

Lakeside Athletics Packet

2020-2021

Please read this packet, fill out the required pages, sign and return to the office / **head coach** by the first practice

Make sure all the needed forms/payments are included:

(PLEASE TURN IN THE FOLLOWING PAGES):

- IHSAA Interim Questionnaire
- Medical Release Form
- Parent/Student Signature Form
- COVID-19 Parent Release Form
- Physical Form – must be turned in before practice starts –
 - *(Freshmen/Juniors/New Athletes or last physical more than two years old only)*

The Pay-to-Participate fee is required before the first game.

If you are having difficulty paying the fee, please contact the high school office at
208-686-1937

- Participation/ASB Fees
 - \$30 per sport per athlete (\$60 for two sports, \$75 for 3 sports)
 - \$150 for entire immediate family
 - \$20 ASB Fee

Lakeside Athletics

Athletic Code and Policy 2020-2021

PLUMMER-WORLEY SCHOOL DISTRICT ACTIVITIES CODE / ELIGIBILITY POLICY

EXTRA/CO-CURRICULAR PHILOSOPHY

The basic purpose of this policy is to ensure that those students who represent our school in athletic and extra-/co-curricular activities uphold the highest standards of conduct and academic excellence. Athletic and extra-/co-curricular activities are a part of the total education program at Lakeside and students who participate in these programs are expected to be in good standing as students. Their studies and class work must come first. The rules and regulations have been formulated primarily to put academic success and exemplary citizenship in the proper perspective for the students who participate in athletics and school sponsored activities.

PARTICIPANTS

Students under the jurisdiction of this policy will be those who are managers, stat keepers or those who participate in:

- Football
- Volleyball
- Basketball
- Track and Field
- Golf
- eSports
- Any other extra/co-curricular activity

ACTIVITY ELIGIBILITY

To be academically eligible, the state requires a student must be enrolled full-time, meet the IHSAA individual eligibility requirements of a 2.00 GPA in June to be eligible for the first trimester of the coming year and maintain a 2.00 GPA at the end of the first trimester to be eligible for activities during the second trimester, and have a 2.0 GPA at the end of the second trimester to be eligible for the third trimester. Also, the state requires a student pass 4 out of 5 classes (middle school and high school) and be making general progress toward graduation.

Our school's policy mirrors this, as it is recommended a student pass all classes and maintain a 2.00 GPA between local grade checks, which will be every three weeks. At the local level, an A-, B-, C-, and D- grade will be interpreted to be a 4.0, 3.0, 2.0, and 1.0, respectively. Students failing to meet the above requirements at a grade check period will be placed on probation until the next grade check. One of the following actions will be taken at that time:

- If no progress or growth is shown at the end of the probationary period, the student shall be declared ineligible for that sport season.
- If sufficient progress and growth is noted for the student to reach requirement levels, then the student will be removed from probation and placed in good academic standing.

The sport seasons at Lakeside are split between the three trimesters:

Trimester One - Football and Volleyball

Trimester Two - Boys and Girls Basketball

Trimester Three - Track, Golf, and eSports

If a student is determined to be ineligible, the ineligibility shall commence three days following the issuance of grades, but not less than three school days prior to a scheduled contest. In addition, academic eligibility requirements, which exceed the IHSAA minimum standards may be waived by the principal and athletic director if, in their judgment after consultation with all involved persons, circumstances warrant it.

MAKE-UP TIME/ STUDY TABLE

The school policy on attendance makeup requires one hour after school to make up each hour of class missed for an absence. In order to help our student athletes with academic success and makeup time, it has been determined that all student athletes will attend a mandatory study table for 30 minutes after school is over. Missing or being thrown out of study table is considered the same as missing practice. There will not be a mandatory study table on Fridays or on game Days.

A. S. B. CARD REQUIREMENT

To be eligible to participate in any of the above, a student must hold a current Lakeside Associated Student Body card.

ATTENDANCE AT SCHOOL

To participate in practice or in any activity, each student must be in attendance all day the day of the practice or activity. Exceptions include excusable medical, dental or prearranged excuses all approved by the principal/athletic director. All students are expected to attend school the entire day after a game or activity unless the principal or athletic director determines that extenuating circumstances exist. Failure to attend or coming late without prior permission will result in implementation of the attendance policy on missing school or practice.

ATTENDANCE AT PRACTICES/CONTESTS/ STUDY TABLE

Attendance at practice/contests is mandatory unless prior permission is received from the coach or the person in charge. It is also expected that the student be on time to and stay for the entire practice. The school district policy on unexcused absences from practices is as follows:

- The first incident of unexcused absence(s) will result in the suspension for the next contest or activity.
- The second incident of unexcused absence(s) will result in dismissal for the remainder of the season.

SUSPENSION FROM SCHOOL

It is understood that a student under out of school suspension will not be able to practice on the date(s) involved in the suspension, but the missed practice(s) due to the suspension would not fall into an excused/unexcused category. The coach, principal and athletic director will determine a student's team membership following the student's return from suspension. Coaches are responsible for supplying all team members with phone numbers or where they can call to be excused from practice. Any participant who quits a sport, team or club or is dismissed for disciplinary reasons is not eligible to receive special recognition or awards for that sports, team or club from the local school and/or the league, or any other regional, state, or national association.

ECONOMIC ELIGIBILITY

PHILOSOPHY STATEMENT

Sports are critical to the development of many students. We believe all students should have an affordable opportunity to participate in the Lakeside athletic program.

FEES & DUES

Fees are \$30 participation fee per sport (with a maximum annual cost of \$75 per student or \$150 per immediate family). Various clubs and activities may have various state and local dues that might need to be paid. Students participating in activities are also required to pay a \$20 ASB fee annually in addition to the participation fee.

COLLECTION METHOD

Payment of the ASB fee and athletic participation fee will be required prior to the first practice. Special circumstances may be discussed with the principal. The fees will be collected by the office secretary before and during the season. The building secretary will maintain a list of who has paid the ASB and participation fees and provide this list to the Athletic Director.

COMMUNICATION/NOTIFICATIONS/AFFORDABILITY

Notification of non-payment will be made to the principal, athletic director and coach. The principal will send letters to parents regarding non-payment.

Some scholarships may be available for students unable to afford the participation fee. Students or parents should contact the Coach, Athletic Director or Principal and discuss possibilities for a scholarship or alternative payment schedule.

PAYMENT

Payment is not a guarantee that your student will participate in all or any events nor is it refundable should the student stop participating in the sport.

EXTRA/CO-CURRICULAR EXPECTATIONS

TRANSPORTATION

Only activity participants or support staff (i.e. coaches, managers, statisticians, bookkeepers, videographers, chaperones, etc.) will be allowed to ride the team bus. Boys and girls will be separated while riding the bus. During a period of ineligibility, a student will not ride the bus for that activity. All team members will ride the team bus to all games or activities. Students may be released to their parent/guardian after the game or contest by notifying the coach in writing before or at the game or event. The principal/athletic director must approve any other transportation arrangement in advance. If a student departs without permission, he/she will be ineligible to participate in the sport, team or club for the remainder of the season.

EQUIPMENT

The student will be held responsible for all equipment issued to him/her. If all or part of the equipment is not turned in at the end of the season, they will be responsible for either turning in the uniform or paying the sum of the total of the missing equipment. Actions could be taken should school-owned equipment not returned at the end of the season in a timely manner, including:

- The athlete will not be issued equipment for another sport until all other equipment is turned in.
- The athlete will not be allowed to participate in events until their equipment is turned in or their fee is paid.

INSURANCE

Each student athlete or those involved in extra/co-curricular activities must be insured in case of accident. If the student has no insurance, an application for student accident insurance can be obtained at the Lakeside Middle/High School Office. Please examine the provisions of the policy carefully before making your decision to purchase the student insurance.

The school will require that all students participating in any portion of the student co/extra-curricular program, and who will be engaged in activities outside of the student school hours or away from the school premises, must demonstrate evidence of adequate accident insurance coverage. This may be done by purchasing student insurance through the School District's student insurance carrier, or by returning the attached form bearing the signature of the parent/guardian. Your signature will attest that adequate coverage exists through your private insurance carrier and that you assume personal liability for all expenses incurred in case of emergency. All students who will participate in activities outside of regular school hours must complete this requirement before practice or participation may begin.

The school co/extra-curricular program includes all boys and girls athletics and school sponsored activities. Your signature on the signature page at the end of this document indicates this participant is adequately covered through our own insurance program for all accidents and injuries which may occur while at school or during participation in school activities.

STANDARDS OF CONDUCT

CONSEQUENCES

The first incident from the following list of violations will result in the student athlete being ineligible to participate for the next two weeks from the date of the suspension. In football and track, in the event of a bye week, the suspension is for a minimum of two games or contests at the same level. A contest is considered a whole day in the case of multiple games or matches in one day. The student is expected to attend all practices during this time unless he/she is also suspended from school. The second violation from the following list will result in dismissal from the team or sport. A third offense will result in a suspension from athletic participation for one calendar year from the date of the suspension.

It should be noted that if the athletic director and/or principal may find any offense to be of such a serious nature that the normal step process is not a serious enough consequence, they may immediately invoke step two or step three.

The following is a partial list of the conduct/action that can cause a student to be in violation of the activities code. Any conduct determined by the principal and/or athletic director and coaches that is not on the list, but felt to be detrimental to the philosophy of activities in the Plummer/Worley School District can also be dealt with using the guidelines for violations of the activities code.

1. SCHOOL SUSPENSIONS

Any participant who is suspended from school is in violation of the activities code.

2. UNLAWFUL ACTIVITY (EXCLUDING MISDEMEANOR TRAFFIC VIOLATIONS): Any participant who is caught committing any unlawful activity is in violation of the activities code.

3. ATTITUDE

As a representative of the Plummer/Worley School District, students are expected to display good sportsmanship and a positive attitude toward teammates, coaches, officials, property and others. Any participant determined to have an attitude detrimental to the program is in violation of the activities code. This may include: being written up for an offense during school, being sent to office for disciplinary actions, or appropriate action.

4. APPEARANCE

As a representative of the Plummer/Worley School District, your appearance is very important. A team may elect a "team look." If there is not a "team look," individuals will be responsible for meeting or exceeding the following code: nice jeans or pants, collared shirt or sweater. A student will not travel if these requirements are not met and will not participate if it is a home contest.

5. LANGUAGE

Swearing during the game or at practice is an obvious breakdown in individual and team discipline. The coach as part of team discipline shall handle infrequent or unintentional outbursts. However, swearing at someone, including teammates, the opposition, coaches, officials or fans in anger or frustration during participation is a violation of the activities code.

6. TOBACCO / e-cigarettes

Studies indicate there is a reduction of ability to perform in athletics, or resulting behavior issues, when a student uses tobacco. Any student determined to have used/possessed/ or distributed these items during the season will be suspended following the rules for all general violations

7. ALCOHOL, AND ILLEGAL DRUGS

Studies indicate there is a reduction of ability to perform in athletics, or resulting behavior issues, when a student uses or consumes illegal substances (including alcohol and non- prescription drugs). In addition, the participant is expected to conduct himself/herself in a manner that shows a high regard for sportsmanship, reliability and teamwork. Any student determined to have used/possessed/ or distributed these items during the season will be suspended following the rules for all general violations.

The use or distribution at school or a school sponsored activity will be suspended for the remainder of the sport season.

SELF REPORTING

Students who come to school personnel and self-report, with the intention of receiving counseling or help, will be dealt with on an individual basis. If the student has a previous violation, and then they self-report, the consequences for the violation will still be enforced. Self-reporting student will need to enroll in a certified substance abuse counseling program, provide proof of enrollment, and meet the requirements of that program to continue to participate. All costs of the program will be paid for by the student's family.

DRUG TESTING

The district has taken the position that parents whose students participate in extra-curricular activities are choosing that their children maintain a healthy life style. In support of this position we may require those students who choose to participate in extra-curricular activities to take a drug test before the beginning of each season and randomly throughout the sport season. In the event of a failed test, a second test will be given. The second test will be administered as soon as reasonably possible. If both tests are failed, the participant will be suspended for the remainder of that sport season. The school district will bear the cost of the first and second tests.

Lakeside High School

Student/Parent Concussion Awareness Form

DANGERS OF CONCUSSION

Concussions at all levels of sports have received a great deal of attention and a state law has been passed to address this issue. Adolescent athletes are particularly vulnerable to the effects of concussion. Once considered little more than a minor “ding” to the head, it is now understood that a concussion has the potential to result in death, or changes in brain function (either short-term or long-term). A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. Continued participation in any sport following a concussion can lead to worsening concussion symptoms, as well as increased risk for further injury to the brain, and even death.

Player and parental education in this area is crucial – that is the reason for this document. Refer to it regularly. This form must be signed by a parent or guardian of each student who wishes to participate in Lakeside athletics. One copy needs to be returned to the school, and one retained at home.

COMMON SIGNS AND SYMPTOMS OF CONCUSSION

- Headache, dizziness, poor balance, moves clumsily, reduced energy level/tiredness
- Nausea or vomiting
- Blurred vision, sensitivity to light and sounds
- Fogginess of memory, difficulty concentrating, slowed thought processes, confused about surroundings or game assignments
- Unexplained changes in behavior and personality
- Loss of consciousness (NOTE: This does not occur in all concussion episodes.)

FOR MORE INFORMATION SEE IDAHO STATUTE TITLE 33, SECTION 16 OF THE EDUCATION CODE: <https://legislature.idaho.gov/statutesrules/idstat/title33/t33ch16/sect33-1625/>

It is the policy of Lakeside Junior/Senior High School that:

- No athlete is allowed to return to a game or a practice on the same day that a concussion (a) has been diagnosed, OR (b) cannot be ruled out.
- Any athlete diagnosed with a concussion shall be cleared medically by an appropriate health care professional prior to resuming participation in any future practice or contest. The formulation of a gradual return to play protocol shall be a part of the medical clearance.

By signing this concussion form, I give Lakeside Junior/Senior High School permission to transfer this concussion form to the other sports that my child may play. I am aware of the dangers of concussion and this signed concussion form will represent myself and my child during the 2019-2020 school year. This form will be stored with the athletic physical form and other accompanying forms required by Lakeside Junior/Senior High School.

NOTIFICATION OF RISK
YOU MUST READ AND SIGN THIS WARNING OF RISK STATEMENT BEFORE
YOUR SON OR DAUGHTER MAY PARTICIPATE.

Athletics are a voluntary, extra-curricular activity. As a condition of participation in this activity, you and your parent(s) or guardian(s) must agree to ASSUME THE RISKS OF INJURY OR DEATH involved in this activity and agree to RELEASE the Plummer-Worley Joint School District from liability or ordinary NEGLIGENCE in the conduct of its athletic programs. Every sport contains inherent risks and it is impossible to eliminate all the risks of injury in a sport. Although the contact in athletics is limited by the rules, athletics by its makeup creates contact which can and does cause injuries to the participants.

The danger and risk of participating in athletics includes, but is not limited to injuries incurred while running, jumping, and lifting. Contact while performing these activities, with the ground, participants, or other objects can also produce a variety of injuries. While most of these injuries are not of a serious nature, they do range from minor bumps, bruises, contusions to major sprains, breaks or spinal or head injuries. Thus it is important that you and your son or daughter, know, understand, and appreciate the risk.

HELMET WARNING OF RISK – FOOTBALL ONLY

Do not strike an opponent with any part of your helmet or face mask. This is a violation of football rules and may cause you to suffer severe brain or neck injury, including paralysis or death. Severe brain or neck injury may also occur accidentally while playing football.

**NO HELMET CAN PREVENT ALL SUCH INJURIES. YOU USE A HELMET AT
YOUR OWN RISK.**

I/We understand that the dangers and risks of participating in the sport of athletics include, but are not limited to death, serious neck and spinal injuries which may result in, complete or partial paralysis, brain damage, and other aspects of the muscular skeletal system, serious injury, impairment to other aspects of players body and general health and well-being or death.

STUDENT-PARENT/GUARDIAN DRUG TESTING CONSENT FORM

We, the undersigned student and parent, understand that students participating in extra-curricular activities are choosing to maintain a healthy life style and that the student's performance as a participant, and the reputation of the student's school, are dependent, in part, on the student's conduct as an individual. We, the student's and parent or guardian, hereby agree to accept and abide by the standards, rules and regulations set forth by the Plummer/Worley School District for the activity in which the student chooses to participate.

We also authorize the Plummer/Worley School District No. 44 to conduct required and random drug/alcohol tests of urine specimens, which the student provides, to test for illegal drug and alcohol use. We also unconditionally authorize the release of information concerning the results of such test to the Plummer/Worley School District.

Once released to the School District, such results shall be treated with the same degree of confidentiality as any other student records.

This testing shall be deemed consent, for the purposes of the Family Education Right to Privacy Act.

I/We understand that Drug Testing is a part of the Plummer / Worley School district athletic lifestyle and we authorize the Plummer/Worley School District No. 44 to conduct required and random drug/alcohol tests of urine specimens, which the student provides, to test for illegal drug and alcohol use. We also unconditionally authorize the release of information concerning the results of such test to the Plummer/Worley School District.

PARENT/GUARDIAN CODE OF CONDUCT

Our Philosophy

1. We believe athletic achievement involves commitment from the student athlete, parent, and coaches for all of us to be successful and effective. Communication is the key to this belief.
2. We the athletic department of Lakeside Middle/High School and administration believe strongly in accessibility to parents and coaching staff.
3. We will continually attempt to improve communication with students and parents. For our athletics program to be successful, it is a necessity that everyone understands the focus and the direction of the program.

Parent/Guardian Expectations

It is the responsibility of the coach to inform you:

1. When and where practices are held.
2. About the coaching philosophy.
3. About the expectations the coach has for your student athlete and for team expectations.
4. What is required to be a part of the team (for example: fees, equipment, meetings, etc.)
5. Any injuries to your athlete that occur during practice and games.
6. Disciplinary actions that might occur affecting your athlete.

Concerns **APPROPRIATE** to discuss with the coach:

1. Any unhealthy mental and physical strains you detect in your athlete at home (especially if it affects your child's academic performance).
2. How you can contribute to your athlete's skill development and improvement.
3. Any dramatic changes you detect in your athlete.

Conduct **INAPPROPRIATE** for both parents and fans that should **NEVER** occur and could result in expulsion from games:

1. Yelling/swearing at officials when a bad call is made.
2. Yelling/swearing at coaches and players on the court, field, or sideline.
3. Approaching a coach before, during, or immediately following an event.
4. Entering the locker room area unless during extreme circumstances (e.g. medical emergency).
5. Being on the playing surface/field for any reason unless during extreme circumstances.

It is **INAPPROPRIATE** to discuss with the coach:

1. Playing Time.
2. Team Strategy.
3. Other Student Athletes.

(If you are having concerns about these issues, you may informally speak to a coach with their approval. However, no formal discussions about these subject will take place. Coaches are the sole decider of playing time and team strategy.)

Coaches need parents to tell them:

1. Specific health concerns about your child expressed directly to the head coach at a meeting.
2. Notifications of conflicts in schedules as soon as possible.

3. Your commitment to the program and ways you believe you can help with the advancement of the program.
4. Strategies for dealing with your child that have worked for you in the past.

If you have a concern or situation you need to discuss with the coach, what is the appropriate procedure to follow?

1. Try to keep concerns directed to head coaches. Make an appointment with the head coach. NEVER approach a coach during or after a game. Most coaches have responsibilities that must be completed after the game. Parents should try to make an appointment with the coach away from game days unless urgent (e.g. medical issues).
2. If the coach cannot be reached, call the Athletic Director to set up the meeting.

If your concern, when formally brought up with the coach, does not create a resolution, what should you do?

Call and set up a meeting with the Athletic Director. The next step in chain of communication will be made and explained after this meeting.

Expectations of the Audience at All Plummer/Worley Sporting Events

At all sporting events, it is the responsibility of parents or guardians to watch their children and monitor behavior, no matter the age of the child. You WILL be asked to leave if it is brought to administration's attention that your child is misbehaving or wandering un-monitored and you will be held responsible if an unattended child causes any damage or injury.

Maintaining safety at games is critical.

Please ensure that your children stay within the marked boundaries of the ropes or off the court. Children should not be allowed to play football and/or run around beyond the ropes immediately before and during the game. The hallway outside of the gym is not a play area for unattended young children. Parents will be asked to leave if their child runs around unattended and/or consistently goes beyond the marked areas.

PARENT/STUDENT SIGNATURE PAGE

(Fill out and Return)

We have read and understand the Activities Code / Eligibility Policy and the agreement of the Plummer/Worley School District and all points held within. I have read and understand the insurance waiver. My student athlete is adequately covered through our own insurance program for all accidents and injuries which may occur while at school or during participation in school activities. I will assume responsibility for all expenses incurred in an emergency.

Student Initial

Parent Initial

I/We understand that the dangers and risks of participating in the sport of athletics include, but are not limited to death, serious neck and spinal injuries which may result in, complete or partial paralysis, brain damage, and other aspects of the muscular skeletal system, serious injury, impairment to other aspects of players body and general health and well-being or death.

Student Initial

Parent Initial

I/We understand that Drug Testing is a part of the Plummer / Worley School district athletic lifestyle and we authorize the Plummer/Worley School District No. 44 to conduct required and random drug/alcohol tests of urine specimens, which the student provides, to test for illegal drug and alcohol use. We also unconditionally authorize the release of information concerning the results of such test to the Plummer/Worley School District.

Student Initial

Parent Initial

I/We have been given information on concussion signs and symptoms and the steps to take in case of a suspected concussion, including a time table for return to practice and games, after being released by a physician.

Student Initial

Parent Initial

I/We have read and understand the Parent Code of Conduct and will abide by the requirements found within. I understand that my first contact for any issues is with the coach. I understand what is appropriate to discuss with a coach. I understand that discussions about playing time, team strategy, and other athletes is INAPPROPRIATE and, while informal conversations are permitted with coach approval, formal conversations about these topics will not occur and that coaches are the sole decider of these topics. I understand the chain of command and that if I have an issue that is formally brought up with a coach and is not resolved, I will contact the Athletic Director for help in resolution.

1st Parent Initial

2nd Parent Initial

I/We have read this packet and agree to follow the PWSD Athletic Code, the Drug Testing Consent Form, and the Notification of Risk (and Helmet Risk if applicable). I/We agree to follow the athletic code and all its terms and understand that athletics is a privilege allowed through being a good community member, student, and athlete.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

SIGNATURE OF STUDENT _____ DATE _____

Optional - I have read and understand the insurance waiver. _____ (student name) is adequately covered through our own insurance program for all accidents and injuries which may occur while at school or during participation in school activities. I will assume responsibility for all expenses incurred in an emergency.

PARENT/GUARDIAN CONSENT FOR MEDICAL ASSISTANCE

Athlete Name: _____ Date: _____

INSURANCE INFORMATION

Insurance Company: _____ Policy Number: _____

Insurance Agent: _____

PARENT/GUARDIAN EMERGENCY INFORMATION

Home: _____ Cell: _____ Work: _____

In case of emergency and the parent/guardian cannot be contacted, please contact:

Name: _____ Phone Number: _____

EMERGENCY MEDICAL AUTHORIZATION

In the event reasonable attempts to contact me are unsuccessful, I (We), the undersigned Parent/legal guardians' of do authorize any hospital, clinic, or licensed physician to treat your child and administer any x-ray examination, anesthetic, or surgical diagnosis rendered under the general or special supervision of any member of the medical staff of the hospital, clinic, or office.

Preferred Physician: _____ Phone Number: _____

Preferred Dentist: _____ Phone Number: _____

Preferred Hospital: _____

In the event the designated preferred practitioner is not available, we authorize in advance another licensed physician or dentist the authority and power to render care in his/her best judgment and the transfer of the child to any hospital reasonably accessible. It is also understood that every effort shall be made to contact the parent/legal guardian prior to rendering treatment to the patient, but that treatment will not be withheld if the parent/guardian cannot be contacted. Permission is also granted for the chaperone to provide emergency treatment to my/our child prior to his/her admission to any medical facility.

I further authorize the chaperone to assist in the self-administration of anti-inflammatory nonprescription pain medication (i.e. aspirin, acetaminophen, Ibuprophen, etc.) purchased by the student.

Please list additional medical information, allergies, eye contacts, medications etc.: _____

Parent/Guardian Signature: _____ Date: _____

PARTICIPATION IN EXTRACURRICULAR ACTIVITIES

Agreement Regarding Assumption of Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The Plummer-Worley Joint School District No. 44 (“District”) has put in place protective measures to reduce the spread of COVID-19; however, the District cannot guarantee that participants in District activities, or their family members, will not become infected with COVID-19. Further, attending extracurricular school activities on District property or District school events could increase your risk and your student’s risk of contracting COVID-19.

If your student has been diagnosed with COVID-19, or has been in Close Contact (as defined by the Center for Disease Control and Prevention) with someone who has been diagnosed with COVID-19, the District requires that you disclose this information to District personnel and that your student not attend or participate in school activities for a period of no less than 14 days. The District may require a medical release for your student to return to participation. The District reserves the right to isolate and exclude from participation any student who exhibits symptoms of COVID-19 (including but not limited to fever, cough, shortness of breath).

NOTE: The District reserves the right to suspend, in its discretion, extracurricular activities (some or all of them) at any time for health and safety reasons.

Waiver and Release

- 1. Acknowledgment.** By signing this agreement, I acknowledge that my student’s participation in extracurricular activities, and/or any attendance at events or activities on District property, may expose me, my student, and/or any other member of my family, to COVID-19. I further acknowledge that such exposure, or infection with COVID-19, may result in bodily injury, including serious illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 while on District property or at District school events may result from the actions, omissions, or negligence of myself and others, including, but not limited to, District employees, agents and representatives, volunteers, program participants and their families and/or any other individual who may be present upon school property or in attendance at any school activity.
- 2. Assumption of Risk.** I voluntarily agree to assume all risks and accept sole responsibility for any injury (including, but not limited to, bodily injury, illness, disability, and death), damage, loss, claim, liability, or expense, of any kind (“Claims”), that I, my student, my family members, heirs, executors and assigns may experience or incur in connection with any attendance at and/or participation in District extracurricular programs, events or activities.
- 3. Release and Indemnification.** On my behalf, and on behalf of my student, family members, heirs, executors and assigns, I agree to advance no Claims and I hereby release, waive, discharge, and agree to defend, indemnify and hold harmless the District, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the

District, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any District program, event or activity.

4. **Immunity.** I acknowledge that the laws of the state of Idaho provide for certain immunities for school districts should something occur to a student or to the family member of a student as a result of activities on District property. In addition to this Agreement, these immunities remain intact.

5. **Participation Requirements.** I agree that I, my student, and any member of my family will act in conformance with all safety and sanitation requirements, as well as all social distancing and mask requests, while attending or participating in a District program, event or activity. I understand that if I or my student fail to follow these regulations and requests, the ability of my student to participate may be suspended, revoked or otherwise negatively impacted.

6. **FERPA Consent.** Pursuant to the Family Educational Rights and Privacy Act (“FERPA”), I have certain rights with respect to protecting my student’s personally identifiable information. I have indicated below whether I consent to the disclosure of my student’s positive test result and/or the disclosure of my student’s exposure to a person with whom he/she has had close contact and has tested positive, to persons at the District and Marimn Health, and at the Panhandle Health District that are in a need to know position for purposes of performing contact tracing or other appropriate safety measures.

_____ I hereby consent to said disclosure _____ I hereby do not consent to said disclosure.

If you consent, you may withdraw your consent at any time by providing written notice of the same to the District. If you do not consent, you are advised that the District may disclose such information without your consent if it determines that doing so is appropriate in connection with a health and safety emergency as authorized under 34 CFR § 99.31.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Name of Student

Signature of 2nd Parent/Guardian

Date

Print Name of Parent/Guardian

Name of Student

Signature of Student (if age 18 or older)

Date

Print Name of Student

COVID-19 HEALTH SCREENING

The safety of our employees, students, families and visitors remains the Plummer-Worley Joint School District’s priority. To prevent the spread of COVID-19 and reduce the potential risk of exposure to all parties, we are conducting a simple screening questionnaire with this waiver. Your participation is important to help us take precautionary measures to protect you, your Child(ren) and everyone at the District. Please mark your answers below:

1. Has your child had Close Contact with or been diagnosed with COVID-19 within the last 30 days? ** YES NO

2. Has your child experienced any of the COVID-19 symptoms below in the last 14 days, which are not explained through seasonal allergies, heat/dehydration, or common elements associated with athletic training? ** YES NO

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

3. I hereby agree that if my Child(ren) develop(s) any of the above symptoms I will keep them home, notify the Coach and seek medical care to obtain a physician’s note stating it is safe to return to participation.

** If the answer is “yes” to questions 1 or 2, access to District activities will be denied until a physician’s note or clearance from Panhandle Health District, is delivered to the Athletic Director or School Nurse. A participant may submit proof of a negative COVID-19 test in lieu of a physician’s note if the participant is no longer exhibiting COVID-19 symptoms.

Signature of Parent/Guardian Date

Print Name of Parent/Guardian Name of Student

Signature of 2nd Parent/Guardian Date

Print Name of Parent/Guardian Name of Student

Signature of Student (if age 18 or older) Date

Print Name of Student



INTERIM QUESTIONNAIRE

It is required all students complete a history and physical examination prior to his/her first 9th and 11th grade practice in the interscholastic (9-12) athletic program in the State of Idaho. The exam is at the expense of the student and may not be taken prior to May 1 of the 8th and 10th grade years. This examination is to be done by a licensed physician, physician's assistant or nurse practitioner under optimal conditions. Interim history forms are required during the 10th and 12th grade years and must be submitted to the school administration prior to the first practice.

Name: _____ Date of birth: _____ Sex: M / F
Address: _____ Phone: _____
School: _____ Participation Grade: _____

MEDICAL HISTORY

SINCE LAST PHYSICAL EXAMINATION, HAS THIS STUDENT:

Fill in details of "YES" answers in space below:	Yes	No
1. Had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
2. Been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
3. Been under a physician's care	<input type="checkbox"/>	<input type="checkbox"/>
4. Had serious illness?	<input type="checkbox"/>	<input type="checkbox"/>
5. Had an injury requiring a physician's care?	<input type="checkbox"/>	<input type="checkbox"/>
6. Been rendered unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
7. Been diagnosed with a concussion?	<input type="checkbox"/>	<input type="checkbox"/>
8. Started taking any new medications?	<input type="checkbox"/>	<input type="checkbox"/>
9. Developed any new drug allergies?	<input type="checkbox"/>	<input type="checkbox"/>
10. Developed any health problems?	<input type="checkbox"/>	<input type="checkbox"/>

Explain "YES" answers: _____

CONSENT FORM

(Parent or guardian and student permission and approval)

I hereby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated school authorities for any illness or injury resulting from his/her athletic participation. I also consent to release of any information contained in this form to carry out treatment and healthcare operations for the above named student.

PARENT OR GUARDIAN SIGNATURE _____ DATE _____

This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the Eligibility rules and regulation of the State Association.

SIGNATURE OF STUDENT _____ DATE _____

Note: The original copy of this form **MUST** be returned to the school



HEALTH EXAMINATION *and* CONSENT FORM

It is required all students complete a history and physical examination prior to his/her first 9th and 11th grade practice in the interscholastic (9-12) athletic program in the State of Idaho. The exam is at the expense of the student and may not be taken prior to May 1 of the 8th and 10th grade years. This examination is to be done by a licensed physician, physician's assistant or nurse practitioner under optimal conditions. Interim history forms are required during the 10th and 12th grade years and must be submitted to the school administration prior to the first practice.

Name: _____ Sex: M / F Date of birth: _____ Age: _____
Address: _____ Phone: _____
School: _____ Sports: _____ Participation Grade: _____

MEDICAL HISTORY

Fill in details of "YES" answers in space below:

	Yes	No		Yes	No
1. Have you ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	6. Have you ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been knocked out or unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you presently taking any medication or pills?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been diagnosed with a concussion?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any allergies (medicine, bees, other insects)?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a stinger, burned or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	7. Have you ever had heat or muscle cramps?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been dizzy or passed out in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
Do you tire more quickly than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	8. Do you have trouble breathing or do you cough during or		
Have you ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	9. Do you use special equipment (pads, braces, neck rolls,		
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	mouth guard or eye guards, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone in your family died of heart problems or a sudden			10. Have you ever had problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	Do you wear glasses, contacts or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any skin problems (itching, rash, acne)?	<input type="checkbox"/>	<input type="checkbox"/>	11. Have you had any other medical problems (infectious		
			mononucleosis, diabetes, ect.)?	<input type="checkbox"/>	<input type="checkbox"/>

12. Have you had a medical problem or injury since your last evaluation? Yes No

13. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any of bones or joints?
 head back shoulder forearm hand hip knee ankle
 neck chest elbow wrist finger thigh shin foot

14. Were you born without a kidney, testicle, or any other organ? Yes No

15. When was your first menstrual period? _____
When was your last menstrual period? _____
What was the longest time between your periods last year? _____

Explain "YES" answers: _____

CONSENT FORM

(Parent or guardian and student permission and approval)

I herby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated school authorities for any illness or injury resulting from his/her athletic participation. I also consent to release of any information contained in this form to carry out treatment and healthcare operations for the above named student.

If the health care provider's exam will be performed without compensation as part of the school's health examination program for participation in high school activities, I agree to the waiver provisions as set forth in Idaho Code Section 39-7703 and agree that the health care provider shall be immune from liability as specified in said section.

PARENT OR GUARDIAN SIGNATURE _____ DATE: _____

This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulation of the State Association.

SIGNATURE OF STUDENT _____ DATE: _____

Idaho High School Activities Association Physical Examination Form

Name: _____ Date of Birth: _____

Height _____	Weight _____	BP _____ / _____	Pulse _____
Vision R 20 / _____ L 20 / _____		Corrected: Y N	
	Normal	Abnormal findings	
Medical			
Pulses			
Heart			
Lungs			
Skin			
Ears, nose, throat			
Pupils			
Abdomen			
Genitalia (males)			
Musculoskeletal			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back			
Knee			
Ankle			
Foot			
Other			

CLEARANCE / RECOMMENDATIONS

Clearance:

- A. Cleared for all sports and other school-sponsored activities.
- B. Cleared after completing evaluation/rehabilitation for:

- C. NOT cleared to participate in the following IHSAA sponsored sports /activities:

baseball	basketball	cheer/dance	cross country	football	golf	
soccer	softball	swimming	tennis	track	volleyball	wrestling

NOT cleared for other school-sponsored activities (*example: lacrosse*):

- D. Student is NOT permitted to participate in high school athletics.

Reason: _____

Recommendation:

Name of physician:

Address: _____ Phone: _____

Signature of physician/medical provider: _____ Date: _____

(This Physical Examination Form MUST be signed by a licensed physician, physician assistant or nurse practitioner)