

**ATHLETIC HANDBOOK
FOR
CLAY COUNTY
ELEMENTARY SCHOOLS**

2020-2021

COVID 19 STATEMENT

At the time this Athletic Handbook is being approved by the Board there is uncertainty as to what the upcoming school year will look like, including how academics will be conducted, whether sports will be permitted, and if so what rules and guidelines will be required. In recognition of the ever changing rules and guidelines due to COVID-19 the Board authorizes Superintendent Sexton to make any necessary changes to this handbook or issue updated rules or guidelines to comply with KHSAA rules, KDE rules or guidelines, CDC or local health department recommendations, executive orders, etc.

Updated KHSAA rules and rules are expected and will supercede conflicting information contained herein.

INTRODUCTION

The Clay County Board of Education has adopted this handbook to govern Clay County Elementary Athletics. The purpose is to regulate elementary athletics so that all students have the same opportunity to participate regardless of the school they attend, and that all students/schools follow a uniform set of rules.

Several of the rules contained herein will result in substantial changes to the way elementary athletics have been handled in the past. Our goal is to give more students the opportunity to participate, and make sure all students/schools receive the same opportunity and treatment.

Some rules apply to all sports, while others are specific to a particular sport. All students, coaches and schools are expected to follow these rules. Violation of any rule will subject the appropriate party to discipline, up to and including disqualification of students and termination of coaches.

As used in this handbook "sports" refers to football, basketball, cheerleading, track, dance team and any other performing group associated with sporting events. If additional team sports, individual sports or other competitions are added at the elementary level, this handbook shall also apply to those activities.

Detailed rules and procedures not included in this handbook will be developed by the Athletic Director and Superintendent.

The Clay County Board of Education will approve the Athletic Handbook. However, Members of the Board of Education will not make decisions as to eligibility or rule interpretation. Eligibility questions and rule interpretation questions shall be directed to the Athletic Director who shall consult with the Superintendent. The Superintendent shall have the final decision.

CLAY COUNTY BOARD OF EDUCATION

All coaches, students and any other individuals involved in Clay County Public School Athletics are subject to all (1) applicable KHSAA rules and regulations (www.KHSAA.org); (2) all District Policies and Procedures (www.clay.k12.ky.us); (3) Student Code of Acceptable behavior (www.clay.k12.ky.us) ; (4) employee handbook (www.clay.k12.ky.us) ; and any additional rules contained in the Athletic Handbook.

ATHLETIC DIRECTOR

The Athletic Director shall be required to complete the same training as required of coaches. Proof of completion shall be submitted to the Superintendent.

The Athletic Director shall keep the principal(s) fully advised as to all matters relating to athletics, but shall report directly to the Superintendent.

INSURANCE REQUIREMENTS FOR ACTIVITIES

Any individual, group, team or organization conducting a camp, league, tournament, skills camp or any other activity on Clay County Board of Education property, using Clay County public school team names, Clay County public school coaches, Clay County public school employees or Clay County public school students shall be required to obtain insurance for said event with a minimum limit of one million dollars .

(This does not include elementary, middle school and high school tournaments involving Clay County teams and other teams as a part of regular competition). Said insurance shall be obtained prior to advertising said event or registration for said event. Written proof shall be provided to Finance Office at the Clay County Board of Education prior to advertising or registration.

Exception to the activity insurance requirement:

High school coaches who conduct a skills clinic for current elementary student athletes in the same sport shall not be required to purchase said insurance.

STUDENTS SHALL NOT HAVE TO PAY IN ORDER TO PARTICIPATE

No student shall be required to pay any fee or purchase any items in order to participate on any athletic team, cheerleading squad, dance team, or any other group that performs or otherwise participates at sporting events.

A coach/sponsor may recommend a specific color or type of shoes for uniformity purposes, but a student shall not be required to purchase said shoes in order to participate.

Violation of this rule shall subject the coach, sponsor, principal and/or school to discipline.

MAXIMUM AMOUNT TO BE SPENT PER STUDENT UNIFORM

No more than \$150 shall be spent per individual uniform for any sport (excluding football equipment).

ELIGIBILITY

Beginning with the 2019-2020 school year the elementary sports program will use Varsity and Jr. Varsity divisions. 6th grade student athletes can only play in the varsity division. 5th grade student athletes that have never repeated a grade may play in the Jr. Varsity division with the approval of the Athletic Director. 3rd grade athletes playing varsity football must have the permission of the CCHS football head coach and the Elementary Athletic Director.

The goal remains to allow as many students as possible to participate. The Athletic Director shall be responsible for assuring that older students are not cut from the Varsity team to make room for younger students.

Students in grades 1-6 are eligible to participate in cheerleading. Individual schools will decide whether to have separate girls and boys squads.

Elementary students shall not be permitted to participate on middle school basketball, football or non-competitive cheerleading teams, unless one of the following exceptions applies:

Exceptions:

1. A student who is ineligible to participate on an elementary team due to age may participate at the middle school level with approval of the middle school principal and athletic director.
2. If there are not enough middle school students to field a team, 6th graders may be permitted to compete at the middle school level subject to approval of the middle school principal and elementary athletic director.

All elementary students/teams must have the approval of the elementary athletic director to play, practice or participate at middle/high school facilities or play against 6th grade, middle school or high school teams.

Per KHSAA rules a student who turns 13 prior to August 1 of the current school year is not eligible to compete at the elementary level.

Pursuant to 702 KAR 7:065 any student enrolled initially in grade five (5) through eight (8) who is repeating a grade for any reason is ineligible, during the school year that the grade is repeated, to compete in interscholastic athletics competition at any level.

Students must have insurance pursuant to board policy.

Students must have a current physical and have the board provided medical forms/permission forms completed prior to competition.

Students with a failing grade in any class will be ineligible to participate in sports until a passing grade is achieved.

Students who are absent on the day of a game will be ineligible to participate in the game that day.

If an elementary school does not have a team for a particular sport and a student wishes to participate in said sport, the student may be permitted to play on another school's team, but only with the approval of the coach, athletic director, and superintendent.

SPORTSMANSHIP

All players and coaches are expected to practice good sportsmanship. Any player or coach ejected from a game shall be suspended for a minimum of 2 games.

The length of the suspension shall be determined by the Athletic Director after consultation with the Superintendent.

Clay County Elementary Schools will follow the KHSAA Spectator Policy, which is as follows:

KHSAA SPECTATOR POLICY-

Any adult spectator (adult who is not listed on the current roster of coaches for the school) at any KHSAA sanctioned interscholastic event (scrimmage, regular or postseason contest) who is removed by school administrators or by law enforcement (whether or not referred by a contest official) for unsportsmanlike conduct shall be suspended from attending, at minimum, the next contest at that level of competition and all other contests at any level in the interim.

In addition to any KHSAA mandated suspension, additional sanctions may be imposed by the Superintendent on a case by case basis, up to and including a ban from athletic events and/or a ban from all school property.

COACHES

All coaches at the elementary level shall meet the same requirements outlined in Board Policy 03.1161 for middle and high school coaches. The head coach must have medication training.

All assistants/volunteers working with players must have a criminal background check and be approved by the Athletic Director.

A person who is trained in CPR and first aid must be present at all practices and all games.

MANDATORY ATTENDANCE

The principal of each school shall attend all games held at his/her school and be responsible for overseeing the event.

The principal shall be responsible for making the Athletic Director aware of any and all ejections as well as any other issues arising with players/coaches/parents/fans etc. for which discipline or other action may be appropriate.

GENERAL COMPETITION RULES

A county wide game schedule and tournament schedule will be developed by the Athletic Director for football and basketball.

Track and Field will consist of county-wide meets held at the athletic complex.

Cheerleading-Cheer teams will be judged at the first round of the boys basketball tournament and a champion will be determined based on in-game performance.

OUT OF COUNTY TRAVEL

Each elementary team may participate in 2 out of county events per season. The team must use school district buses and pay all transportation costs. Teams must submit the same paperwork as is required for field trips and travel must be approved by the elementary athletic director and Superintendent.

PRACTICE

Elementary sports teams may begin practice as follows: Football, Girls Basketball, and Cheerleading may begin practice after the KHSAA dead period ends. Boys Basketball practice will begin the day after football ends, or October 15, 2018, whichever is later.

Elementary sports teams shall be permitted to practice on the following days and times during their specific season.

| | |
|-----------|----------------------------------|
| Sunday | 2pm-5pm |
| Monday | 4:30pm-9pm |
| Tuesday | 4:30pm-9pm |
| Wednesday | NO PRACTICE |
| Thursday | 4:30pm-9pm |
| Friday | at the end of the school day-9pm |
| Saturday | until 9pm |

Practice shall not begin until 4:30pm Monday through Thursday to allow students participating in sports to also participate in after-school programs.

Practice schedules shall be coordinated with the athletic director and provided to players at least 1 week in advance.

All practices are CLOSED to anyone that has not been approved through the Board of Education.

SPORTS BY SEASON

FALL SEASON

Girls Basketball

Football

Cheerleading

WINTER SEASON

Boys Basketball

Cheerleading

SPRING SEASON

Boys & Girls Track

BASKETBALL SPECIFIC RULES

- * 2 coaches per team
- * Student must play in age division
- * Dress a maximum of 15 players per team
- * Specific game rules will be developed by the Athletic Director and provided to coaches no later than the beginning of practice.

FOOTBALL SPECIFIC RULES

GAME MANAGEMENT

1. Three coaches per team
 - a. 1 coach can be on the field for offense and defense.
 - b. Parents/Spectators that are NOT district approved coaches CANNOT be on the sideline or playing field during a game. This is a safety issue and will be strictly enforced. (This does not include school officials, administration, law enforcement or EMS).
 - c. Teams that do not strictly adhere to this policy will be given a sideline warning for the first violation, and be penalized **15 yards from the spot of the ball** for each subsequent violation.
2. Students must play in age division.
3. Any other specific game rules will be developed and provided to coaches no later than the first day of practice.
4. Football practice may begin after KHSAA dead period ends. The practice schedule shall follow KHSAA rules regarding helmets and shoulder pads prior to contact and full practice.

PLAYING RULES

1. Playing rules will mirror the NFHS Playing Rules when applicable.
2. Quarter length-
 - a. 8 minutes 10 and up division
 - b. 6 minutes 10 and under division
3. The high school head coach will make the final decision on whether or not a student can play a skill position.

4. Offensive and Defensive base structures will be reported to the high school head coach before the season.

- a. This is not to limit you as coaches, but to ensure that our athletes are learning to win games based on sound fundamentals rather than “gimmicks” that change from week to week.
- b. Offensive formations shall not consist of an empty backfield besides the quarterback, or an unbalance offensive line.

5. Blitzing/Stunting or Twisting on Defense

- a. Linebackers shall be at least 3 yards off the LOS (not moving forward) prior to the snap.
- b. Defensive linemen shall be within 1 yard of LOS prior to snap.
- c. The only exception is a goal line front (which may not include more than 6 down linemen) in short yardage situations or within your own 5 yard line.

6. Kickoffs/Punts/PAT

- a. Teams will take the ball at the 30 yard line to begin the game and after opponent scores.
- b. The ball will be moved 30 yards from the spot of the ball if a team elects to “punt”.
- c. If a team elects to kick an unrushed EP from the 3 yard line after a score they will be awarded 2 points for successful attempts.
- d. If a team elects to run or pass the ball from the 3 yard line after scores they will receive 1 point for successful attempts.

7. Weather

When a game makes it into the 3rd quarter it will be recorded as an official game if weather intervenes and forces cancellation.

8. Mercy Rule

When a team is leading by 21+ points in the second half of a contest the *Mercy Rule* will be in effect and the clock will run continuously from that point forward.



**Athletic Participation/Physical Examination Form
Parental and Student Consent and Release
For Middle School Level (students enrolled in grades
5-8 participating in competition for grades 6-8)**

*KHSAA Form MS01
Middle School
Parent Permission and Consent
Rev. 7/19 page 1 of 2
© KHSAA, 2019*

The student and parents/guardian must read this statement carefully and sign where required. By signing this form, all parties agree that they have accurately completed all sections of the form and have read and agree to the terms of this form as detailed. This form must be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics. This form should be kept in a secure location until the student has exhausted eligibility, enrolled in high school and reached the age of sixteen (16).

ATHLETE INFORMATION
(This part must be completed by the student and family)

Name (Last, First, Initial) _____ School Year _____
 Home Address (Street, City, State, Zip): _____
 Gender _____ Grade _____ School _____
 Date of Birth: _____ Birth Place (County, State): _____

I am planning to participate in the following (check all you might try to play):

- | | | | | | |
|-----------------------------------|---------------------------------------|--|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Football | <input type="checkbox"/> Golf | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Softball | <input type="checkbox"/> Swimming | <input type="checkbox"/> Tennis | <input type="checkbox"/> Track and Field | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Bass Fishing | <input type="checkbox"/> Bowling | <input type="checkbox"/> Competitive Cheer | <input type="checkbox"/> Other _____ | |

EMERGENCY CONTACT INFORMATION

 Name (please print) _____ Relation to Student _____

 Emergency Contact Address, including City, State and Zip _____

 Daytime Phone _____ Cell Phone _____

OPTIONAL INSURANCE INFORMATION (only for purpose of emergency treatment)

 Insurance Carrier _____ Policy Number / ID Number _____ Group Number _____ Plan _____

OPTIONAL EMERGENCY TREATMENT INFORMATION

The following information is recorded solely for potential hospitalization and emergency care needs and is not required to be recorded on this form. However, those failing to provide this information should be aware that this might be required by emergency treatment facilities prior to rendering service, and failure to provide could result in lack of appropriate care.

 Social Security Number _____ Birth Date _____

**CONSENT INFORMATION TO PARTICIPATE, ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY RULES,
LIABILITY WAIVER AND CONSENT AND RELEASE**

As parent/legal guardian, I agree to allow my child to participate in interscholastic athletics.

The parent/legal guardian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries, including but not limited to death, serious neck, head and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of the body, or effects to the general health and well being of the child. Because of these inherent risks, the parent/legal guardian recognize the importance of the student obeying the coaches' instructions regarding playing techniques, training and other team rules. By signing this form, the parent/legal guardian acknowledge that the student's participation is wholly voluntary and to having read and understood this provision.

The student and parent/legal guardian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and forever discharge the KHSAA and its officers, agents, attorneys, representatives and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or parent/legal guardian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student's participation in interscholastic athletics if due to the ordinary negligence of the Releasees.

The student and parent/legal guardian, individually and on behalf of this student, give the high school, the KHSAA and their representatives permission to release this student's demographic information (including motion picture and still photographic images) and participation statistics (including height, weight and year in school, participation history and other performance based statistics) and other information as may be requested, and agree that the student may be photographed or otherwise digitally or electronically captured during school-based competition. All of this material may be used without permission or compensation specifically related to the KHSAA and its events.

The student and parent/legal guardian consent to this student receiving a physical examination as required by the KHSAA.

The student and parent/legal guardian, individually and on behalf of this student, consent to the school and the KHSAA and their representatives to use and disclose the necessary personally identifiable information from the student's education records including academic, financial and health care information, to third parties including school representatives, coaches, athletic trainers, medical facilities, medical staffs, KHSAA legal counsel and the media, for the purpose of receiving proper/necessary medical care and complying with the KHSAA bylaws, including making determinations regarding eligibility to participate in interscholastic athletics and any administrative or legal proceedings resulting from participation or attempted participation in interscholastic athletics, without such disclosure constituting a violation of rights under the Family Educational Rights and Privacy Act. The student and parent/legal guardian, individually and on behalf of this student, further release the school, the KHSAA and their representatives from any and all claims arising out of the use and disclosure of said necessary personally identifiable information, and agree to release to the school, the KHSAA, and their representatives, upon request, the detailed and completed application for financial aid.

The student and parent/legal guardian, individual and on behalf of the student, hereby acknowledge that they are aware of and will review if desired, the education materials available through the KHSAA, the Centers for Disease Control and other agencies regarding education all individuals with respect to nature and risk of concussion and head injury, including the continuance of play after concussion or head injury.

The student and parent/legal guardian, individual and on behalf of the student, hereby consent to allow the student to receive medical treatment that may be deemed advisable by the school, the KHSAA, and their representatives in the event of injury, accident or illness while participating in interscholastic athletics, including, but not limited to, transportation of the student to a medical facility.

**STUDENT AND PARENT/GUARDIAN ACKNOWLEDGMENT OF RISK, ELIGIBILITY RULES, LIABILITY WAIVER AND
CONSENT AND RELEASE AND EMERGENCY PERMISSION FORM**

Students' Name (please print) School

Student and Parent/Guardian Address including City, State and Zip

Signature of Student Date

Please list above any health problems/concerns this student may have, including allergies (medications / others) and any medications presently being used

Name of Parent(s)/Guardian(s) who has/have custody of this student (please print) Emergency Phone Number

Signature of Parent(s)/Guardian(s) who has/have custody of this student Date

Each individual group meeting the requirements of 702 KAR 7:065, Section 3(x) may have supplement waivers and disclaimer requirements. In this case, both the MS01 and the required form of the approved group would be required.

■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex at birth (F, M): _____

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 your allergies (ie, 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 ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

| GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.) | 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, flutter in your chest, 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 requested a test for your heart? For example, electrocardiography (ECG) or echocardiography. | | |

| HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED) | Yes | No |
|---|-----|----|
| 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 years (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? | | |

■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN/STATUTORILY AUTHORIZED PROVIDER REMINDERS

- Consider additional questions on more-sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

| EXAMINATION | | |
|---|---------|--|
| Height: | Weight: | |
| BP: / (/) | Pulse: | Vision: R 20/ L 20/ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N |
| MEDICAL | NORMAL | ABNORMAL FINDINGS |
| Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) | | |
| Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing | | |
| Lymph nodes | | |
| Heart ** <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) | | |
| Lungs | | |
| Abdomen | | |
| Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis | | |
| Neurological | | |
| MUSCULOSKELETAL | NORMAL | ABNORMAL FINDINGS |
| 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"> Double-leg squat test, single-leg squat test, and box drop or step drop test | | |

** Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

Medically eligible for all sports without restriction

Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

 Medically eligible for certain sports

 Not medically eligible pending further evaluation

Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are 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 medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

■ PREPARTICIPATION PHYSICAL EVALUATION

ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY

Name: _____ Date of birth: _____

| | | |
|---|-----|----|
| 1. Type of disability: | | |
| 2. Date of disability: | | |
| 3. Classification (if available): | | |
| 4. Cause of disability (birth, disease, injury, or other): | | |
| 5. List the sports you are playing: | | |
| | Yes | No |
| 6. Do you regularly use a brace, an assistive device, or a prosthetic device for daily activities? | | |
| 7. Do you use any special brace or assistive device for sports? | | |
| 8. Do you have any rashes, pressure sores, or other skin problems? | | |
| 9. Do you have a hearing loss? Do you use a hearing aid? | | |
| 10. Do you have a visual impairment? | | |
| 11. Do you use any special devices for bowel or bladder function? | | |
| 12. Do you have burning or discomfort when urinating? | | |
| 13. Have you had autonomic dysreflexia? | | |
| 14. Have you ever been diagnosed as having a heat-related (hyperthermia) or cold-related (hypothermia) illness? | | |
| 15. Do you have muscle spasticity? | | |
| 16. Do you have frequent seizures that cannot be controlled by medication? | | |

Explain "Yes" answers here.

Please indicate whether you have ever had any of the following conditions:

| | Yes | No |
|--|-----|----|
| Atlantoaxial instability | | |
| Radiographic (x-ray) evaluation for atlantoaxial instability | | |
| Dislocated joints (more than one) | | |
| Easy bleeding | | |
| Enlarged spleen | | |
| Hepatitis | | |
| Osteopenia or osteoporosis | | |
| Difficulty controlling bowel | | |
| Difficulty controlling bladder | | |
| Numbness or tingling in arms or hands | | |
| Numbness or tingling in legs or feet | | |
| Weakness in arms or hands | | |
| Weakness in legs or feet | | |
| Recent change in coordination | | |
| Recent change in ability to walk | | |
| Spina bifida | | |
| Latex allergy | | |

Explain "Yes" 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 or guardian: _____

Date: _____

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GROUP ALL SCHOOL INSURANCE CLAIM FORM
PLEASE READ CAREFULLY

| PART A SCHOOL OFFICIAL TO COMPLETE | | | |
|--|--|------------------------------|-----------|
| 1) Name of School _____ | | Name of School System: _____ | |
| School Address: _____ | | | |
| <small>(City)</small> | | <small>(State)</small> | |
| 2. Name of Injured Student (Print) _____ | | Grade _____ | Age _____ |
| <small>(First)</small> | | <small>(Middle)</small> | |
| <small>(Last)</small> | | <small>(Zip)</small> | |
| 3. Date of Injury _____ | | Time of Injury _____ | |
| 4. Under whose supervision? _____ | | Title _____ | |
| 5. The accident was incurred while the student was participating in: | | | |
| (check one) <input type="checkbox"/> Game <input type="checkbox"/> Practice <input type="checkbox"/> P.E. <input type="checkbox"/> Travel <input type="checkbox"/> Other | | | |
| 6. At the time of the injury, was the student involved in a school sponsored and supervised activity? <input type="checkbox"/> yes <input type="checkbox"/> no | | | |
| 7. Describe the accident fully. How did the accident happen? _____ _____ | | | |
| Reported by: _____ | | | |
| <small>(Signature of School Official)</small> | | <small>(Title)</small> | |
| | | <small>(Date)</small> | |

| PART B: PARENT/GUARDIAN STATEMENT | | | |
|---|--|---|--|
| FATHER or GUARDIAN | | MOTHER or GUARDIAN | |
| Full Name _____ S.S.# _____ | | Full Name _____ S.S.# _____ | |
| Address _____ | | Address _____ | |
| <small>(street)</small> | | <small>(street)</small> | |
| <small>(city)</small> | | <small>(city)</small> | |
| <small>(state)</small> | | <small>(state)</small> | |
| <small>(zip)</small> | | <small>(zip)</small> | |
| Occupation _____ Employer _____ | | Occupation _____ Employer _____ | |
| Employer Address _____ | | Employer Address _____ | |
| <small>(street)</small> | | <small>(street)</small> | |
| <small>(city)</small> | | <small>(city)</small> | |
| <small>(state)</small> | | <small>(state)</small> | |
| <small>(zip)</small> | | <small>(zip)</small> | |
| Name & Address of Other Insurance Company _____ | | Name & Address of Other Insurance Company _____ | |
| Policy/Group No. _____ | | Policy/Group No. _____ | |
| Group Individual HMO/PPO | | Group Individual HMO/PPO | |

KENTUCKY REQUIRED STATEMENT: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

- I understand that I must furnish, with this claim, a statement from my personal insurance company indicating their allowable benefits or their reason for refusal to pay. I further understand this claim will remain pending until this information is provided.
- I hereby authorize Reliance Standard Life Insurance Company to pay benefits (as provided by the policy) in connection with this accident direct to the doctor, and/or hospital rendering service unless I have checked below.
 I do not authorize an assignment and request that benefits be paid directly to me.
- I hereby authorize any insurance company, hospital, physician, or other person who has attended or examined the claimant to disclose when requested to do so by Reliance Standard Life Insurance Company, or its representative, any and all information with respect to any injury, policy coverage, medical history, consultation, prescription or treatment and copies of all hospital or medical records. A photostatic copy of this authorization shall be considered as effective and valid as the original.
- I understand that I shall have a free choice of a physician or hospital for treatment. If, however, there is other valid coverage through another insurance plan and I do not choose a physician or hospital through the other plan, Reliance Standard Life will pay benefits as if the other plan's guidelines had been followed.
- I certify that I have read and understand items 1-4 (above) and I have read and understand the information on the reverse side of this form.

(Date)

(Signature of Parent or Guardian)

| PART C: FOR DENTAL INJURY | |
|---|---|
| To be completed by dentist in the event of injury involving treatment to one or more teeth. Not to be used as a replacement for a copy of the actual itemized charges. | |
| 1. Identify injured teeth by tooth No. _____ | |
| 2. Previous condition of injured teeth: <input type="checkbox"/> Whole, sound, natural; <input type="checkbox"/> Filled; <input type="checkbox"/> Decayed; <input type="checkbox"/> Root canal treated; <input type="checkbox"/> Other (describe) _____ | |
| (Date) _____ | Dentist's Name (Print) _____ Dentist's Signature _____ |

COACH AGREEMENT

As a coach in the Clay County School System, I hereby agree that I have received and read the Athletic Handbook for Clay County Elementary Schools. I agree that I will comply with the rules and guidelines outlined in the Athletic Handbook as well as all applicable KHSAA rules and regulations, all District Policies and Procedures , Student Code of Acceptable behavior and employee handbook. I understand that violations of rules and regulations can result in my removal as coach. It is my responsibility to provide a copy of the Athletic Handbook to each member of my team and staff, discuss the contents with my team and staff, and obtain and return the signature page for each team and staff member to the Athletic Director. As coach, I agree that no athlete will participate on the team I coach if that athlete and his/her parent have not signed and returned the agreement by the announced deadline.

Printed Name of Coach _____

Signature of Coach _____

Date: _____

STUDENT ATHLETE AGREEMENT

As a student/athlete in the Clay County School System, I hereby agree that I have received and read the Athletic Handbook for the Clay County Elementary Schools. I agree that I will comply with the rules and guidelines outlined in the Athletic Handbook as well as all applicable KHSAA rules and regulations, all District Policies and Procedures , and Student Code of Acceptable behavior. I understand that violations of rules and regulations can result in my removal from teams on which I participate. I understand that failure to sign and return this form or any other required forms contained in this handbook may result in my being declared temporarily ineligible for practice or competition.

As the parent/guardian of the minor student signing below, I have received and reviewed the Athletic Handbook.

Printed Name of Athlete _____
Signature of Athlete _____
Printed Name of Parent/Guardian _____
Signature of Parent/Guardian _____
Date: _____