

In order for your child to participate in Brentwood HS sports a COMPLETED sports packet must be on file in the BHS high school athletic office.

Beginning with the 2019 school year, MSHSAA announced a change for athletic physicals stating that all physicals will be valid for a duration of **2 years** (unless specifically noted by the physician).

So for example, a physical that is dated May 29, 2019 is now valid through May 28, 2021. A physical that is dated on August 2, 2019 is now valid through August 1, 2021. Etc., Etc. Any physical done this summer for your student will be good for the next 2 school years.

All other pre-participation documents (proof of insurance, code of conduct, etc...) for athletics are still only valid for 1 year.

Please see Julie Robertson or Dr. Ayotte in the main office for copies of the packet of forms that need to be filled out before participating in any athletic programs this upcoming school year.

In the attached packet please fill out and sign the following pages.

- 1) Physical examination form filled out and signed by a physician. These are good for 2 years. Example: May 18, 2019 to May 18, 2021. (All other forms will need to be completed and signed annually.)
- 2) MSHSAA medical history and general questions sheets.
- 3) MSHSAA Pre-Participation Documentation – Annual Requirements
- 4) MSHSAA student agreement/parent permission for medical treatment & insurance information filled out and signed by parent and student-completed yearly.
- 5) MSHSAA parent and student signature that you have read the concussion materials-completed yearly.
- 6) BHS Athlete responsibility acknowledgement form signed by parent and student-completed yearly.
- 7) BHS Insurance Verification/Student Travel Permission signed by Parent-completed yearly.
- 8) A copy of the students health insurance card-completed yearly.
- 9) BHS Parent Text message permission form-completed yearly.



# PRE-PARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM – VALID FOR 2 YEARS

Name:		Date of Birth:	
<b>Physician Reminders:</b>			
1. Consider additional questions on more-sensilive issues. <ul style="list-style-type: none"> <li>• Do you feel stressed out or under a lot of pressure?</li> <li>• Do you ever feel sad, hopeless, depressed or anxious?</li> <li>• Do you feel safe at your home or residence?</li> <li>• Have you ever tried cigarettes, chewing tobacco, snuff or dip?</li> <li>• During the past 30 days, did you use chewing tobacco, snuff or dip?</li> </ul>		<ul style="list-style-type: none"> <li>• Do you drink alcohol or use any other drugs?</li> <li>• Have you ever taken anabolic steroids or used any other performance-enhancing supplement?</li> <li>• Have you ever taken any supplements to help you gain or lose weight or improve your performance?</li> <li>• Do you wear a seat belt, use a helmet and use condoms?</li> </ul>	
2. Consider reviewing questions on cardiovascular symptoms (Questions 4-13 of History Form).			
<b>EXAMINATION</b>			
Height:		Weight:	
BP: / ( / )	Pulse:	Vision: R 20/ L 20/	Corrected: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>MEDICAL</b>	<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>	
Appearance <ul style="list-style-type: none"> <li>• Marfan stigmata (kyphoscoliosis, high-arched palate, peclus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse (MVP) and aortic insufficiency)</li> </ul>			
Eyes, ears, nose and throal <ul style="list-style-type: none"> <li>• Pupils equal</li> <li>• Hearing</li> </ul>			
Lymph Nodes			
Heart* <ul style="list-style-type: none"> <li>• Murmurs (auscultation standing, auscultation supine and +/- Valsalva maneuver)</li> </ul>			
Lungs			
Abdomen			
Skin <ul style="list-style-type: none"> <li>• Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) or tinea corporis</li> </ul>			
Neurological			
<b>MUSCULOSKELETAL</b>	<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>	
Neck			
Back			
Shoulder and arm			
Elbow and forearm			
Wrist, hand and fingers			
Hip and thigh			
Knee			
Leg and ankle			
Foot and toes			
Functional <ul style="list-style-type: none"> <li>• Double-leg squat test, single-leg squat test and box drop or step drop test</li> </ul>			
* Consider electrocardiography (ECG), echocardiogram, referral to cardiology for abnormal cardiac history or examination findings, or a combination of those.			
<input type="checkbox"/> Cleared for all sports without restriction for two (2) years.			
<input type="checkbox"/> Cleared for all sports without restriction for two (2) years <u>with recommendation for further evaluation or treatment for:</u>			
<input type="checkbox"/> Cleared for all sports without restriction for less than two (2) years. <u>Specify reasons and duration of approval below:</u>			
<input type="checkbox"/> Not Cleared <input type="checkbox"/> Pending further evaluation <input type="checkbox"/> For any sports <input type="checkbox"/> For certain sports (please list):           Reason:			
Recommendations/Comments:			
I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).			
Name of healthcare professional (type/print):		Date of Issue:	
Address:		Phone:	
Signature of healthcare professional (MD/DO/ARNP/PA/Chiropractor):			

This physical is valid for a 2-year period unless otherwise noted by the physician in the "Recommendations" field listed above.

**MEDICAL HISTORY**

**Note: Complete and sign this form (with your parents if younger than 18) before your appointment. The physician should keep a copy of this form in the chart for their records.**

**Note: An injury or medical condition results in a separate medical release.**

Name:

Date of Birth:

Date of examination:

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 ever had surgery? If yes, list all past 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):

**PATIENT HEALTH QUESTIONNAIRE VERSION 4 (PHQ-4)**

Over the last 2 weeks, how often have you been bothered by any of the following problems (circle response).

	Not at All	Several Days	Over Half the Days	Nearly Every Day
Feeling nervous, anxious or on edge:	0	1	2	3
Not being able to stop or control worrying:	0	1	2	3
Little interest or pleasure in doing things:	0	1	2	3
Feeling down, depressed or hopeless:	0	1	2	3

A sum of  $\geq 3$  is considered positive on either subscale (questions 1 and 2, or questions 3 and 4) for screening purposes.

Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.

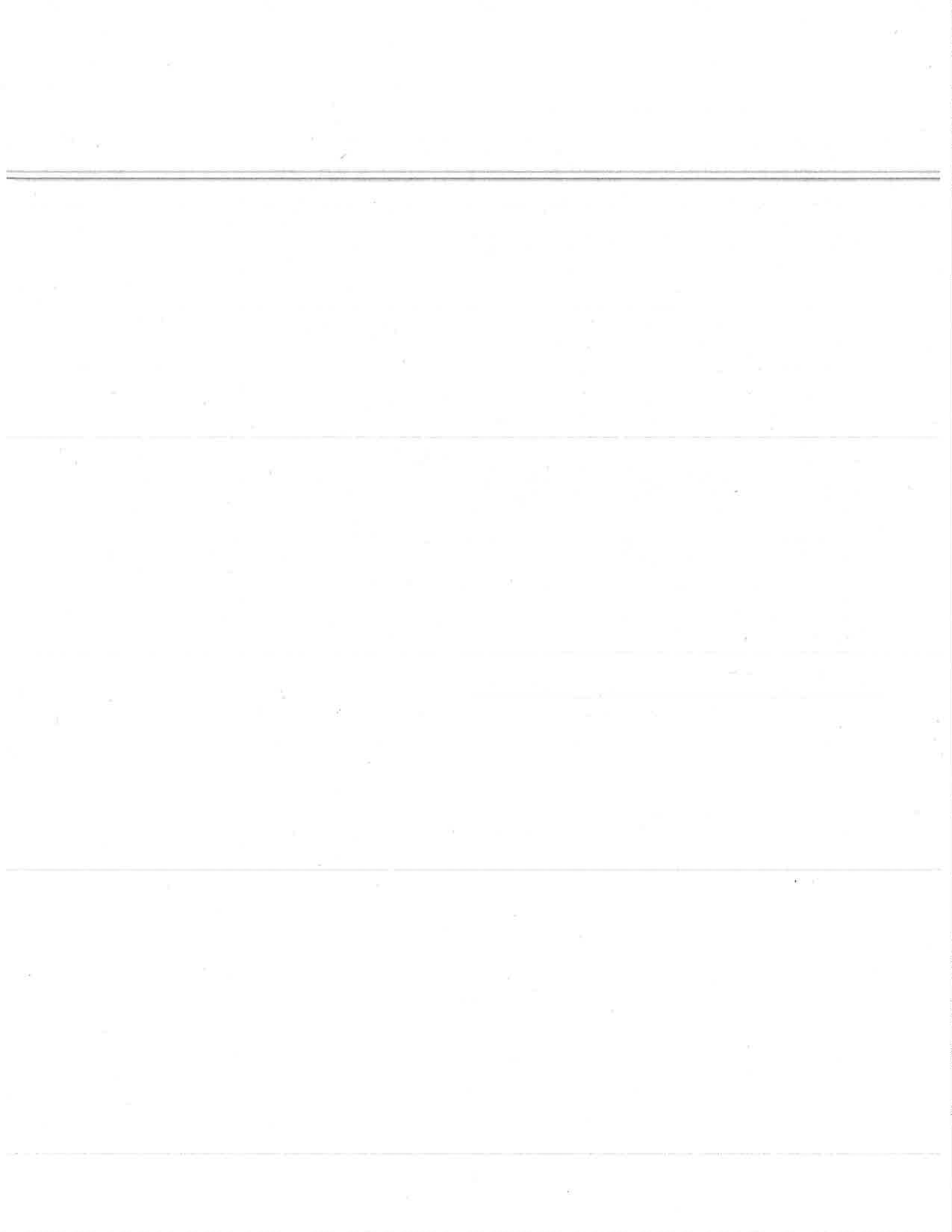
GENERAL QUESTIONS	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever ordered a test for your heart? (For example, electrocardiography (ECG) or echocardiography?)		
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTs), Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		
BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament or joint injury that bothers you?		

MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you, or does someone in your family, have sickle cell trait or disease?		
24. Have you ever had, or do you have, any problems with your eyes or vision?		
25. Do you worry about your weight?		
26. Are you trying to, or has anyone recommended, that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

IF "YES," EXPLAIN ANSWERS HERE

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:



## MSHSAA PRE-PARTICIPATION DOCUMENTATION – ANNUAL REQUIREMENTS

INTERIM MEDICAL HISTORY	
<p><b>Note: Complete and sign this form (with your parents if younger than 18).</b>  <b>Note: An injury or medical condition results in a separate medical release.</b></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 and Hepatitis B. 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 or injury 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)**

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.

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 *MSHSAA Handbook* 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 *Handbook* are also posted on the MSHSAA website at [www.mshsaa.org](http://www.mshsaa.org)).

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.

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.

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.

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:

- 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.

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.

<b>Signature of Athlete:</b>	<b>Date:</b>
<b>Have you experienced a medical condition since your last physical examination?</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

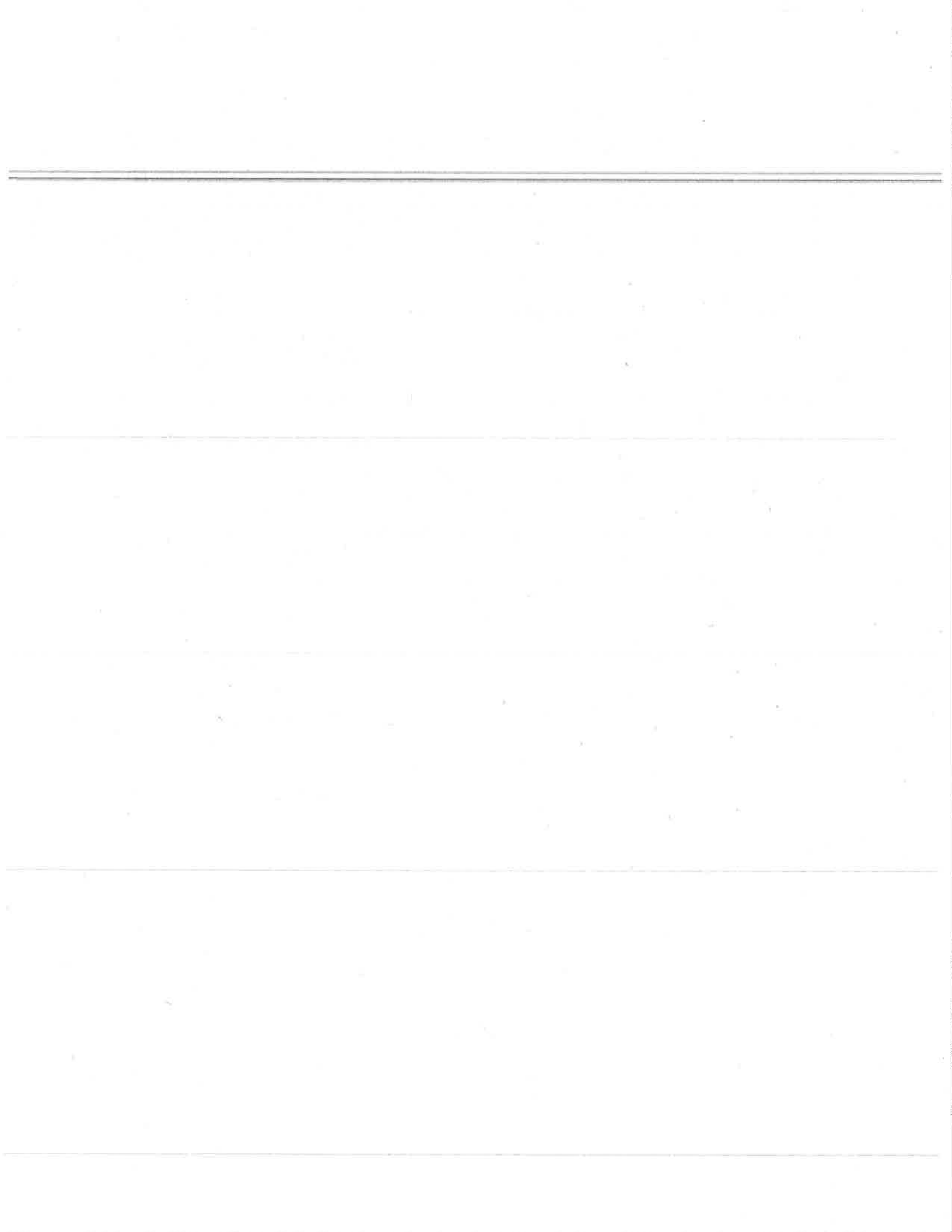
**PARENT AND STUDENT SIGNATURE (Concussion Materials)**

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.

<b>Signature of Athlete:</b>	<b>Date:</b>
<b>Signature of Parent(s) or Guardian:</b>	<b>Date:</b>

**EMERGENCY CONTACT INFORMATION**

<b>Parent(s) or Guardian</b>	<b>Address</b>	<b>Phone Number</b>
<b>Name of Contact</b>	<b>Relationship to Athlete</b>	<b>Phone Number</b>
<b>Name of Contact</b>	<b>Relationship to Athlete</b>	<b>Phone Number</b>



# BRENTWOOD ATHLETIC ASSOCIATION AND EXTRA-CURRICULAR ACTIVITIES HANDBOOK 2019-20

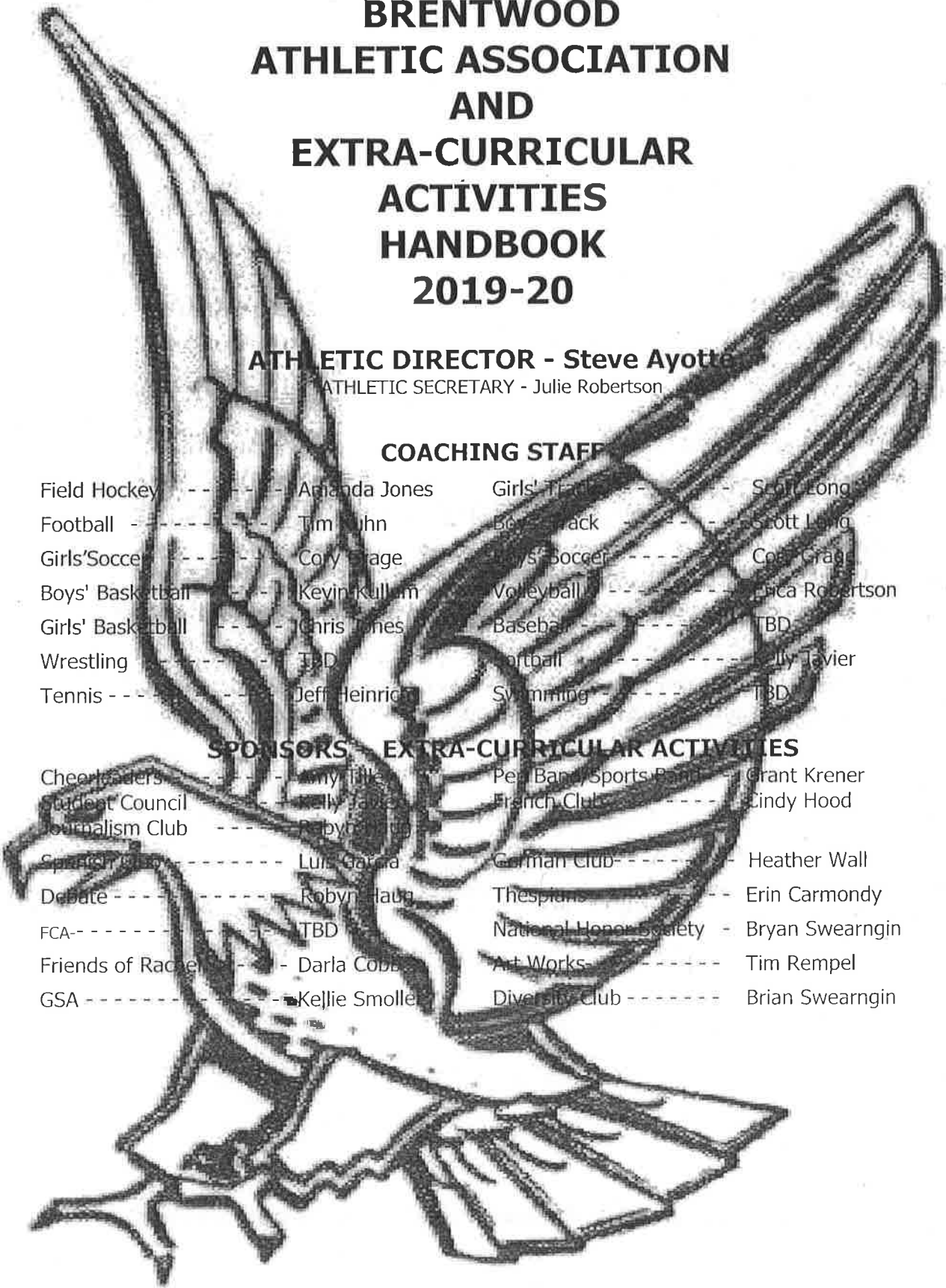
**ATHLETIC DIRECTOR - Steve Ayotte**  
ATHLETIC SECRETARY - Julie Robertson

## COACHING STAFF

Field Hockey	-----	Amianda Jones	Girls' Tennis	-----	Scott Long
Football	-----	Tim John	Boys' Track	-----	Scott Long
Girls' Soccer	-----	Cory Stage	Boys' Soccer	-----	Coop Gragg
Boys' Basketball	-----	Kevin Kullum	Volleyball	-----	Julia Robertson
Girls' Basketball	-----	Chris Jones	Baseball	-----	TBD
Wrestling	-----	TBD	Softball	-----	Jelly Javier
Tennis	-----	Jeff Heinrich	Swimming	-----	TBD

## SPONSORS    EXTRA-CURRICULAR ACTIVITIES

Cheerleaders	-----	Amy Little	Peer Band/Sports Band	-----	Grant Krener
Student Council	-----	Kelly Jax	French Club	-----	Cindy Hood
Journalism Club	-----	Robyn Haug	Golfman Club	-----	Heather Wall
Spanish Club	-----	Luis Garcia	Thespians	-----	Erin Carmondy
Debate	-----	Robyn Haug	National Honor Society	-----	Bryan Swearngin
FCA	-----	TBD	Art Works	-----	Tim Rempel
Friends of Racquet	-----	Darla Cobb	Diversity Club	-----	Brian Swearngin
GSA	-----	Kellie Smoller			



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## PHILOSOPHY OF BRENTWOOD ATHLETIC ASSOCIATION

The Board of Education, Administration, and the Physical Education Department of Brentwood High School believe that physical education classes, interschool athletics, intramurals, and support groups for these activities are integral parts of the total educational program and contribute to the general objectives of education.

Because education aims to develop the individual, Brentwood Athletic Association educates students through the medium of wholesome and interesting physical activities to realize their maximum capacities - physically, mentally, morally, and socially - and to use their athletic talents intelligently and cooperatively.

The ultimate goal of all activities within the Brentwood Athletic Association shall be to benefit each member individually and as a member of a team. Accordingly, students shall have an opportunity to participate to the best of her abilities.

The Brentwood Athletic Association shall be an outgrowth of the total Physical Education Program, and each shall contribute to the development of a well-balanced program.

## **BRENTWOOD ATHLETIC ASSOCIATION**

### **VARSITY CLUB**

Head Sponsor  
All BAA Sports Letter Persons

### **INTRAMURAL ORGANIZATION**

Intramurals will be conducted on an informal basis as needed

### **EXTRA CURRICULAR ACTIVITIES**

Head Sponsors  
Support Groups

### **ATHLETICS SUPERVISION**

Coaches  
Athletic Director  
Principal

### **AWARD SYSTEM**

Varsity Awards - Large letter B and certificate - first letter.

Activity pin and certificate - second letter  
Bars and certificate - each additional letter.

J.V. Awards- Awards in the form of a small letter "B" will be given to those athletes who meet the requirements set by the coach.

*Only one Varsity letter "B" will be awarded throughout four years.*

A new student to Brentwood may qualify for the Eagle Award by earning letters in at least two sports. In accordance with regulations of the MSHSAA, you shall not receive any award for services as an athlete other than that given by your school. Awards given by Brentwood High School shall consist of certificates, pins, and letters. Managers and trainers shall be awarded letters appropriate to the team which they have served. Awards will be earned according to the system established by BAA. Only students in grades nine through twelve shall be eligible for awards. Varsity letters, pins, and certificates in the various sports are contingent upon the student completing the season, receiving the coach's recommendation, and meeting the participation requirements (see page 5) in varsity competition.

#### Exception

Coaches with teams that have insufficient numbers to compete at the varsity level may use some discretion in awarding letters to deserving team members. Under these conditions, the coach may award a letter to a player if, in the coach's professional judgment, the athlete possessed and demonstrated various level talents and abilities. The coach will make the judgment based on:

1. Coachability
2. Skill-level attainment
3. Technique
4. Performance
5. Sportsmanship
6. School attendance
7. Attendance at practices
8. Attendance at games
9. Participation

#### Team Banquet

Every team is required to have a team banquet that invites parents to celebrate individual and team accomplishments. All student athletes are encouraged to attend the banquet. If a student is unable to attend he/she, as a courtesy, should notify the head coach as soon as possible.

#### Banquet Guidelines

1. Awards and letters will be handed out at the team banquet.
2. Students not attending team banquet should make arrangements with their head coach to pick up award and letter.
3. Appropriate dress for staff and students is expected.

Coaches must notify all athletes who will not receive a letter prior to the team banquet.

### How to attain Letters

All students must complete the required participation percentage and consistently attend practice to receive an award. Students must also demonstrate good character and show respect to team members, coaches, and staff, during school, athletic practice and competition, and in the community at large. If a student does not meet the participation and citizenship expectations he or she will not receive an award or invitation to the banquet. In the event that this occurs, the parents and student will be notified in a timely manner prior to the banquet.

1. Participation in interschool varsity athletics as follows:
  - Softball- compete in at least thirty percent of total games
  - Field Hockey - compete in at least thirty percent of total games
  - Football - compete in at least thirty percent of total quarters
  - Volleyball - compete in at least thirty percent of total games
  - Basketball - compete in at least thirty percent of total quarters
  - Wrestling - compete in at least thirty percent of total matches
  - Baseball - compete in at least thirty percent of total innings  
pitchers on recommendations of each coach
  - Track - compete in at least seventy percent of total meets
  - Soccer - compete in at least sixty percent of total games
  - Tennis - compete in at least fifty percent of total matches
  - Debate - compete in at least sixty percent of total competitions
  - Cheerleading - one-hundred percent participation, unless excused

absence by sponsor.

3. *All athletes must finish the season in good standing.*
4. Coaches should notify all athletes before the team banquet if they will not be receiving an award.
5. At the discretion of the coach, a high school student may be awarded a manager letter for outstanding performance of the job of team manager.

### Additional Awards

1. "Most Valuable Player" and "Most Improved Player" awards shall be recognized in each sport by vote of the squad members. (Money provided by General Fund.)
2. A "Scholar Athlete" shall be elected each year by the high school faculty. (Money provided by General Fund.)
3. Participation certificates shall be given to all squad members who finish the season in good standing and fail to attain letter awards.
4. Certificates of award shall be given to all student athletes receiving any of the following honors: First Team All-Conference, All-District, All Metro, All State, Best Athletes and Scholar Athletes.

### Exceptions

A. The following exceptions will be made at the discretion of the coach and with the approval of the athletic director and principal:

1. Students that are injured before or during the athletic season must continue to attend all practices and games with the possible exception of health related reasons in order to receive a letter.
2. Freshman are allowed to start a sport and decide to switch to another sport within a week of the first practice. Upper classman are allowed three days to change a sport and go out for another sport that season. This also includes working out in the weight room.

### COACHES NOTES

Approval from the administration must be given, before any coach can participate in any coaching duties. Coaches must check eligibility of each athlete before the athlete is allowed to practice. Eligibility check includes GPA, proof of insurance, and any fines owed.

During off-seasons, athletes may use the weight room and track for conditioning, but must be under adult supervision of a coach in those facilities. No athletic equipment (for example: footballs, basketballs, baseballs, bats, gloves, volleyballs) may be used during these workouts and there may not be an open gym.

### PEP ASSEMBLY

The Cheerleaders will be in charge of all pep assemblies.

The Pledge of Allegiance will be done before each pep assembly.

Coaches will introduce their team at the center of the gym and give proper recognition to each athlete.

Coaches will mention up-coming games and their importance

Teachers are expected to sit with students.

### THE ATHLETE

#### 1. The Athlete

As a team member, you must be aware of your obligations. You know the training rules, and why they are in effect. You also know the locker room and practice field regulations, and why you are expected to obey them. You must have full knowledge of game discipline and control. You are expected to be loyal to individual team members, and your team, just as coaches are expected to be loyal to their respective teams. It is not enough for the athlete to know his/her obligations, but you must be willing to live up to those obligations. All these things will contribute to the team's morale in a positive way.

A.



*Athletes in the school:* In school, the athlete dresses neatly. This means you present a neat appearance; in no way will you attract negative attention through dress. An athlete has to make an effort to do the best job he/she can in all classes. Be polite in all dealings with faculty members, and be a good on-campus citizen. Faithful to this end, you should achieve a good reputation, thus commanding respect from those with whom you come in contact.

B. *Athletes in the community:* The athlete is alert to his/her responsibility in the community. To members of other communities and to the people who only know the school through athletics, you are the school and you help formulate community opinion of the school. While an athlete may not realize it, younger people in the community took up to you as a role model. Therefore, it is essential that you work continually to create and maintain a positive image.

2. Eligibility Rules

In order to represent Brentwood High School in any interscholastic competition, you must meet all eligibility requirements of the Missouri State High School Activities Association, and the Brentwood Athletics as described in the handbook. Athletes must pass at least 3.25 units of credit in the previous semester.

(A) A student must maintain a GPA of at least 1.5

(B) You must have on file **BEFORE** you can participate in practice or any game, the following forms;

1. Physical examination record
2. Signed signature page for conditions of participation, authorization for treatment, health insurance information, emergency contact information, and that you have read the concussion materials
3. Proof of insurance

(C) If you are suspended from one squad for disciplinary reasons, or quit for personal reasons, you shall not be eligible to practice or compete in another sport until that season is completed.

(D) Summer School- 1/2 credit will count for eligibility status. The credit must be in a required subject area needed for graduation.

(E) DRUGS/ALCOHOL/TOBACCO - will not be tolerated and use of such will be cause for suspension and/or removal (see policy on p.13-14)

(F) All athletes must be in attendance at school at least half of the school day to be eligible to attend/participate in practice or games. This applies to absences, excused or unexcused, unless an exception is given by the building principal or designee.

3. Fines

An athlete will not be issued any equipment nor allowed to practice or play in an athletic interscholastic contest until all fines are paid in full.

**NOTE:** Athletes must meet school district requirements in physical education classes. In keeping with current regulations for the Missouri State Department of Education and local rule, a student may not substitute participation in interschool athletics for his/her physical education requirements.

**4. Athletic Code of Conduct**

- A. The future of the athletic department will be affected by the conduct of our present squads since they set the example that will be followed by future squads.
- B. The following rules apply to any athlete who desires to be a member of any athletic squad of the high school. You must adhere to the rules and policies stated below while a member of any athletic squad:

1. No athlete will use of alcohol, tobacco or drugs.

2. Be responsible for the equipment issued to you and show respect for the property of other players and the school property of opponents, whether at home or on trips for school events. You will be liable for damage or loss of equipment if negligent.

**EQUIPMENT ISSUED TO YOU WILL BE WORN AT HIGH SCHOOL SPONSORED EVENTS ONLY.**

3. Conduct yourself at home and on school trips in such a manner that you will be a credit to the squad, the school, and the community.

4. If applicable, abide by the curfew hour established by the coach of the squad to which you are attached.

5. Present an acceptable appearance at all times. As a member of any athletic team, you should strive to develop personal pride. Whether the team is playing at home or away, you are expected to dress appropriately. Remember you are a representative of Brentwood High School as well as the community of Brentwood.

6. From a safety standpoint, it is expected that the athlete's hair will be cut so that the eyes are unobstructed and will not be a hindrance to good performance.

7. Display proper respect for those in authority including teachers, coaches, staff members, and officials.

8. Use language which is socially acceptable. Profanity or vulgar talk/gestures will not be tolerated.

- C. If you fail to abide by the aforementioned principles, you risk being suspended from the sport activity involved and thereby forfeit the privilege of active participation as a team member until you are reinstated.

D. You should welcome the privileges of an athlete but sincerely assume the responsibilities and obligations that go with them.

E. Suspensions

1. When suspended from a school, athletes are not eligible to participate in or attend any sport or other extra-curricular activity until fully reinstated.
2. When declared ineligible by school administration (Athletic Director or Principal), you shall not participate in practice or contest until reinstated by the administration.

5. Illness and Student Attendance or Participation in Athletic/Extra Curricular Activities

A. Brentwood High School does not want the health of any student jeopardized by his/her taking part in athletic contests or practices when such participation would be detrimental to the student's health.

B. To be eligible to attend or participate in any athletic/extra-curricular activities, students must be in attendance at school for least half of the school day and have no unexcused absences on that day. Exceptions to this rule must be approved by a school administrator. Parental excuses will not necessarily allow students to be eligible for attending or participating in school activities. The principal may make the decision by considering whether the absence could have been avoided or whether extenuating circumstances support the need for special consideration.

Missouri State High School Activities Association By-Law 212.0, concerning citizenship standards, states:

"If a student misses class on the date of a contest without being excused by the principal, he/she shall not be considered eligible on that date."

Students must take care of all school responsibilities to be eligible for attending or participating in athletic/extra-curricular activities. Such responsibilities include (but are not limited to) detentions, fines, etc. Any exceptions must be approved by a school administrator the day before the activity.

In the event a doctor has indicated that a student cannot participate in athletics/extracurricular activities, the student will not be allowed to participate until the doctor gives his/her permission in writing for the student to return to participation.

C. Saturday contests: In the event you have an excused absence on the Friday before a Saturday contest the following rules are to be observed:

1. Before being allowed to dress for the contest, you are to present the coach a note signed by your parent/guardian, stating the reason for your absence and giving permission for you to take part in the game or meet.

2. In the event your absence was due to illness or injury, you will not be allowed to play unless approval is received from your parent/guardian.

D. Coaches will present these regulations to every athlete at the beginning of each season.

### **SCHOOL RESPONSIBILITIES AND ATHLETIC/EXTRA-CURRICULAR ATTENDANCE OR PARTICIPATION**

A. Students failing to serve overdue detentions may not attend or participate in school activities until they have satisfactorily met the consequences of these infractions. Exceptions can be made only through the athletic director or principal's office prior to the activity.

B. Students on out-of-school suspension for any part of the day or students assigned in-school suspension for one-half day or more are not allowed to attend or participate in athletic/extra-curricular activities on the day/days of their suspension.

C. Tutoring should be encouraged for athletes whose grade point average is below a 2.0.

### **ATHLETIC EQUIPMENT**

A. One of the values of athletics is to teach responsibility, and this should apply to the care of athletic equipment as well as other school property. It is expected that athletes will take pride in the fine facilities Brentwood has provided.

B. The school attempts to provide the best and safest equipment it can. Each year this equipment is thoroughly cleaned and repaired to insure maximum protection to our athletes. We expect the athlete to take excellent care of this equipment.

C. In all sports the school will loan every athlete the equipment necessary to participate in that activity, except footwear and personal equipment.

D. The original equipment issued to the athlete must be returned at the close of the season. If equipment needs repair or a change in size, be sure the manager makes the change on the equipment sheet.

E. The athlete will be held financially responsible for any lost or misplaced equipment. Deliberate mutilation of school property will also be charged appropriately.

F. If fines are not paid two weeks after the first practice in each sport, the athlete will not be allowed to participate in practices or games.



## EXTRA-CURRICULAR ACTIVITIES RULES AND REGULATIONS

1. A student's membership in a club will be terminated if the student has three or more unexcused absences from meetings or group activities.
2. To receive credit or any type of award from a club, the student must complete the school year in good standing with club, sponsor, and the school.
3. Students who are suspended from school will have their status in the club reviewed by the activity sponsor and a school administrator.
4. A school administrator or sponsor can remove a student from a club or alter their role in an activity in order to maintain the integrity and principles of the club.
5. Athletes or managers are not allowed to drive to sporting events unless approved through the Principal's or Assistant Principal's office. Also, if you ride to the event with the team you must come back to school with the team unless the coach receives a note from the parents/guardians giving permission for the athlete to ride home with the parents/guardians.

## PARENT/COACH COMMUNICATION PLAN

Both parents and coaches need to work hand-in-hand. By establishing an understanding of roles of each, we are better able to accept the actions of the other and provide greater benefit to young people. As parents, when your child becomes involved in the athletic program, you have a right to understand what expectations are placed on your child. This begins with clear communication from the coach of your child's program. Every team is expected to have a parental information meeting before the start of the season.

### Communication you should expect from your child's coach

1. Philosophy of the coach
2. Expectations the coach has for your child as well as all the players on the squad
3. Location and times of all practices and contests
4. Team requirements (i.e., practices, special equipment, out of season conditioning, rules and regulations)
5. Procedures to be followed should your child be absent or injured
6. Discipline that may result in the denial of your child's participation

### Communication coaches expect from parents

1. Concerns expressed directly to the coach
2. Notification of any schedule conflicts well in advance
3. Specific concerns with regard to a coach's philosophy and/or expectations
4. Explanation of absences or illness

As your children become involved in the programs at Brentwood High School they will experience some of the most rewarding moments of their lives. It is important to understand that there also may be times when things do not go the way you or your child wished. At these times discussion with the coach in charge is encouraged.

Appropriate concerns to discuss with coaches

1. The treatment of your child, mentally and physically
2. Ways to help your child improve
3. Concerns about your child's behavior

It is very difficult to accept your child's not playing as much as you may hope. Our coaches are professionals. They have the total welfare of each student athlete in mind as they make their decisions. They are encouraged to weigh the individual needs of each participant with the good of the whole. As you have seen from the list above, certain things can and should be discussed with your child's coach. Other things, such as those listed below, must be left to the discretion of the coach.

Issues not appropriate to discuss with coaches

1. Team strategy
2. Play calling
3. Other student-athletes

There are situations that may require a conference between the coach and the parent. These are to be encouraged. It is important that both parties involved have a clear understanding of the other's position. When these conferences are necessary, the following procedure should be followed to help promote a resolution to the issue and concern.

**IF YOU HAVE A CONCERN TO DISCUSS WITH A COACH, THE PROCEDURE YOU SHOULD FOLLOW:**

1. Call to set up an appointment with the coach

The Brentwood High phone number is: 962-3837 (school)  
Extension: (Athletic Director Office) #1033 or #1025

2. If the coach cannot be reached, call the Athletic Director. A meeting will be set up for you.

Please do **NOT** attempt to confront a coach before or after a contest or practice. These can be emotional times for both the parent and the coach. Meetings of this nature do not promote resolution.

What a parent can do if the meeting with the coach did not provide a satisfactory resolution

Call and set up an appointment with the Athletic Director to discuss the situation.

## TOBACCO, ALCOHOL, AND OTHER DRUG USE BY STUDENT ATHLETES

The use of tobacco, alcohol, and other drugs is known to be damaging and unhealthy. During the school year, while a member of a BHS interscholastic athletic team, all of our athletes must attest that they will not use tobacco, alcohol, and other drugs, including steroids. They will do so by signing a contract, to which all athletes are expected to adhere if they wish to participate. The contract, which is based on the principles contained herein, also implies that each student athlete realizes that the use of tobacco, alcohol, and other drugs jeopardizes his/her position on the team, the individual's ongoing health, and also jeopardizes the overall performance of the team.

Teachers, sponsors, and coaches who suspect students of using alcohol or other drugs are expected to confer about the student with the principal or athletic director. Teachers, sponsors and coaches are asked to provide as detailed information as possible so that a wise and appropriate course of action can be established to deal with the student. Interventions may include the following:

### Interventions for violation of tobacco, alcohol, other drugs codes

- Conference with student
- Conference with parents or guardian
- Referral to the nurse for assessment
- Referral to a school counselor
- Referral to contracted, external healthcare services (i.e. Preferred Family Healthcare)
- Disciplinary action by the teacher, sponsor, or coach
- Disciplinary action by the school administration

### Students under the influence

#### **1<sup>st</sup> Offense**

The first violation shall result in the student being suspended from team competition or co-curricular activities for 15% of the current season contest dates or the contest dates during the time of the suspension; whichever is greater (non-self-reported incidents result in 25% loss). After completion of the suspension, a reinstatement meeting will be held involving the student, his/her parents/guardians, the coach or sponsor, the Athletic Director, and the Principal to allow the student to recommit to being drug and alcohol free. If, in the judgment of the school officials, the student recommits, he/she will be allowed to again participate in team competition or the designated co-curricular activities governed by MSHSAA.

In the event the incident takes place at the end of an athletic season, which prohibits the student from serving out the consequences, the consequences will extend into the next sport season in which the student participates. The remaining percentage of suspended contest dates will carry over and be pro-rated based on the scheduled contest of the preceding sport in which the student participates.

In the event the incident takes place at a time when a senior student athlete cannot serve out his/her consequences, other alternative disciplinary consequences will be used. These consequences may include, but, are not limited to the following: forfeit of privilege to attend school activities such as athletic contests, dances, prom, senior trip community service, etc.



**2<sup>nd</sup> Offense**

A second violation will result in the student being removed from all school-sponsored designated MSHSAA activities for a one year period. During the suspension, students seeking reinstatement to a team or activity must attend, with their parent/guardian, two drug and alcohol education meetings with Preferred Family Healthcare (either at their office or at the school site), or a similar organization. If in the determination the student has participated with fidelity, and has satisfied any other requirement that the coach and athletic director deem appropriate, the student and parents can file for an early reinstatement prior to the 365 days being served in their entirety. Decision of the Athletic Director and school administration will be final. Prior to reinstatement, the student must have recommitted to being drug and alcohol free at a reinstatement meeting.

**3<sup>rd</sup> Offense**

A third violation will result in the student being permanently disqualified from participation in all school-sponsored designated MSHSAA activities. Exceptions must be approved in writing by the superintendent.

\*Each incident is accumulated over the duration of the student's high school career.

# ATHLETE /PARENT FORM

## ATHLETIC RESPONSIBILITY ACKNOWLEDGMENT

ATHLETE

SPORT

Prior to participating in any practice or tryout sessions for any interscholastic sport each athletic must:

1. Successfully pass a physical examination by a registered physician and the copy of such examination must be on file in the office of the Athletic Director. The physical must be dated after February 15 of the previous school year and is valid for all sports for the present year.
2. Provide proof of basic accident insurance for the current year.
3. Properly fill out and return to the coach the emergency medical form.

As a Brentwood High School student athlete participating voluntarily in interscholastic athletics, I understand:

1. I will abide by the Brentwood Student Activities Handbook, the coaches team rules, and the rules of the Missouri State High School Activities Association.
2. I will conduct myself in an exemplary social manner at all times.
3. I will be responsible for all athletic equipment issued to me throughout the season, will return such equipment at the conclusion of the season, and will pay the current replacement cost for any of the equipment not accounted for by me at the end of the season.
4. I will not use or be in possession of tobacco, alcohol, illegal drugs, or drug paraphernalia. If I do use any of these substances, am in possession of such substances, or am suspended from school for use or possession of these substances, I will be subject to disciplinary actions, including but not limited to, suspension or expulsion from the team and/or ineligibility for letters of other recognition.
5. I, along with my parent(s)/guardian(s), certify that I have read and understand all of the Brentwood High School athletic policies in the activities handbook and in order to be eligible for participation, I must comply with all requirements listed.
6. I understand that in order to be eligible to play or attend school games/activities (at home or away) I must be in attendance at least all of the last two class periods of the day. This rule applies whether the absence is excused or unexcused. Any exceptions must be approved by the building principal or the principal's designee.
7. See Athletic code of conduct (page 9)

We, the athlete and parent(s)/guardian(s), have read and had the opportunity to ask any questions we may have had, and understand all of the elements of the Brentwood High School "Tobacco, Alcohol, and Other Drug Code" and The Sportsmanship Code." Furthermore, as the parent/guardian, I agree to support these codes. As the athlete, I agree to comply with all sections of both codes or face the outlined interventions.

Signature of Athlete \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent(s)/Guardian: \_\_\_\_\_

Date \_\_\_\_\_

INSURANCE VERIFICATION

We, the parents or guardians of \_\_\_\_\_

have insurance with \_\_\_\_\_ policy number \_\_\_\_\_  
(Name of Insurance Company)

that will pay the medical or surgical expenses that results from any injury, major or minor, that the above- named student may receive as a result of practicing or performing in athletics at Brentwood High School. This insurance will also cover the above named student while traveling to or from practice sessions or scheduled performances. I will notify the school and remove my son/daughter from the team immediately if any insurance is terminated or suspended.

Since we, the parents or guardians of the above-named student, have an insurance policy which will provide adequate financial coverage for any type injury or injuries or whatever might result there-of, we, the parents or guardians, agree to release the Brentwood School District or any part thereof, from any obligation as pertains to financial responsibility in these matters of the current school year or any period of time thereafter.

**Please attach a copy of the insurance card to this form.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

STUDENT TRAVEL PERMISSION

We, hereby give our consent for \_\_\_\_\_,  
(Name of student)

to travel to and from athletic events scheduled by the Brentwood High School. We understand the athletic department policy will be provide transportation by school bus, but may use other means of transportation for some events. We grant permission for said student to participate in the planned activities of the travel, and to travel by car, bus, and/or other means of transportation as required. I also understand and agree that students are not allowed to drive themselves to games or ride with parents unless special permission is obtained through the principal's office.

\_\_\_\_\_  
Date

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

# BHS PARENT TEXT MESSAGE APPROVAL FORM

Due to recent changes in the law the following documentation is required from parents to allow school personnel to communicate with their student/athlete. Please complete this form and return it to the appropriate staff member.

**\*Each staff member is required to have their permission forms on file in the main office.**

**Staff Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School related text message will pertain to:**

- Teaching Information
- Club Information
- Athletic Information
- Extra Curricular Information
- Other EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

**Student Name:** \_\_\_\_\_

**PARENTS PLEASE COMPLETE INFORMATION BELOW AND  
RETURN THIS DOCUMENT TO THE APPROPRIATE STAFF**

**Parent Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Check Appropriate Box (Check One Box Only)**

I give permission for the above staff member to text my child without including me in the text messages sent to my child.

I give permission for the above staff member to text my child as long as I am included in the text messages sent to my child.

**PARENT CELL PHONE#** \_\_\_\_\_

I do not give permission for the above staff member to text my child.

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**