. The written request should be specific as to the basis and grounds of the appeal.

The principal may communicate directly to or elect to convene an appeal hearing with a committee comprised of the following voting members:

- |                                       |                       |
|---------------------------------------|-----------------------|
| 1 Lead Principal (chair - non voting) | 1 Teacher (coach)     |
| 1 Coach                               | 1 Executive Director  |
| 1 Community Member                    | 1 Teacher (non coach) |

The appeals committee may only grant or deny the appeal by secret ballot. If granted the appeals committee will uphold or revoke the suspension only. The Principal will contact the family with the committee's decision within 24 hours of the vote and follow up in writing. This is the absolute final action of the district.

## **CLARIFICATION OF CO-CURRICULAR POLICY**

Students who violate Port Huron Schools co-curricular policy are subject to a suspension period from their respective co-curricular activity. The suspension period is defined as follows:

### **First Violation**

For any first violation the student will not participate in at least 30% of a given season. For athletics, the season begins for each sport and students are "involved" from the first day of the sport season as defined by the MHSAA for high school athletes (and the SCCIAA for middle school athletes) through the presentation of awards at the end of the season (awards banquet, assembly, etc.). The season for fall sideline cheer will coincide with that of football. The season for winter sideline cheer will be the same as competitive cheer.

### **Out of Season**

For out of season violations the student will be held out of the first 30% of the first sport season contests the student participates in. The student will not be allowed to participate in any pre-season scrimmages or be on the sideline during the suspension period. If the violation occurs during a season with more than 70% of the season completed, the remaining percentage would carry over into the next regular season. The percent is based on days of competition not games or matches. *Note: If less than the maximum number of games allowed by MHSAA, 30% of the games scheduled for that season.*

The suspension will begin after the meeting with the building administrator. A student is expected to attend tryouts and practice during their suspension. Any season that involves the suspension period must be fully completed: the student may not choose to join a team, serve the suspension period, and quit that season. The suspension begins again in full if a season involving the suspension is not completed.

### **Substance Violation**

If the student is involved in a drug, alcohol or steroid related violation, in addition to the penalties above, the student must initiate themselves and participate in a drug education program (approved by Athletic Director). Failure to comply will render the student unable to participate in all activities until this requirement is met.

## **Severe Violation**

Involvement in severe inappropriate behavior such as larceny, assault, malicious destruction of property, etc. will result in immediate suspension from all co-curricular activities. A final decision regarding the length of the suspension will be made by the appropriate administrator based on the nature and severity of the violation. The length of the suspension can be up to one calendar year.

## **Subsequent violations**

(2nd offense, 3rd, etc.) will result in the student being suspended from all co-curricular activities for a period of at least one calendar year from the date of the meeting with the administrator.

Port Huron Schools and MHSAA guidelines apply to all sports including Club Sports (ie. self-funded teams).

# **PORT HURON SCHOOLS CO-CURRICULAR POLICY REGARDING SEVERE INAPPROPRIATE BEHAVIOR INCLUDING ILLICIT SUBSTANCES (Alcohol, drugs, tobacco, steroids, etc.)**

Students shall not use, possess, buy, sell or give away illicit substances, including illegal drugs, inhalants, alcohol, tobacco products, steroids and other performance enhancing substances, drug paraphernalia, caffeine pills, medication (except the possession or use of prescription medication when authorized under the District's medication policy), fake and look-alike drugs or alcohol. Larceny, assault, vandalism, or other inappropriate behavior will not be tolerated. In addition to penalties described in the Student Code Handbook applicable to all students, students found to be in violation will lose the privilege of participating in co-curricular activities.

### **A. The penalty for the first offense of use, possession, buying, selling or giving away of illicit substances**

will be immediate removal from any activity the student is participating in for the duration of the activity. In addition, the student shall be prohibited from participation in all other co-curricular activities for a period of 30% of season from the date of the meeting with the appropriate administrator to convey the disciplinary action. Students between activities at the time of the violation will be prohibited from participating in all co-curricular activities for a period of 30% of season from the date of the meeting with the administrator. Subsequent violations will result in suspension from all co-curricular activities for a period of one calendar year.

### **B. The penalty for involvement in larceny, assault, vandalism or other inappropriate behavior**

will be immediate suspension from all co-curricular activities. A final decision regarding the length of the suspension will be made by the appropriate administrator based on the nature and severity of the violation. The penalty can result in the student being removed from all activities for the duration of the activities and the student being prohibited from participating in other co-curricular activities for a period of 30% of season and up to one calendar year.

### **C. The duration of a co-curricular activity**

is defined as the entire season, appointment, elected term, etc. For athletics, the season begins the first day of practice allowed by the Michigan High School Athletic Association for that sport and continues through the presentation of the athletic awards or last contest, whichever comes last (Note: For middle school, starting dates are determined by the St. Clair County Intermediate Athletic Association).

**D. These rules are in effect for students both at school, outside of school hours and during vacations (includes summer).**

Each coach has the right and the responsibility to select his/her team personnel and to make substitutions as he/she sees the need.

Each coach has the right and responsibility to drop members from his/her team. Such action may result because of such reasons as: lack of physical, mental or moral fitness; lack of sufficient application to work; lack of cooperation, with the team or coach; and failure to observe training rules/regulations.

A student who makes the team in one sport and who does not finish the season in that sport, will not be eligible to start practicing for another sport before the end of the competition in the sport he/she dropped, unless he/she has the consent of the coaches of both sports.

Coaches in all sports are at liberty to advise and instruct individuals at any time during the year, consistent with regulations of the M.H.S.A.A. and the Port Huron Schools.

In a rare case it may be reasonable and proper to refuse to accept a candidate for a sport. In such instance, the case is to be reviewed by the principal, the athletic director and the involved coach.

Participation in more than one sport within a season is possible if all coaches involved are in agreement.

If it is necessary for an athlete to be absent from a practice session, he/she must notify his/her coach prior to the practice time.

**Requirements for participation**

As an athlete you are not eligible to participate in any sport until:

- A physical examination is completed and a signed form has been turned into the Athletic Office
- All eligibility requirements have been satisfied
- An emergency treatment release card is on file with your coach
- A *Co-Curricular Policy Regarding Alcohol, Drugs, Tobacco and other Severe Inappropriate Behavior* form, signed by both parent *and* student, is on file in the Athletic Office
- A *Waiver of Liability* form, signed by a parent, is on file with your coach
- An *Athletic Participation and Travel Permit*, signed by a parent, is on file with your coach
- PHS Activity Fee form and fee are submitted to the Athletic Office

**PORT HURON AREA SCHOOL DISTRICT**  
**ATHLETICS**

**REQUIRED FORMS & FEES**  
*Please read, sign and return  
the following forms to your coach:*

Co-Curricular Policy  
Activity Fee

Co-curricular Policy Parental Consent Concussion Awareness Waiver of Liability  
Athletic Participation and Travel Permit  
ImPACT Concussion

[MHSAA Medical History/Physical Exam & Clearance & Consent Forms](#)

**PORT HURON AREA SCHOOL DISTRICT  
CO-CURRICULAR POLICY REGARDING SEVERE INAPPROPRIATE BEHAVIOR  
INCLUDING ILLICIT SUBSTANCES  
(Alcohol, drugs, tobacco, steroids, etc.)**

Students shall not use, possess, buy, sell or give away illicit substances, including illegal drugs, inhalants, alcohol, tobacco products, steroids and other performance enhancing substances, drug paraphernalia, caffeine pills, medication (except the possession or use of prescription medication when authorized under the District’s medication policy), fake and look-a-like drugs or alcohol. Larceny, assault, vandalism, or other inappropriate behavior will not be tolerated. In addition to penalties described in the Student Code Handbook applicable to all students, students found to be in violation will lose the privilege of participating in co-curricular activities.

**A. The penalty for the first offense of use, possession, buying, selling or giving away of illicit substances**

will be immediate removal from any activity the student is participating in for the duration of the activity. In addition, the student shall be prohibited from participation in all other co- curricular activities for a period of 30% of season from the date of the meeting with the appropriate administrator to convey the disciplinary action. Students between activities at the time of the violation will be prohibited from participating in all co-curricular activities for a period of 30% of season from the date of the meeting with the administrator. Subsequent violations will result in suspension from all co-curricular activities for a period of one calendar year.

**B. The penalty for involvement in larceny, assault, vandalism or other inappropriate behavior**

will be immediate suspension from all co-curricular activities. A final decision regarding the length of the suspension will be made by the appropriate administrator based on the nature and severity of the violation. The penalty can result in the student being removed from all activities for the duration of the activities and the student being prohibited from participating in other co- curricular activities for a period of 30% of season and up to one calendar year.

**C. The duration of a co-curricular activity**

is defined as the entire season, appointment, elected term, etc. For athletics, the season begins the first day of practice allowed by the Michigan High School Athletic Association for that sport and continues through the presentation of the athletic awards or last contest, whichever comes last (Note: For middle school, starting dates are determined by the St. Clair County Intermediate Athletic Association).

**D. These rules are in effect for students both at school, outside of school hours and during vacations (includes summer).**

The student has the right of appeal by the following process:

1. Appeal to the Athletic Director
2. Appeal to the Building Principal
3. Appeals Committee as convened by Building Principal

Student Name (PRINTED)	Student Signature	Date
Parent/Guardian Name (PRINTED)	Parent/Guardian Signature	Date

# PORT HURON AREA SCHOOL DISTRICT ACTIVITY FEE POLICY

*The Port Huron Area School District provides a variety of student extra-curricular activities that have paid advisors/coaches and other operating expenses. The District has determined that students shall be assessed a fee to partially offset the cost of these activities. The policy regarding Activity Fees and the amount charged will be reviewed annually to address changing needs and costs.*

## **High School Activities**

***\$200 cap per student***

Athletics \$100

Drama \$75 ~ Band/Drill Team \$75 ~ Quiz Bowl \$75

*Note: Drama is considered one activity with a one-time annual fee of \$75 regardless of the number of drama productions.*

## **Middle School Activities**

***\$50 annual fee regardless of the number of activities***

Athletics ~ Drama ~ Quiz Bowl

***Family*** - Fees will be capped at \$300 per family regardless of the number of children participating in activities at any level. Parents are responsible for keeping track of fees paid and notifying the appropriate school administrator when the family cap has been reached.

***Reduced Fee Program*** - The fee shall be \$25 for students who are approved through the Household Information Survey with a \$50 cap per student and \$100 per family.

## **Rules Regarding Fees**

1. The Activity Fee must be paid and a completed ***Activity Fee Contract*** (reverse side) submitted to the advisor/coach BEFORE the first contest/performance in that activity.
2. All checks should be made out to Port Huron Schools.
3. Payment of an Activity Fee does not guarantee playing/participation time on a team or other activity.

## **Refunds**

1. Students who are cut from an activity will be reimbursed the full amount of the fee.
2. Students who voluntarily quit an activity within ten (10) calendar days after enrolling and whose equipment has been returned will be reimbursed the full amount of the fee.
3. After ten (10) calendar days, a refund may be allowed if the student's withdrawal is the result of illness or injury. The illness or injury must have a prognosis as lasting the duration of the season/activity.
4. Fees will not be refunded for students who are removed from an activity because of disciplinary reasons, academic ineligibility or who voluntarily quit after ten (10) calendar days after enrolling.

*If you have any questions, please contact your building Assistant Principal/Athletic Director.*



**Directions for Parents/Guardians:** Complete the top of this form. Check reverse side for policy and required fees. Send/deliver completed form with payment (check or cash) to the school Assistant Principal/Athletic Director. The form and payment must be received BEFORE any student will be allowed to participate in a contest/performance.

ACTIVITY: _____	Fee attached: _____
-----------------	---------------------

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

*My signature indicates that I have read, understand and agree to the terms specified in the Activity Fee Policy found on the reverse side of this form. Furthermore, I understand that payment of this fee does not guarantee playing or participation time on any team or activity.*

\_\_\_\_\_  
Parent/Guardian's Signature Date

Payment(s) previously THIS SCHOOL YEAR:

Activity: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

Activity: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

Family Cap met? YES NO Student Cap met? YES NO

Household Information Survey Submitted? YES NO

**School Office Use Only:**

Household Information Survey on File?	YES	NO	
Family Cap of \$300 reached?	YES	NO	<i>Forms MUST BE ATTACHED</i>
HS Student Cap of \$200 reached?	YES	NO	<i>Forms MUST BE ATTACHED</i>
MS Student Cap of \$50 reached?	YES	NO	<i>Forms MUST BE ATTACHED</i>

Payment(s) Received:

Activity: \_\_\_\_\_ Date: \_\_\_\_\_ Amt: \_\_\_\_\_ Ck # \_\_\_\_\_

Activity: \_\_\_\_\_ Date: \_\_\_\_\_ Amt: \_\_\_\_\_ Ck # \_\_\_\_\_

Activity: \_\_\_\_\_ Date: \_\_\_\_\_ Amt: \_\_\_\_\_ Ck # \_\_\_\_\_

Comments: \_\_\_\_\_

Received by: \_\_\_\_\_  
Name & Title Date

**Directions for School Personnel:** Keep original on file; provide two-sided copy to parent upon request.

**PORT HURON SCHOOLS  
ATHLETIC DEPARTMENT**

***ATHLETIC PARTICIPATION, RISK OF INJURY,  
INSURANCE COVERAGE, TRAVEL PERMIT, SPORTSMANSHIP***

**PARENTAL CONSENT FORM**

**Directions:** This form must be completed, signed by a parent or legal guardian and returned to the school before a student will be allowed to participate in interscholastic athletics. Please read the information carefully and contact your school's athletic director if you have any questions.

**Risk of Injury:** I am aware that playing or practicing in interscholastic sports can be a dangerous activity involving many risks of injury. These injuries could include the following injuries to my child as a result of his/her participation: bruises and cuts, muscle tears, sprains and strains, broken bones, closed head injuries, partial or full paralysis, death, other impairments to the body or mind. I acknowledge that the risk of injury will vary by type of activity and sport.

**Insurance Coverage:** I acknowledge that the school does not provide insurance coverage for athletes. I understand that it is my child's responsibility to report accidents that occur in school sponsored and supervised interscholastic sports to his/her coach immediately. I understand that it remains my responsibility to seek appropriate medical treatment and to pay for all medical expenses resulting from injuries incurred while my child participates in athletics.

**Travel:** I grant permission for my child to travel to and from authorized school athletic events or practices for the season by means of school bus, private car or walking (Note: private car is meant to be one driven by the coach or other authorized person).

**Sportsmanship:** The Port Huron Area School District Board of Education has adopted the following code of good sportsmanship for our athletes, coaches and spectators involved in interscholastic athletics.

**Mission**

The Port Huron Schools will make every reasonable effort to ensure that all individuals associated with our athletic programs and contests conduct themselves in a sportsmanlike manner.

**Guidelines**

The following actions on the part of players, coaches, parents and/or spectators will not be tolerated:

- Physically or verbally abusing any official, coach, player or spectator.
- Inciting participants or spectators to violent behavior.
- Using profanity, vulgarity, making derogatory or demeaning comments, or making obscene gestures (verbal or written).
- Mistreatment of the facilities or equipment.
- Throwing of objects onto the playing surface or at participants or spectators.
- Unauthorized entering of the field of play.
- Other acts of conduct deemed by the school personnel supervising the event as inappropriate.

**Penalties**

Penalties for unsportsmanlike conduct may result in, but are not limited to the following (and may skip steps):

- Verbal warning.
- Removal from the facilities.
- Barring an individual from attending future athletic events.
- Issuance of a no-trespassing order prohibiting an individual from entering school property or attending school functions.
- Contact law enforcement and possible criminal prosecution.

Additional penalties for unsportsmanlike behavior on the part of players, students, coaches and school personnel will be administered in accordance with established District policies.

I understand and agree to abide by the sportsmanship guidelines established by the school district. I realize that I (and my guests) will be subject to the penalties described if I (or my guests) engage in conduct that is deemed unsportsmanlike at any Port Huron Area School District athletic function.

**Participation Agreement:** I understand the potential risks of injury and agree the Port Huron Area School District and anyone associated with it will not be held responsible for any loss, injury or death related to my child's participation in the school athletic program except for injuries or damages caused by an authorized Port Huron Area School District agent resulting from the agent's gross negligence or intentional act as determined by a court of law.

I also recognize that it is my responsibility to support and obey the rules of the school, facility, team, and the coaching staff, and to conduct myself in a sportsmanlike manner at all school activities.

My signature at the bottom of this form means that I have read, understand and agree to these terms of my child participating in athletic activities.

\_\_\_\_\_  
Student's Name (please print)

\_\_\_\_\_  
School

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Sport

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

# High School ImPACT Testing Consent Form



I have read the information below.

I understand its contents.

I have been given an opportunity to ask questions  
and all questions have been answered to my satisfaction.

I agree to participate in the ImPACT Concussion Management Program.

NAME of ATHLETE: \_\_\_\_\_

SPORT(s): \_\_\_\_\_

DATE: \_\_\_\_\_

Signature of Student Athlete: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

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Port Huron Northern and Port Huron High Schools are currently implementing an innovative program for our student athletes. This program will assist our team physicians and athletic trainers in evaluating and treating head injuries (concussions). In order to better manage concussions sustained by our student athletes, we have acquired a software tool called ImPACT - *Immediate Post-Concussion Assessment and Cognitive Testing*. **ImPACT is a computerized exam** utilized in many professional, collegiate, and high school sports programs across the country to successfully diagnose and manage concussions. If an athlete is believed to have suffered a head injury during competition, ImPACT is used to help determine the severity of head injury and when the injury has fully healed.

The computerized exam is given to athletes before beginning contact sport practice or competition. This **non-invasive test** is set up in "video game" format and takes about 15-20 minutes to complete. Essentially, the ImPACT test is a preseason physical of the brain. It tracks information such as memory, reaction time, speed and concentration. It is not an IQ test.

If concussion is suspected, the athlete will be required to retake the test. Both the preseason and post-injury test data is useful to help evaluate the injury. The information gathered can also be shared with your family doctor. The test data will enable these health professionals to determine when return to play is appropriate and safe for the injured athlete. If an injury of this nature occurs to your child, you will be promptly contacted with all the details.

We are excited to implement this program given that it provides us the best available information for managing concussions and preventing the potential brain damage that can occur with multiple concussions. The Port Huron Area School District administration, coaching, and athletic training staffs are striving to keep your child's health and safety at the forefront of the student athletic experience.

Please return the attached page with the appropriate signatures. If you have any further questions regarding this program, please feel free to contact John Brady at (810) 841-0503 or Amy Nelson at (810) 300-5362.

John Brady, AT, ATC, PES  
Athletic Trainer  
Port Huron High School

Amy Nelson, MS, ATC  
Athletic Trainer  
Port Huron Northern High School



**MEDICAL HISTORY: Completed by Parent or Guardian or 18-Year-Old**

Student Name: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

- GENERAL QUESTIONS		Y	N	- MEDICAL QUESTIONS		Y	N
Has a doctor ever denied or restricted your participation in sports for any reason?				Do you cough, wheeze or have difficulty breathing during or after exercise?			
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 <input type="checkbox"/> Other:				Have you ever used an inhaler or taken asthma medicine?			
Have you ever spent the night in the hospital or have you ever had surgery?				Is there anyone in your family who has asthma?			
- HEART HEALTH QUESTIONS ABOUT YOU		Y	N	Were you born without, or missing a kidney, eye, testicle (males), spleen or any other organ?			
Have you ever passed out or nearly passed out DURING or AFTER exercise?				Do you have groin pain or a painful bulge or hernia in the groin area?			
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?				Have you had infectious mononucleosis (mono) within the last month?			
Does your heart ever race or skip beats (irregular beats) during exercise?				Do you have any rashes, pressure sores or other skin problems?			
Has a doctor ever told you that you have any heart problems? Check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart murmur <input type="checkbox"/> Heart infection <input type="checkbox"/> High cholesterol <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other:				Have you had a herpes or MRSA skin infection?			
Has a doctor ordered a test for your heart? (example, ECG/EKG, echocardiogram)				Do you have headaches or get frequent muscle cramps when exercising?			
Do you get lightheaded or feel more short of breath than expected during exercise?				Have you ever become ill while exercising in the heat?			
Do you have a history of seizure disorder or had an unexplained seizure?				Do you or someone in your family have sickle cell trait or disease?			
Do you get more tired or short of breath more quickly than your friends during exercise?				Have you had any problems with your eyes or vision or any eye injuries?			
- HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Y	N	Do you wear glasses or contact lenses?			
Has anyone in your family had unexplained fainting, unexplained seizures or near drowning?				Do you wear protective eyewear such as goggles or a face shield?			
Does anyone in your family have a heart problem, pacemaker or implanted defibrillator?				Immunization History: Are you missing any recommended vaccines?			
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)?				Do you have any allergies?			
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?				Have you ever had a head injury or concussion?			
- BONE AND JOINT QUESTIONS		Y	N	Do you have any concerns that you would like to discuss with a doctor?			
Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game?				Have you ever received a blow to the head that caused confusion, prolonged headache or memory problems?			
Have you ever had any broken or fractured bones, dislocated joints or stress fracture?				Have you ever had numbness, tingling, weakness or inability to move your arms or legs after being hit or falling?			
Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches?				Have you ever had an eating disorder?			
Do you regularly use a brace, orthotics or other assistive device?				Do you worry about your weight?			
Do you have a bone, muscle or joint injury that bothers you?				Are you trying to or has anyone recommended that you gain or lose weight?			
Do any of your joints become painful, swollen, feel warm or look red?				Are you on a special diet or do you avoid certain types of foods?			
Do you have any history of juvenile arthritis or connective tissue disease?				- FEMALES ONLY (Optional)		Y	N
Have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)?				Have you ever had a menstrual period?			
				How old were you when you had your first menstrual period?			
				How many periods have you had in the last 12 months?			
<b>CURRENT-YEAR PHYSICAL = GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR</b>							

**PHYSICAL EXAMINATION & MEDICAL CLEARANCE: Completed by MD, DO, PA or NP - RETURN DIRECTLY TO PATIENT**

EXAMINATION: Height: \_\_\_\_\_ Weight: \_\_\_\_\_  Male  Female BP: \_\_\_\_\_ / \_\_\_\_\_ Pulse: \_\_\_\_\_ Vision: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected:  Y  N

MEDICAL	NORMAL	ABNORMAL	MUSCULOSKELETAL	NORMAL	ABNORMAL
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			Neck		
Eyes/Ears/Nose/Throat: Pupils Equal Hearing			Back		
Lymph nodes			Shoulder/Arm		
Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI)			Elbow/Forearm		
Pulses: Simultaneous femoral and radial pulses			Wrist/Hand/Fingers		
Lungs			Hip/Thigh		
Abdomen			Knee		
Genitourinary (males only)			Leg/Ankle		
Skin: HSV: Lesions suggestive of MRSA, linea corporis			Foot/Toes		
Neurologic			Functional Duck Walk		

**RECOMMENDATIONS:**

I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities NOT crossed out below.  
 BASEBALL – BASKETBALL – BOWLING – COMPETITIVE CHEER – CROSS COUNTRY – FOOTBALL – GOLF – GYMNASTICS – ICE HOCKEY  
 LACROSSE – SKIING – SOCCER – SOFTBALL – SWIMMING/DIVING – TENNIS – TRACK & FIELD – VOLLEYBALL – WRESTLING

**EXAMINER** → Name of Examiner (print/type): \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Examiner: \_\_\_\_\_ (Check One):  MD  DO  PA  NP  
 ----- (DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE) -----

**EMERGENCY INFORMATION: COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD**

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Doctor: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
 IN EMERGENCY (1): \_\_\_\_\_ Home #: (\_\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_\_) \_\_\_\_\_  
 IN EMERGENCY (2): \_\_\_\_\_ Home #: (\_\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_\_) \_\_\_\_\_  
 Drug Reactions: \_\_\_\_\_ Current Medications: \_\_\_\_\_  
 Allergies: \_\_\_\_\_



# PRE-PARTICIPATION PHYSICAL - CONSENT - INSURANCE

Shaded headline areas are to be completed by student, parent/guardian or 18-year-old

There are FOUR (4) signatures on this page **4** to be completed by student, parent/guardian and/or 18-year-old

**A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR**

Student Name: \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

Student Address: \_\_\_\_\_  
STREET CITY ZIP

Gender:  M  F Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth (City/State): \_\_\_\_\_

School: \_\_\_\_\_ Circle Grade: 6 7 8 9 10 11 12

Father/Guardian Name: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_ (cell): \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_ (cell): \_\_\_\_\_

Email Address: Parent/Guardian/18-Year-Old: \_\_\_\_\_

## STUDENT PARTICIPATION & PARENT or GUARDIAN or 18-YEAR-OLD CONSENT

The information submitted herein is truthful to the best of my knowledge. By my/my child's signature below, **I/we acknowledge that I/we have received concussion educational information that meets Michigan Department of Health and Human Services and MHSAA requirements.**

Further, in consideration of my/my child's participation in MHSAA-sponsored athletics, I/we do hereby agree, understand, appreciate, and acknowledge: **that participation in such athletics is purely voluntary; that such activities involve physical exertion and contact and that there is inherent risk of personal injury associated with participation in such activities, which risk I/we assume;** and that I/we agree to, and hereby waive any and all claims, suits, losses, actions, or causes of action against the MHSAA, its members, officers, representatives, committee members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my/my child's participation in an MHSAA-sponsored sport.

I/we understand that I am/we are expected to adhere firmly to all established athletic policies of my school district and the MHSAA. I/we hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics. My child has my permission to accompany the team as a member on its out-of-town trips.

**1** Signature of **STUDENT**: \_\_\_\_\_ Date: \_\_\_\_\_

**2** Signature of **PARENT or GUARDIAN or 18-YEAR-OLD**: \_\_\_\_\_ Date: \_\_\_\_\_

## INSURANCE STATEMENT

Our son/daughter will comply with the specific insurance regulations of the school district.

The student-athlete has health insurance:  YES  NO

If YES, Family Insurance Co: \_\_\_\_\_ Insurance ID #: \_\_\_\_\_

Additionally, I hereby state that, to the best of my knowledge, my answers to the medical history questions (see reverse) are complete and correct.

**3** Signature of **PARENT or GUARDIAN or 18-YEAR-OLD**: \_\_\_\_\_ Date: \_\_\_\_\_

----- (DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE) -----

## MEDICAL TREATMENT CONSENT: COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD

I, \_\_\_\_\_, an 18-year-old, or the parent or guardian of \_\_\_\_\_, recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize 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 care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

**4** Signature of **PARENT or GUARDIAN or 18-YEAR-OLD**: \_\_\_\_\_ Date: \_\_\_\_\_



# RETURN TO ACTIVITY & POST-CONCUSSION CONSENT FORM

This form is to be used after an athlete is removed from and not returned to activity after exhibiting concussion symptoms. MHSAA rules require 1) Unconditional written authorization from a physician (MD/DO/Physician's Assistant/Nurse Practitioner), and 2) Consent from the student and parent/guardian. **Both Sections 1 & 2 of this form must be completed prior to a return to activity.** This form must be kept on file at the school and emailed to Concussion@MHSAA.com or faxed to 517-332-4071.

**Student:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Event/Sport:** \_\_\_\_\_ **Date of Injury:** \_\_\_\_\_

### 1. Action of M.D., D.O., Physician's Assistant or Nurse Practitioner

- **The clearance must be in writing and must be unconditional.** It is not sufficient that the M.D., D.O., Physician's Assistant or Nurse Practitioner has approved the student to begin a return-to-activity progression. The medical examiner must approve the student's return to unrestricted activity.
- Individual schools, districts and leagues may have more stringent requirements and protocols including but not limited to mandatory periods of inactivity, screening and post-concussion testing prior to or after the written clearance for return to activity.
- A school or health care facility may use a locally created form for this portion of the return-to-activity protocol, provided it complies with MHSAA regulations. (See MHSAA Protocol.)

I have examined the above named student-athlete following this episode and determined the following: \_\_\_\_\_

**Permission is granted** for the athlete to return to activity (may **not** return to practice or competition on the same day as the injury).

\_\_\_\_\_  
**SIGNATURE** (must be MD or DO or PA or NP – circle one) **DATE:** \_\_\_\_\_

**Examiner's Name (Printed):** \_\_\_\_\_

### 2. Post-Concussion Consent from Student and Parent/Guardian.

- I am fully informed concerning, and knowingly and voluntarily consent to, my/my child's immediate return to participation in athletic activities; I understand, appreciate, acknowledge, and assume the risks associated with such return to activity, including but not limited to concussions, and agree to comply with all relevant protocols established by my/my child's school and/or the MHSAA; and I/my child has been evaluated by, and has received written clearance to return to activity from an M.D., D.O., Physician's Assistant or Nurse Practitioner.
- In consideration of my/my child's continued participation in MHSAA-sponsored athletics, I/we do hereby waive any and all claims, suits, losses, actions, or causes of action against the MHSAA, its members, officers, representatives, committee members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my/my child's participation in an MHSAA-sponsored sport.
- I/we consent to the disclosure to appropriate persons, consistent with HIPAA and FERPA, of the treating medical examiner's written statement.

**Student's Signature (Required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Parent/Guardian's Name** \_\_\_\_\_ **\*Parent/Guardian's Signature:** \_\_\_\_\_

*\*Required if student is less than 18 years of age.*

**SEE REVERSE FOR OTHER CONCUSSION RELATED INFORMATION INCLUDING INSURANCE  
THIS FORM SHOULD BE KEPT ON FILE AT THE SCHOOL FOR SEVEN YEARS FOLLOWING THE  
STUDENT'S HIGH SCHOOL GRADUATION.**

**Print Year of HS Graduation:**

## **SCHOOL CONCUSSION REPORTING**

Schools must report concussion events online while logged into MHSAA.com. Report any concussion event in all levels of all MHSAA sports where a student is withheld from activity. This is a separate process from the Return to Activity and Post-Concussion Consent Form on the reverse side.

## **MHSAA CONCUSSION CARE INSURANCE**

The Michigan High School Athletic Association is providing athletic participants at each MHSAA member junior high/middle school and high school with insurance that is intended to pay accident medical expense benefits resulting from concussion. The suspected concussion must be sustained while the athlete is participating in an MHSAA in-season covered activity (practice or competition). Policy limit is \$25,000 for each accident.

This program intends to assure that all eligible student-athletes in MHSAA member schools in grades 6 through 12, male and female, in all levels of all sports under the jurisdiction of the MHSAA, receive prompt and professional attention for head injury events even if the child is uninsured or under-insured. Accident medical deductibles and co-pays left unpaid by other policies are reimbursed under this program to the limits of the policy.

Covered students, sports and situations follow to the MHSAA accident medical insurance which pays up to \$500,000 for medical expenses left unpaid by other insurance after a deductible of \$25,000 per claim in paid medical expenses has been met. All students enrolled in grades 6 through 12 at MHSAA member schools who are eligible under MHSAA rules and participating in practices or competition in sports under the MHSAA's jurisdiction are covered by this policy for injuries related to their athletic participation.

## **CONCUSSION INSURANCE CLAIMS ADMINISTRATOR ADDITIONAL INFORMATION**

Ms. Terri Bruner  
K & K Insurance Group  
1712 Magnavox Way  
Fort Wayne, IN 46801  
Phone: 800-237-2917 Fax: 312-381-9077  
Email: Terri.Bruner@kandkinsurance.com

Claim Forms can be found on MHSAA.com, Health & Safety (upper right corner).  
See Concussion Insurance Benefits Information and Forms