

INTERSCHOLASTIC ATHLETICS
Raymond School District

STUDENT PERMISSION FORM

I hereby give my consent for: _____ whose date of birth is _____
(Student's Full Name) (mm/dd/yyyy)

to compete for Raymond School District in New Hampshire Interscholastic Sports and to go on sports trips with the coach or other representative of the school.

School authorities will exercise reasonable precaution to avoid injury but must assume no financial or moral obligation to pay for any injury that may occur. If covered by a home policy, please list below the company and policy number of your insurance policy:

Home Insurance Agency Name: _____ Policy # _____

Health Insurance Company: _____ Phone # _____

***Athlete
Initials:***

_____ I AGREE TO BE RESPONSIBLE FOR THE SAFE RETURN OF ALL ATHLETIC EQUIPMENT ISSUED BY THE SCHOOL WITHIN ONE WEEK FROM THE LAST CONTEST OF THE SEASON.

_____ I HAVE READ AND UNDERSTAND THE RAYMOND HIGH SCHOOL ATHLETIC HANDBOOK. I REALIZE MY SELECTION TO THE TEAM IS BASED UPON MY ACADEMIC STANDING AS WELL AS MY ATTITUDE, DAILY SCHOOL CONDUCT AND COOPERATION WITH TEACHERS AND MY FELLOW STUDENTS. AS A TEAM PLAYER I REALIZE MY RESPONSIBILITY AS A SCHOOL CITIZEN AND WILL PRACTICE GOOD SPORTSMANSHIP.

_____ I HAVE READ AND UNDERSTAND THE ATHLETIC ELIGIBILITY REGULATIONS INCLUDING SCHOLASTIC STANDING, BEHAVIOR RULES, ATTENDANCE, ATHLETIC RULES AND ATHLETIC DRESS. I ALSO UNDERSTAND THE PROGRESSIVE DISCIPLINE ACTIONS THAT WILL BE IMPOSED.

_____ I HAVE READ AND UNDERSTAND THAT ATHLETES WILL BE SUSPENDED FROM THE TEAM FOR VIOLATION OF: SMOKING; USE OR POSSESSION OF ALCOHOLIC BEVERAGES; USE OR POSSESSION OF ILLEGAL OR CONTROLLED DRUGS; PHYSICAL VIOLENCE, THREATS, OR ABUSIVE BEHAVIOR.

(Student Signature) (Date)

(Parent Signature) (Date)

I HAVE RECEIVED THE CONCUSSION FACT SHEET AND AM AWARE OF THE RULES AND REGULATIONS FOR ATHLETIC PARTICIPATION.

(Student Signature) (Date)

(Parent Signature) (Date)



BILL OF RIGHTS FOR YOUNG ATHLETES

- Right to participate in sports
- Right to participate at a level commensurate with each child's maturity and ability
- Right to have qualified adult leadership
- Right to play as a child and not as an adult
- Right of children to share in the leadership and decision making of their sport participation
- Right to participate in safe and healthy environments
- Right to proper preparation for participation in sports
- Right to an equal opportunity to strive for success
- Right to be treated with dignity
- Right to have fun in sports

ATHLETICS & EXTRACURRICULAR HONOR CODE OF CONDUCT

Students are expected to behave appropriately at all student activities and athletic events. All school rules will be in effect at these events whether they are held at Raymond High School or at another site. Students who misbehave or demonstrate unsportsmanlike behavior will be asked to leave the event and will receive consequences in accordance with the school's code of conduct. Students must have and maintain a record of acceptable and appropriate citizenships, character and personal conduct both inside and outside the school environment. Students participating in athletic and extracurricular activities do so voluntarily and as representatives of their community, their school, their families, and themselves. Standards for such participation are high yet attainable by all. Students are on their honor to act appropriately and to seek attainment of those standards 365 days a year on or off the field. The district is committed to promoting a healthy lifestyle for our students. Certain behaviors are counter to those standards and are considered dangerous, illegal and contrary to the mission of our school.

These behaviors include:

1. Physical violence, threats, offensive language, abusive behavior towards teachers, coaches, officials, other teammates, opposing teammates, spectators, or other school personnel.
2. Use of alcohol, and/or possession of the same, in any form.
3. Use of illegal drugs, and/or possession of the same, in any form.
4. Being knowingly present where illegal alcohol and drug use is taking place.
5. Purchasing, attempting to purchase, possessing or using any tobacco product.
6. Any identifiable image, photo, or video which implicates a student to have been in possession of or in the presence of alcohol and/or drugs, or portrays actual use or a crime, shall be confirmation of a violation of the code of conduct.

Raymond High School Athletics

Athletic Director: Travis Glennon
Athletic Trainer: Heather Fanning

45 Herriman Hill Road
Raymond, NH 03077



BULLYING

Bullying is hereby defined as a single significant incident or a pattern of incidents involving a written, verbal, or electronic communication, or a physical act or gesture, or any combination thereof, directed at another student which:

- (1) Physically harms a student or damages the student's property;
- (2) Causes emotional distress to a student;
- (3) Interferes with a student's educational opportunities;
- (4) Creates a hostile educational environment; or
- (5) Substantially disrupts the orderly operation of the school.

Bullying fundamentally includes actions motivated by an imbalance of power based on a student's actual or perceived personal characteristics, behaviors, or beliefs, or motivated by the student's association with another person and based on the other person's characteristics, behaviors, or beliefs.

Cyberbullying

Cyberbullying is defined as any conduct defined as "bullying" in this policy that is undertaken through the use of electronic devices. For purposes of this policy, any references to the term bullying shall include cyberbullying.

Examples of consequences may include, but are not limited to:

1. Admonishment
2. Temporary removal from classroom
3. Deprivation of privileges
4. Classroom or administrative detention
5. Referral to disciplinarian
6. In-school suspension
7. Out-of-school suspension
8. Expulsion

HAZING

It is the policy of the District that no student or employee of the District shall participate in or be members of any secret fraternity or secret organization that is in any degree related to the school or to a school activity. No student organization or any person associated with any organization sanctioned by the State Board of Education shall engage or participate in hazing. For the purposes of this policy, hazing is defined as an activity that recklessly or intentionally endangers the mental or physical health or safety of a student for the purpose of initiation or admission into or affiliation with any organization sanctioned or authorized by the State Board of Education. "Endanger the physical health" shall include, but is not limited to, any brutality of a physical nature, such as whipping, beating, branding, or forced calisthenics; exposure to the elements; forced consumption of any food, alcoholic beverage, drug, or controlled dangerous substance; or any forced physical activity that could adversely affect the physical health or safety of the individual. "Endanger the mental health" shall include any activity, except those activities authorized by law, that would subject the individual to extreme mental stress, such as prolonged sleep deprivation, forced prolonged exclusion from social contact that could result in extreme embarrassment, or any other forced activity that could adversely affect the mental health or dignity of the individual. Any hazing activity upon which the initiation or admission into or affiliation with an organization sanctioned or authorized by the State Board of Education is conditioned, directly or indirectly, shall be presumed to be a forced activity, even if the student willingly participates in such activity. This policy is not intended to deprive School District authorities from taking necessary and appropriate disciplinary action toward any student or employee. Students or employees who violate this policy will be subject to disciplinary action that may include expulsion for students and employment termination for employees. A copy of this policy will be furnished to each student and teacher in the School District.

SAU 33 WELLNESS POLICY

1. The District shall teach, encourage, support, and model healthy eating habits for students.
2. The District shall teach, encourage, support, and model age-appropriate daily physical activity.
3. The District shall educate students, employees, school board, and community members to the important benefits of a healthy lifestyle.
4. The schools shall comply with the nutrition guidelines outlined in this policy in a manner designed to facilitate the adoption of healthier eating habits.

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EMERGENCY INFORMATION
ATHLETIC PHYSICAL EXAMINATION

FOR ALL SPORTS
HEALTH EMERGENCY INFORMATION

Student Name _____

Class Year _____

Sex _____

Address _____

City _____

State _____

Zip _____

Home Phone _____

Email Address _____

List surgeries or hospitalizations (dates):

Ever had heart disease, diabetes, bleeding or blood clotting disorders?

What? _____

Ever had a seizure? _____ When? _____ What type? _____

Any allergies (hay fever, asthma, hives, medications, insects)? What reactions?

Date of last physical? _____

Date of last tetanus: _____

Do you wear contacts? _____

Are you taking any medication? _____

What? _____

When? _____

Other Health History:

Mother/Guardian _____

Work Phone _____

Father/Guardian _____

Work Phone _____

IF PARENTS / GUARDIAN CANNOT BE REACHED CONTACT"

Local Physician: _____

PH# _____

Recommended Hospital: _____

Insurance Co. _____

PH# _____

In case of an accident or serious medical problem, I request the school to contact me (the above named parent/guardian). If the school is unable to contact me, I hereby authorize the school to contact the above named alternate person. If it is impossible to contact any so authorized person, the school may make whatever transportation and medical arrangements seem necessary.

SIGNATURE (PARENT/GUARDIAN) _____

DATE _____

ATHLETIC / OTHER ACTIVITIES TRANSPORTATION FORM

I, _____, the Parent / Guardian of
(Parent / Guardian's Name)

_____, will be transporting my son/daughter
(Student's Name)

to and from or **after** the game / activity on _____.
(circle one) (Date of Game / Activity)

I absolve the Raymond School District of all responsibility in this matter.

(Parent / Guardian Signature)

HEADS+UP

CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **PARENTS**

What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even a “ding” or a bump on the head can be serious.

What are the signs and symptoms?

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or can take days or weeks to appear. If your teen reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

Signs Observed by Parents or Guardians	Symptoms Reported by Athlete
<ul style="list-style-type: none"> • Appears dazed or stunned • Is confused about assignment • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily • Answers questions slowly • Loses consciousness • Shows behavior or personality changes • Can’t recall events prior to hit • Can’t recall events after hit 	<ul style="list-style-type: none"> • Headache • Nausea • Balance problems or dizziness • Double or fuzzy vision • Sensitivity to light or noise • Feeling sluggish • Feeling foggy or groggy • Concentration or memory problems • Confusion

What should you do if you think your teenage athlete has a concussion?

1. **Seek medical attention right away.** A health care professional will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.
2. **Keep your teen out of play.** Concussions take time to heal. Don’t let your teen return to play until a health care professional says it’s OK. Athletes who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your teen for a lifetime.
3. **Tell all of your teen’s coaches about any recent concussion.** Coaches should know if your teen had a recent concussion in ANY sport. Your teen’s coaches may not know about a concussion your teen received in another sport or activity unless you tell them. Knowing about the concussion will allow the coach to keep your teen from activities that could result in another concussion.
4. **Remind your teen:** It’s better to miss one game than the whole season.

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



Participation in Athletics

As the parent/ legal guardian I authorize my child's full participation in athletics in the Raymond School District and acknowledge that participation in athletics is completely voluntary. I further understand that my or my child's failure to comply with the guidelines established by the Raymond School District regarding safety, including guidelines related to limiting the spread of COVID-19, or to comply with the instructions of coaches and trainers regarding such guidelines, will result in my child's removal from participation in athletics in the Raymond School District.

Assumption of Risk and Medical Clearance

I agree and understand that participating in athletic activities with other students carries inherent risks including potential exposure to or contraction of COVID-19 or other infectious diseases, injuries (whether severe or minor), permanent damage, or even death. This assumption of risk includes participation in the athletics program on or off the campus of the Raymond School District, and includes the risks associated with participation in athletics during the COVID-19 pandemic. My child is covered with family insurance in the event of an accident or injury. I attest my child is in good health and has no restrictions covering participation in athletics, including any symptoms of COVID-19. I agree that if my child experiences any symptoms related to COVID-19, including cough, shortness of breath or difficulty breathing, nasal congestion, fatigue, fever, chills, muscle aches, headaches, sore throat, nausea or vomiting, diarrhea, and/or loss of taste or smell, my child will not participate in athletics until their symptoms have cleared and they produce a negative test for COVID-19.

I agree and understand there are specific guidelines in place in order to participate in athletics and understand that even if coaches, trainers, and students follow these guidelines, the Raymond School District cannot guarantee that athletes will not contract COVID-19 while participating in athletics.

Release Waiver

In consideration for my child's participation in athletics in the Raymond School District, I, (for myself and on behalf of my minor child), agree to forever release and discharge the Raymond School District and all staff/employees from, and agree not to sue for any and all liability or claims I (or my child) may have for any causes of action, liability, losses, or damages arising or resulting from property damage and loss, personal injury, emotional distress, illness, disability, or death, related to my child's participation in athletics, including participation in athletics during the COVID-19 pandemic. This release is for any type of claim, including breach of contract, negligence, fraud, or any other type of suit and includes losses alleged to be caused by the negligence of the Raymond School District and all staff/employees, to the fullest extent permitted by law but does not include claims for intentional wrongdoing.

Student-Athlete Name: _____ Signature: _____

Date: _____

Parent Name: _____ Signature: _____

Date: _____

*No student-athlete will be allowed to participate until this form is returned to the coach.

**Private Vehicle Permission, Agreement and Waiver Form
Raymond School District**

Dail Transportation provides transportation services for the Raymond School District. Due to a shortage of drivers, Dail Transportation cannot provide transportation for all the District's away athletic contests and co-curricular events. I understand that I will be responsible for my child's transportation to and from all away athletic contests and co-curricular events when Dail Transportation cannot provide services.

Parent/Guardian Agreement and Liability Waiver

I, the undersigned parent(s)/guardian(s), permit my child ("the Student"),
_____, to drive to and from Raymond School District athletic contests and co-curricular events for the 2021 - 2022 school year:

Check all that apply:

- To drive him/herself to and from athletic contests and co-curricular events.
- To drive to and from athletic contests and co-curricular events with
_____ ("designated adult driver") who is over 18 years
of age.

In granting my permission, I understand and agree to the following:

- The Student and/or designated adult driver has a current/valid NH state driver's license; the vehicle to be used is registered; insurance and inspection are up to date; and the Student and/or designated adult driver is insured on the vehicle.
- The Student and/or the designated adult driver are physically fit to operate the vehicle.
- I, the Student and/or the designated adult driver, assume all the risk of harm including but not limited to the risk of injury or death to the Student or others.
- By voluntarily allowing the Student to operate his/her own vehicle or allowing the designated adult driver to transport the Student, I and the Student waive, release, discharge, and covenant not to sue the Raymond School District, SAU #33, and their School Boards, officials, employees, volunteers or agents from any and all liability including bodily injury, death, disability or property damage resulting from the Student's transportation.
- I am responsible for deciding when it is safe/unsafe to allow the Student and/or the designated adult driver to drive to/from Raymond School District athletic contests and co-curricular events.
- The Student and/or the designated adult driver agree to drive safely and in accordance with all laws and regulations, on and off Raymond School District grounds.

- The Student and/or the designated adult driver are prohibited from driving other students (other than siblings) to and from Raymond School District athletic contests and co-curricular events.
- The Student and/or designated adult driver shall not be reimbursed by the Raymond School District for transportation costs.
- I am solely responsible for selecting the designated driver, and the designated driver will not be subject to a criminal background check.
- The Student and/or the designated adult driver have read and agree to these provisions as well as the rules in the Student and designated adult driver agreement.
- Raymond School District at its sole discretion may revoke the Student's and/or designated driver's privilege to drive to and from Raymond School District athletic contests and co-curricular events for any reason.

Parent/Guardian Name (print)

Parent/Guardian Signature

Date

Student and Designated Driver Agreement

I, the undersigned Student, and/or the designated adult driver have read and agree to the provisions above. I understand that driving to and from Raymond School District athletic contests and co-curricular events carries serious responsibilities. I understand that I **may not** drive to and from a Raymond School District athletic contest and co-curricular event when a bus is provided by Raymond School District. I agree that driving is a serious responsibility, that I will obey laws and regulations on and off school grounds.

Student's Name (print)

Student's Signature

Date

Designated Driver's Name (print)

Designated Driver's Signature

Date
