

ATHLETIC HANDBOOK
FOR
CLAY COUNTY HIGH SCHOOL
AND
CLAY COUNTY MIDDLE SCHOOL

2022-2023

| | |
|-------------------------------|-------------------|
| Superintendent | William Sexton |
| CCHS Principal | Michael Gregory |
| CCMS Principal | Steven Burchfield |
| Athletic Director | Tommy Nicholson |
| School KHSAA Representative | Tommy Nicholson |
| District Title IX Coordinator | Renee Smith |

CLAY COUNTY HIGH SCHOOL SPORTS

| <u>SPORT</u> | <u>COACH</u> | <u>SEASON</u> |
|---------------------|--------------------------|--------------------|
| Boys Archery | Bobby Buttery | Fall/Winter/Spring |
| Girls Archery | Bobby Buttery | Fall/Winter/Spring |
| Baseball | Jason Smith | Spring |
| Boys Basketball | Glenn Gray | Winter |
| Girls Basketball | Gemma Parks | Winter |
| Bass Fishing | Tommy Nicholson | Fall/Winter/Spring |
| Cheerleading | Caitlyn Gregory | Fall/Winter |
| Boys Cross Country | Zac Kemp | Fall |
| Girls Cross Country | Lindsey Culver | Fall |
| Football | Mike Sizemore | Fall |
| Boys Golf | Jason Smith | Fall |
| Girls Golf | Amy Janutolo | Fall |
| Softball | Jason Rice | Spring |
| Boys Tennis | | Spring |
| Girls Tennis | | Spring |
| Boys Track | Zac Kemp | Spring |
| Girls Track | Emily Kemp | Spring |
| Volleyball | Kaitlyn Rudder/Amy Burns | Fall |

CLAY COUNTY MIDDLE SCHOOL SPORTS

| <u>SPORT</u> | <u>COACH</u> | <u>SEASON</u> |
|--|--------------------------|---------------|
| Baseball | Brad Crawford | Spring |
| Boys Basketball 7 th grade | Jordan White | Winter |
| Boys Basketball 8 th grade | Justin Hobbs | Winter |
| Girls Basketball 7 th & 8 th grade | Tyler Culver | Fall |
| Cheerleading | Larae Smith | Fall/Winter |
| Competitive Cheerleading | | Fall/Winter |
| Football | Jeff Woods/Michael Paul | Fall |
| Softball | Sizemore Darrell Hoskins | Spring |
| Volleyball | Kaitlyn Rudder | Spring |

MEDIA NUMBERS

| | |
|-------------------------|--------------------------------|
| Channel 27 WKYT | (859) 299-0411 |
| Channel 18 WLEX | (859) 259-1818 |
| Channel 36 WTVQ | (859) 299-3636 |
| Ky. News Network | (888) 566-0001 ext. 2253 |
| Channel 57 WYMT | (606) 436-5757 |
| Manchester Enterprise | (606) 598-2319 |
| WTBK | (606) 598-7588 |
| WKLB | (606) 598-2445 |
| KHSAA Scoreboard | (800) 453-6882 |
| Lexington Herald-Leader | (888) 222-7026, (859) 231-3225 |

All coaches, students and any other individuals involved in Clay County Public School Athletics are subject to all (1) 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.

KHSAA MANDATED DEAD PERIOD (BYLAW 24)

This rule applies to Clay County High School and Clay County Middle School:

SUMMER DEAD PERIOD- From June 25 to July 9 (inclusive) each year: (1) Students may not receive coaching or training from school personnel (either salaried or non-salaried) in any KHSAA-sanctioned sport or sport-activity; (2) School facilities, uniforms, nicknames, transportation or equipment, may not be used in any KHSAA-sanctioned sport or sport-activity; (3) School funds may not be expended in support of interscholastic athletics in any KHSAA-sanctioned sport; and (4) Postseason wrap-up activities, celebrations and recognition events relating to a spring sports team at a school which participated in KHSAA state championship play in that particular sport during that particular year may be held.

DURING DEAD PERIOD NO FUNDRAISING CAN OCCUR BY ANY TEAM OR SCHOOL CLUB OR BY ANYONE ACTING ON BEHALF OF A TEAM OR SCHOOL CLUB.

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 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.

COACHES

Eligibility and Training

Requirements for coaches and others working with teams are covered in Bylaw 25 of the KHSAA Handbook. All coaches and other individuals shall meet all of these requirements. Proof of completion of mandatory classes, including but not limited to CPR (including the use of Automatic External Defibrillator), First Aid training, Sports Safety training, Medical Symposium, Coaches Education Program, and KHSAA rules clinic shall be submitted along with the attached checklist to the Athletic Director.

If a coach desires to allow a volunteer to work with a team, that individual must go through the same background screening and meet all of the same requirements and training as a paid coach.

Game Participation

Only coaches and individuals approved by the Board of Education are permitted to be on the bench, sideline or other playing field during warm-ups and games (including scrimmages).

Scheduling

All practice, scrimmage and regular season game scheduling must be coordinated with and approved by the athletic director.

Practice

Practice schedules shall be planned at least 1 week in advance and provided to players and the athletic director. To alter a schedule, the coach must have specific approval of the athletic director.

All sports and activity teams may practice a maximum of 3 hours per day. This includes stretching, warm-ups, practice times and cool down periods. Teams need to exit the facility within the 3 hour time frame unless an extension is pre-approved by the athletic director.

All sports and activity teams shall NOT practice or compete more than 6 days in a 7 day week (Sunday to Saturday). Sunday and Wednesday are the preferred days to take off. Sunday practices shall begin no earlier than 2:00 p.m. and must be completed by 5:00 p.m. Wednesday practices must be concluded by 5:30 p.m.

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

Any student who asks to be excused from practice to attend religious activities on any day shall be excused and shall not be penalized for missing said practice or a portion of said practice.

Preseason Meeting

It is expected that all coaches have a preseason meeting with participants. It is strongly suggested that you include parents who wish to attend this meeting. In addition issues you will discuss specific to your sport, the following must be discussed:

1. Forms required to be signed by students/parents
2. Proof of Insurance as required by KHSAA and Clay County Board of Education
3. Student transportation policy
4. Attendance rules
5. Eligibility Requirements
 - A. Continual Progress
 - B. Proper Grade Level
 - C. Age
 - D. Suspension
6. Drug testing policy

Physical Exams

All athletes need a doctor's statement on the official KHSAA form clearing them for participation on any/all CCHS or CCMS athletic teams. High School and Middle School have different forms, and any athlete competing on both teams must have both completed by a doctor.

Student Transportation

Travel to athletic events is provided by the Clay County Board of Education. **Athletes are required to ride the Clay County School System provided transportation to and from all athletic events unless other arrangements are approved by the Head Coach.** Clay County Board of Education provides school bus transportation to all KHSAA sanctioned events. Any other form of transportation must be approved by the Administration of Clay County Board of Education.

No Coach, assistant or volunteer can transport any student in their personal vehicle at any time.

Cheerleaders shall ride on the same bus as the players when there is sufficient room. The Athletic Director will determine when a separate bus is necessary.

When out of county travel is required for extra-curricular activity competition (including both athletic and academic), only the following individuals will be permitted to ride the team bus or other Board provided vehicle:

1. Student team members (including student managers, record keepers, etc.)
2. Coaches (only those coaches who have been officially recognized and approved by the Board of Education). Coaches are required to ride with the team.
3. Athletic Director
4. Any medical personnel required by state or federal law or board policy.

When students of both genders travel in the same vehicle, at least 1 adult of each gender shall travel with the team. In the event a coach is not available to fulfill this requirement, a board approved chaperone shall be assigned to ride with the team.

Spouses, children, parents, siblings, volunteers and any other individuals who do not fall under categories 1-4 are specifically prohibited from riding in Board provided team transportation.

EXCEPTION: DUE TO THE UNIQUE NATURE OF BASS FISHING AND REQUIREMENTS FOR COMPETITION AND PRACTICE, THE ABOVE STATED TRANSPORTATION RULES DO NOT APPLY AND TRANSPORTATION RULES SPECIFIC TO BASS FISHING HAVE BEEN DEVELOPED

Fund Raising

Any fund raising must follow the specific guidelines required by Board of Education policy, must be approved by the principal and must follow Redbook procedures.

Middle School Limitations

Practice time prior to the season in any sport shall not exceed the practice time adopted for play at the high school level.

The number of school based scrimmages and regular season contests shall not exceed the allowable number of contests at the high school level.

The length of the regular competitive season for each sport shall not exceed the length for that sport at the high school level.

Travel and Competition Restrictions

- * Attendance at any tournament or competition other than district, region or state shall be pre-approved by the Board of Education.
- * No team shall be permitted to schedule an out of state trip without prior approval by the Board of Education.
- * No team shall schedule a game farther away than 100 miles from Manchester unless pre-approved by the Board of Education. The requesting team shall explain in writing why the request should be approved and explain why comparable competition cannot be found within the 100 mile radius.

Miscellaneous Rules

ALL STUDENTS ARE EXPECTED TO BE IN CLASS DAILY. ANY STUDENT THAT MISSES MORE THAN 2 CLASS PERIODS UN-EXCUSED WILL NOT BE ALLOWED TO PARTICIPATE THAT DAY IN PRACTICE OR COMPETITION UNLESS PRE-APPROVED BY THE ATHLETIC DIRECTOR FOR BOTH GAMES AND PRACTICE.

Every coach needs an emergency plan for your facility in case of inclement weather.

Encourage your student athletes to include NCAA and NAIA on their ACT scores when testing.

Every coach needs a policy for dealing with upset parents after games.

Be sure to complete all district and KHSAA trainings.

Scholarship offers need to be confirmed by the coach through the college or university.

Injury to a student during a game or practice shall be reported to a parent as soon as possible. Complete the proper insurance forms, which may be obtained at the central office.

You must get a P.O. # before purchasing. No exceptions to this rule.

Photography-Lifetouch Photography has the board contract for ALL photos.

EJECTIONS- A COACH WHO IS EJECTED FROM AN ATHLETIC EVENT WILL BE SUSPENDED FROM COACHING DUTIES FOR A MINIMUM OF 3 CONSECUTIVE GAMES, INCLUDING POST SEASON. (If the KHSAA bylaws dictate a longer suspension, then the KHSAA rules shall govern). Subsequent ejections will be governed by KHSAA bylaws.

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.

COACHING REQUIREMENT CHECKLIST

A completed copy of this form along with proof of completion for every coach and volunteer must be submitted to the Athletic Director prior to the first contest.

| <u>REQUIREMENT</u> | <u>DATE COMPLETED</u> |
|---------------------------|-----------------------|
| CPR | _____ |
| AED | _____ |
| FIRST AID TRAINING | _____ |
| COACHES EDUCATION PROGRAM | _____ |
| SPORTS SAFETY TRAINING | _____ |
| KHSAA RULES CLINIC | _____ |

NAME: _____

ADDRESS: _____

PHONE: _____

PRE-SEASON CHECKLIST

TO BE COMPLETED, SIGNED, DATED AND RETURNED TO THE ATHLETIC DIRECTOR PRIOR TO THE START OF THE SEASON, EXCEPT FOR THE CONSENT/INSURANCE/PHYSICAL FORM WHICH MUST BE ON FILE WITH THE ATHLETIC DIRECTOR WHEN PRACTICE BEGINS.

- _____ Follow proper purchasing procedures
- _____ Confirm eligibility
- _____ Athletic Participation/Parental Consent/Physical Exam– The KHSAA required form must be completed, with the coach keeping a copy and the original being forwarded to the Athletic Director.
- _____ Confirm and document insurance coverage on all athletes
- _____ Provide complete schedule with depart and return times
- _____ Provide complete roster
- _____ Provide game contracts
- _____ Provide facilities schedule for games and practice
- _____ Provide bus requests
- _____ Provide coaching requirement checklist for each coach on staff
- _____ Confirm assigning of game officials (Head Coach)
- _____ Attend Media day

COACH SIGNATURE

DATE



Athletic Participation Form
Parental and Student Consent and Release
For High School Level (grades 9-12) participation

KHSAA Form GE04
High School Parental Permission and Consent
Rev. 7/20, page 1 of 2
© KHSAA, 2020

*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, graduated from high school and reached the age of 19.*

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): _____

School Attendance History

| Grade | School Name | School Year | Varsity Play – (Yes/No)? |
|-------|-------------|-------------|-----------------------------|
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |

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"/> Lacrosse |
| <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"/> Dance |
| <input type="checkbox"/> Esports | <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 _____

REQUIRED INSURANCE INFORMATION (KHSAA Bylaw 12)

Prior to participation in practice or contests (including trying for a place on a team) in any sport or sport activity during the limitation of seasons as defined in Bylaw 23, all students are required to have medical insurance with coverage limits of at least \$25,000. If this coverage is provided through the school, contact the Principal or Athletic Director regarding any potential claim. Individual schools and districts may impose additional requirements for insurance or coverage during additional periods for activities outside of Bylaw 23.

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

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 student and 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 internal organs, serious injury to 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 student and 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 student and 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 acknowledge that they have read and understood the KHSAA Bylaws by distribution under the handbook links at <http://khsaa.org/>. Please be aware that a student is subject to the one-year period of ineligibility the bylaw commonly referred to as the "Transfer Rule," upon participation in any varsity contest regardless of the amount of participation or lack thereof.

The student and parent/legal guardian agree to abide by the KHSAA Bylaws and Due Process Procedure as now enacted or later amended. The student and parent/legal guardian further acknowledge that they agree to abide by the rulings of the Commissioner, Assistant Commissioner, Hearing Officer and Board of Control.

The student and parent/legal guardian acknowledge that the student must have medical insurance coverage up to a limit of \$25,000 in order to be eligible to participate in interscholastic athletics.

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 high 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 high 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 high school, the KHSAA, and their representatives, upon request, the detailed and completed application for financial aid.

The student and parent/legal guardian, individually 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, individually and on behalf of the student, hereby consent to allow the student to receive medical treatment that may be deemed advisable by the high 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**

| | |
|---|------------------------|
| <hr/> | |
| Students' Name (please print) | School |
| <hr/> | |
| Student and Parent/Guardian Address including City, State and Zip | |
| <hr/> | |
| Signature of Student | Date |
| <hr/> | |
| Please list above any health problems/concerns this student may have, including allergies (medications / others) and any medications presently being used | |
| <hr/> | |
| Name of Parent(s)/Guardian(s) who has/have custody of this student (please print) | Emergency Phone Number |
| <hr/> | |
| Signature of Parent(s)/Guardian(s) who has/have custody of this student | Date |

■ 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

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? | | |

| 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? | | |

| MEDICAL QUESTIONS (CONTINUED) | | Yes | No |
|-------------------------------|--|-----|----|
| 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? | | |

Explain "Yes" answers here.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins or other markings on the paper.

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: _____



KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION
**SUPPLEMENTAL PRE-PARTICIPATION EXAM
QUESTIONNAIRE RELATED TO COVID-19 AND
THE CORONAVIRUS**

OPTIONAL FORM TO SUPPLEMENT OPTIONAL PPE02 FOR PROVIDERS

KHSAA Form PPE02
SUPPLEMENTAL PAGE
Rev.07/21
Page 1 of 1

| | |
|--------------------|---|
| Information Needed | Please complete the information below to provide to your health care provider |
| Student Name | |

THE FOLLOWING INFORMATION IS TO BE COMPLETED BY THE STUDENT AND FAMILY

| Information Needed | Completed by the student and family |
|---|-------------------------------------|
| Name of School | |
| 1 Has this student ever been diagnosed with COVID-19 or had a positive test for it? | YES NO |
| 2 If the answer to Question 1 is "Yes," please give the approximate date of the positive test or diagnosis? | |
| 3 If the answer to Question 1 is "Yes," did the student participate later in the school year in other organized sports or sport-activities? | YES NO |
| 4 If the answer to Question 1 is "Yes," then it should be considered by the health care provider and parents that the pre-participation physical and return to play protocol be completed by an MD or DO following the KHSAA's Return-to-Play Guidelines for COVID-19 positive student-athletes, which can be found at the following link: https://bit.ly/2SQDOxm | YES NO |
| Print Name of Person Signing this Form | |
| Date | Signature |
| | Daytime Phone |

PARENT/CUSTODIAL FAMILY SIGNATURES AND CERTIFICATIONS

| | |
|---|--|
| I attest that the information provided is accurate. | |
| Student Signature | |
| Print Name of Student Signing | |
| Custodial Parent Signature | |
| Print Name of Person Signing | |
| Date | |

■ 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

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: _____



**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 |
|---|------|

| |
|--|
| <i>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.</i> |
|--|

■ 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**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? | | |

| 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? | | |

| MEDICAL QUESTIONS (CONTINUED) | | Yes | No |
|-------------------------------|--|-----|----|
| 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? | | |

Explain "Yes" answers here.

[illegible]

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: _____



KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION
**SUPPLEMENTAL PRE-PARTICIPATION EXAM
QUESTIONNAIRE RELATED TO COVID-19 AND
THE CORONAVIRUS**

OPTIONAL FORM TO SUPPLEMENT OPTIONAL PPE02 FOR PROVIDERS

KHSAA Form PPE02
SUPPLEMENTAL PAGE
Rev.07/21
Page 1 of 1

| | |
|--------------------|---|
| Information Needed | Please complete the information below to provide to your health care provider |
| Student Name | |

THE FOLLOWING INFORMATION IS TO BE COMPLETED BY THE STUDENT AND FAMILY

| Information Needed | Completed by the student and family |
|---|-------------------------------------|
| Name of School | |
| 1 Has this student ever been diagnosed with COVID-19 or had a positive test for it? | YES NO |
| 2 If the answer to Question 1 is "Yes," please give the approximate date of the positive test or diagnosis? | |
| 3 If the answer to Question 1 is "Yes," did the student participate later in the school year in other organized sports or sport-activities? | YES NO |
| 4 If the answer to Question 1 is "Yes," then it should be considered by the health care provider and parents that the pre-participation physical and return to play protocol be completed by an MD or DO following the KHSAA's Return-to-Play Guidelines for COVID-19 positive student-athletes, which can be found at the following link: https://bit.ly/2SQDOxm | YES NO |
| Print Name of Person Signing this Form | |
| Date | Signature |
| | Daytime Phone |

PARENT/CUSTODIAL FAMILY SIGNATURES AND CERTIFICATIONS

| | |
|---|--|
| I attest that the information provided is accurate. | |
| Student Signature | |
| Print Name of Student Signing | |
| Custodial Parent Signature | |
| Print Name of Person Signing | |
| Date | |

■ 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

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: _____

STUDENTS

All students participating in high school and middle school athletics are expected to abide by all guidelines set forth by the KHSAA, Clay County Board of Education, Clay County High School and Clay County Middle School.

Minimum Academic Requirement (Weekly)

Students must maintain a cumulative passing grade in at least four classes. Grades are checked on a weekly basis through infinite campus (IC).

Minimum Academic Requirement (on grade level)

7th grade-promoted from 6th

8th grade-promoted from 7th

9th grade-promoted from 8th

10th grade-4.40 credits

11th grade-9.90 credits

12th grade-15.40 credits

Un-excused Absences

All students are expected to be in class daily. Any student that misses more than 2 class periods un-excused will not be allowed to participate that day in practice or competition unless pre-approved by the athletic director for both games and practice.

Age

A student who becomes 19 years old before August 1st shall be ineligible for interscholastic athletic competition.

Any student who turns:

Fifteen (15) prior to August 1 of the current school year shall not be eligible for interscholastic competition against students exclusively enrolled in grades eight (8) and below;

Fourteen (14) prior to August 1 of the current school year shall not be eligible for interscholastic competition against students exclusively enrolled in grades seven (7) and below;

Thirteen (13) prior to August 1 of the current school year shall not be eligible for interscholastic competition against students exclusively enrolled in grades six (6) and below.

High School Participation

Students must be enrolled in at least grade 7 to participate in high school athletics.

If permitted by the high school coach middle school students can try out for high school teams for which they are eligible to participate.

A high school student athlete cannot be cut from the team and be replaced by a middle school student athlete.

Middle School Participation

Clay County Middle School is comprised of 7th and 8th grade.

If there are enough players 7th grade students will play on the 7th grade team and 8th grade students will play on the 8th grade team.

6TH grade elementary students may be allowed to participate in sports not offered at the elementary level with the approval of the coach, principal and Athletic Director. With respect to basketball, football and non-competitive cheerleading, 6th grade elementary students may only participate as provided in the Elementary Athletic Handbook.

Drug Testing

All athletes are subject to the Clay County High School drug testing policy and must complete the form included in this handbook in order to be eligible to participate.

Substance Abuse Education

All athletes must attend a substance abuse education program (the content will be approved by the Board of Education) prior to participating in game competition. Said program will be scheduled by the Athletic Director.

**EJECTIONS-A STUDENT WHO IS EJECTED FROM A GAME SHALL BE
SUSPENDED FOR A MINIMUM OF 2 CONSECUTIVE GAMES, INCLUDING POST
SEASON.** (If the KHSAA bylaws dictate a longer suspension, then the KHSAA rules shall govern). Subsequent ejections will be governed by KHSAA bylaws.

CLAY COUNTY HIGH SCHOOL
Policy #800.20

Athlete's Name _____
Sport/Activity _____

Subject: DRUG TESTING OF STUDENT-ATHLETES

It is the policy of Clay County High School to drug test students who choose to participate in extra-curricular activities. All participants shall be tested prior to/at start of their respective season. Fifty percent (50%) of the student-athletes will be randomly selected each month throughout the duration of the season.

Participants will be tested for, but not limited to, the following substances: Phencyclidine (PCP), Opiates, Cocaine, Barbiturates, OxyContin, Amphetamines, and Marijuana (THC).

Each participant and one guardian shall sign a consent form before the drug testing may be administered. **REFUSAL TO FOLLOW ANY OF THE POLICIES AND PROCEDURES FOR DRUG TESTING WILL RESULT IN IMMEDIATE INELIGIBILITY FOR THAT SPORT/ACTIVITY AND ALL OTHER SPORTS/ACTIVITIES**

Controlled Substance and/or Alcohol Informed Consent Test Notification

I understand that according to Clay County High School's Policy #800.20, that I am required to submit to a controlled substance chemical analysis for the substances previously stated above.

Type of Test: Controlled Substance

Reason for Test: Initial

Random

Follow-Up

I authorize the collection site and agents retained by Clay County High School to perform any and all functions that those entities may be required to perform pursuant to the Law. Such authorization shall include, but is not limited to, the release of test result information to the High School, verification of the prescribed medications, obtaining information from the student's physician, hospital, dentist, or pharmacist and the reporting of negative test results with a qualifying statement in case wherein a student may be taking a legally-prescribed Schedule II drug. The results of the urine test will be maintained by the Clay County High School Principal who will report whether the test results were negative or positive, and if positive, the identity of the controlled substance for which the test was positive.

Furthermore, I understand that any student who tests positive for the use of a controlled substance, or has a breath alcohol concentration of 0.02 percent or greater shall be subject to disciplinary action. Any student who refuses to be tested under any of the provisions of this Drug/Alcohol Testing Program, such refusal shall be treated as a positive test. Each student's record of testing and results under this policy will be maintained private and confidential.

I understand a documented chain of custody exists to ensure the identity and integrity, of my sample throughout the collection process. I specifically authorize the High School's Program Administrator and their designated representatives to receive the test result of this test for release to authorized representative of Clay County High School. The result will not be released to any additional parties without my written authorization.

Student-Athlete Signature

Date

Parent or Guardian Signature

Date

1) Name of School _____ Name of School System: _____
School Address: _____
(City) _____ (State) _____ (Zip) _____

2. Name of Injured Student (Print) _____ Grade _____ Age _____
(First) _____ (Middle) _____ (Last) _____

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) _____ Game _____ Practice _____ P.E. _____ Travel _____ Other _____

6. At the time of the injury, was the student involved in a school sponsored and supervised activity? _____ yes _____ no

7. Describe the accident fully. How did the accident happen?

Reported by: _____
(Signature of School Official) _____ (Title) _____ (Date) _____

| | |
|---|---|
| <p style="text-align: center;">FATHER or GUARDIAN</p> <p>Full Name _____ S.S.# _____</p> <p>Address _____ <div style="text-align: center;">(street)</div> <div style="display: flex; justify-content: space-between;"> (city) (state) (zip) </div> </p> <p>Occupation _____ Employer _____</p> <p>Employer Address _____ <div style="text-align: center;">(street)</div> <div style="display: flex; justify-content: space-between;"> (city) (state) (zip) </div> </p> <p>Name & Address of Other Insurance Company _____</p> <p>Policy/Group No. _____</p> <p style="text-align: center;"> <input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> HMO/PPO </p> | <p style="text-align: center;">MOTHER or GUARDIAN</p> <p>Full Name _____ S.S.# _____</p> <p>Address _____ <div style="text-align: center;">(street)</div> <div style="display: flex; justify-content: space-between;"> (city) (state) (zip) </div> </p> <p>Occupation _____ Employer _____</p> <p>Employer Address _____ <div style="text-align: center;">(street)</div> <div style="display: flex; justify-content: space-between;"> (city) (state) (zip) </div> </p> <p>Name & Address of Other Insurance Company _____</p> <p>Policy/Group No. _____</p> <p style="text-align: center;"> <input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> HMO/PPO </p> |
|---|---|

1. 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.
2. 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.
3. 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.
4. 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.
5. 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.

(Signature of Parent or Guardian)

1. Identify injured teeth by tooth No. _____

2. Previous condition of injured teeth: ☐ Whole, sound, natural; ☐ Filled; ☐ Decayed; ☐ Root canal treated; ☐ Other (describe) _____

(Date) _____ Dentist's Name (Print) _____ Dentist's Signature _____

UNIFORMS/LOGO

Official Logo-The official logo for CCHS and CCMS is the Tiger Paw.

Uniforms

All uniform designs, whether purchased as part of the uniform rotation or purchased via team fund-raising, shall be approved by the CCHS athletic director prior to purchase.

Uniforms shall only include official school colors-Black, Gold & White (Alternate uniforms may be approved on a case by case basis, such as gray or camo colored uniforms).

The following items are the only things that can be included on the uniforms- Tiger Paw, CC, Clay County, Tigers.

Fund-raiser Merchandise Sales

Any items that include team or school names or logos and sold as fund-raisers shall be approved by the CCHS athletic director prior to publication of the fund-raiser and shall follow the same rules as required for uniforms.

Dead Period

There shall be no fund-raising activity during the KHSAA mandated dead period.

Uniform Rotation

| Year | Teams |
|-----------|--|
| 2008-2009 | Boys Basketball and Tennis |
| 2009-2010 | Track and Field and Football |
| 2010-2011 | Baseball and Softball |
| 2011-2012 | Girls Basketball |
| 2012-2013 | Girls Golf, Cross Country, Volleyball, and Boys Golf |
| 2013-2014 | Tennis, Boys Basketball, and Archery |
| 2014-2015 | Track and Field and Football |
| 2015-2016 | Baseball and Softball |
| 2016-2017 | Girls Basketball and Cheerleading |
| 2017-2018 | Girls Golf, Cross Country, Volleyball, and Boys Golf |
| 2018-2019 | Tennis, Boys Basketball, and Archery |
| 2019-2020 | Track and Field and Football |
| 2020-2021 | Baseball and Softball |
| 2021-2022 | Girls Basketball and Cheerleading |
| 2022-2023 | Girls Golf, Cross Country, Volleyball, Boys Golf, and Bass Fishing |
| 2023-2024 | Tennis, Boys Basketball, and Archery |
| 2024-2025 | Track and Field and Football |
| 2025-2026 | Baseball and Softball |
| 2026-2027 | Girls Basketball and Cheerleading |
| 2027-2028 | Girls Golf, Cross Country, Volleyball, Boys Golf, and Bass Fishing |
| 2028-2029 | Tennis, Boys Basketball, and Archery |

Teams have the option of raising funds to purchase uniforms at any time.

BASS FISHING

Due to the unique nature of bass fishing as compared to other team sports it is necessary to develop certain rules specific to bass fishing in addition to those applicable to other sports.

Bass fishing team participants shall follow all rules and regulations as outlined in the KHSAA bylaws with respect to competition. In addition to team competitions, bass fishing team members are permitted to compete in competitions as individuals. The official team uniform shall only be worn during team competition. Clay County clothing other than the official uniform may be worn during individual competitions.

Bass fishing requires a coach, boat owners, captains, pilots and other volunteers. Boat owners, captains, pilots and other volunteers for bass fishing shall meet all KHSAA requirements and non-employees who fill these roles will also be required to submit to a criminal background check and CAN check prior to working with team members. Any person who will be transporting a boat or students will also be required to submit to a driving history check used for other board employees.

Boat owners are required to provide a copy of proof of boat insurance to the athletic director. If said insurance expires during the bass fishing season a copy of the new proof of insurance must be submitted.

Persons who will be transporting students and/or boats are required to provide a copy of proof of automobile insurance showing at least the minimum coverage required by law to the athletic director. If said insurance expires during the bass fishing season a copy of the new proof of insurance must be submitted.

The athletic director shall maintain a copy of all proof of insurance for each bass fishing season.

There must be at least one adult that is the same gender as a student in the boat, at team events and in the vehicle during transport unless the student's parent/guardian is present and participating in said events or has authorized in writing a grandparent or sibling 19 years of age or older to accompany the student.

A permission form must be filled out for each student authorizing that student's participation in each specific team competition or practice. A form is provided in this handbook. A permission form must also be filled out authorizing a student to ride with a specific individual to team competitions/practices. A parent may authorize more than one approved driver for a specific event if desired. A form is provided in this handbook. Students are not permitted to drive any other student to competition or practice.

The athletic director shall keep on file all permission slips for team competitions.

BASS FISHING PARTICIPATION/TRAVEL FORM

STUDENT: _____

I, _____, give permission for
Parent/Guardian

_____ to participate in a bass fishing
Student

competition/practice to be held at _____
Location

on _____.
Date

Parent/Guardian Date

I further give permission for _____
Student

to ride with _____
Driver/Drivers

to said practice/competition.

Parent/Guardian Date

Notice to Individuals Regarding Title IX Sexual Harassment/Discrimination

This notice shall be provided to applicants for admission and employment, students, parents or legal guardians of students, employees, and all unions or professional organizations holding collective bargaining or professional agreements.

The District's Title IX Coordinator (TIXC) is

128 Richmond Road

Address

renee.smith@clay.kyschools.us

Email Address

Renee Smith

Manchester, KY 40962

City, State, Zip

(606) 598-2168

Telephone Number

Any person may report sex discrimination, including sexual harassment (whether or not the person reporting is the person alleged to be the victim of conduct that could constitute sex discrimination or sexual harassment), in person, by mail, by telephone, or by electronic mail, using the contact information listed for the TIXC, or by any other means that results in the TIXC receiving the person's verbal or written report. Such a report may be made at any time (including during non-business hours) by using the telephone number or electronic mail address, or by mail to the office address, listed for the TIXC.

The District must prominently display the contact information required to be listed for the TIXC and Policies 03.113, 03.212 Equal Employment Opportunity, 09.13 Equal Educational Opportunity, 03.1621, 03.2621, 09.428111 Title IX Sexual Harassment and 09.428111 AP.11 Title IX Grievance Procedures on its website, if any, and in each handbook or catalog that it makes available to persons entitled to a notification listed above.

The District must ensure that the TIXC(s), Investigators, Decision Makers, and any person who facilitates an informal resolution process, receive training on the regulatory definition of sexual harassment; the scope of the District's educational program or activities; how to conduct an investigation; the grievance process (including informal resolutions and appeals); and impartial service, conflict of interest, and bias standards.

The District must make these training materials publicly available on its website, or if the District does not maintain a website the District must make these materials available upon request for inspection by members of the public.

REFERENCES:

Title IX of the Education Amendments of 1972 (20 USC § 1681, et seq.); 34 C.F.R. Part 106

RELATED POLICIES:

03.113; 03.1621; 03.212; 03.2621; 09.313; 09.428111

RELATED PROCEDURES:

03.1621; 03.2621; (all procedures)

09.428111 (all procedures)

Review/Revised:8/18/2020

- CERTIFIED PERSONNEL -**Equal Employment Opportunity****NONDISCRIMINATION**

As required by Title IX, the District does not discriminate on the basis of sex regarding admission to the District or in the educational programs or activities operated by the District. Inquiries regarding Title IX Sexual Harassment may be referred to the District Title IX Coordinator (TIXC), the Assistant Secretary for Civil Rights, or both.¹

The Superintendent shall adhere to a policy of equal employment opportunity in all personnel matters. No person shall be subjected to discrimination in regard to employment, retention, promotion, demotion, transfer or dismissal because of race, color, religion, sex, genetic information, national or ethnic origin, political affiliation, age, disabling condition, or limitations related to pregnancy, childbirth, or related medical conditions.²

INDIVIDUALS WITH DISABILITIES

No qualified person with a disability, as defined by law, shall, on the basis of the disability, be subject to discrimination in employment.³

District employment practices shall be in accordance with the Board-approved procedures addressing requirements of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973.

No human immunodeficiency virus (HIV) related test shall be required as a condition of hiring, promotion, or continued employment, unless the absence of HIV infection is a bona fide occupational qualification for the job in question as defined in KRS 207.135.

REASONABLE ACCOMMODATION

Employees who have a long-term or permanent disability may request the District supervisor to provide reasonable accommodations necessary for them to perform the essential duties of the position. Medical information obtained as part of an employee request shall be confidential.⁴

If assistive technology is deemed necessary for an employee, every effort will be made to obtain that technology in a timely fashion.

The District shall engage in a timely, good faith and interactive process to determine reasonable accommodations for an employee's limitations related to pregnancy, childbirth, or related medical conditions. Reasonable accommodation shall be provided as required by law.

ADVISING EMPLOYEES

The Superintendent shall inform all school employees of the provisions of this policy.¹

Equal Employment Opportunity

REFERENCES:

¹34 C.F.R. § 106.8

²KRS 161.164; KRS Chapter 344; 42 U.S.C. 2000e, Civil Rights Act of 1964, Title VII

³29 U.S.C.A. 794

⁴29 U.S.C. section 1630.14

KRS 207.135

34 C.F.R. 104.3 - 104.14

42 C.F.R. 2000e-2; 42 C.F.R. 2000(k)

Americans with Disabilities Act

Kentucky Education Technology System (KETS)

Section 504 of the Rehabilitation Act of 1973

Title IX of the Education Amendments of 1972

Genetic Information Nondiscrimination Act of 2008

RELATED POLICIES:

03.133; 03.1621; 03.212; 03.2621; 05.11

Adopted/Amended: 8/18/2020

Order #: 3C

- CLASSIFIED PERSONNEL -**Equal Employment Opportunity****NONDISCRIMINATION**

As required by Title IX, the District does not discriminate on the basis of sex regarding admission to the District or in the educational programs or activities operated by the District. Inquiries regarding Title IX Sexual Harassment may be referred to the District Title IX Coordinator (TIXC), the Assistant Secretary for Civil Rights, or both.¹

The Superintendent shall adhere to a policy of equal employment opportunity in all personnel matters. No person shall be subjected to discrimination in regard to employment, retention, promotion, demotion, transfer or dismissal because of race, color, religion, sex, genetic information, national or ethnic origin, political affiliation, age, disabling condition, or limitations related to pregnancy, childbirth, or related medical conditions.²

INDIVIDUALS WITH DISABILITIES

No qualified person with a disability, as defined by law, shall, on the basis of the disability, be subject to discrimination in employment.³

District employment practices shall be in accordance with the Board-approved procedures addressing requirements of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973.

No human immunodeficiency virus (HIV) related test shall be required as a condition of hiring, promotion, or continued employment, unless the absence of HIV infection is a bona fide occupation qualification for the job in question as defined in KRS 207.135.

REASONABLE ACCOMMODATION

Employees who have a long-term or permanent disability may request the District supervisor to provide reasonable accommodations necessary for them to perform the essential duties of the position. If assistive technology is deemed necessary for an employee, every effort will be made to obtain that technology in a timely fashion. Medical information obtained as part of an employee request shall be confidential.⁴

The District shall engage in a timely, good faith and interactive process to determine reasonable accommodations for an employee's limitations related to pregnancy, childbirth, or related medical conditions. Reasonable accommodation shall be provided as required by law.

ADVISING EMPLOYEES

The Superintendent shall inform all school employees of the provisions of this policy.¹

Equal Employment Opportunity

REFERENCES:

¹34 C.F.R. § 106.8

²KRS 161.164; KRS Chapter 344; 42 U.S.C. 2000e, Civil Rights Act of 1964, Title VII

³29 U.S.C.A. 794

⁴29 U.S.C. section 1630.14

KRS 207.135

34 C.F.R. 104.3 - 104.14

Americans with Disabilities Act

Kentucky Education Technology System (KETS)

Section 504 of the Rehabilitation Act of 1973

Title IX of the Education Amendments of 1972

Genetic Information Nondiscrimination Act of 2008

RELATED POLICIES:

03.113; 03.1621; 03.233; 03.2621; 05.11

Adopted/Amended: 8/18/2020

Order #: 3C

Equal Educational Opportunities

DISCRIMINATION PROHIBITED

As required by Title IX, the District does not discriminate on the basis of sex regarding admission to the District or in the educational programs or activities operated by the District. Inquiries regarding Title IX Sexual Harassment may be referred to the District Title IX Coordinator (TIXC), the Assistant Secretary for Civil Rights, or both.¹

No pupil shall be discriminated against because of age, color, disability², race, national origin, religion, sex, or veteran status.

STUDENTS WITH DISABILITIES

The District shall provide a free, appropriate public education to each qualified student with a disability, as defined by law, within its jurisdiction.

The District shall operate its programs in accordance with the procedures addressing requirements of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973.

Parents of students who have a temporary or permanent disability may request the District supervisor to provide appropriate accommodations necessary for them to participate in instructional and extracurricular activities, as required by law. Students who are at least eighteen (18) years of age may submit their own requests.

STUDENT RELIGIOUS ACTIVITIES OR POLITICAL EXPRESSION

The District shall observe the rights of students to voluntarily engage in religious activities. Students may express religious or political viewpoints while at school to the same extent and under the same circumstances as other permitted activities or expression. Consistent with the Constitutions of the United States and the Commonwealth of Kentucky and law, students shall be permitted to engage in these activities and express these viewpoints, provided they do not:

1. Infringe on the rights of the school to:
 - a. Maintain order and discipline;
 - b. Prevent disruption of the educational process; and
 - c. Determine education curriculum;
2. Harass other persons or coerce other persons to participate in the activity; or
3. Otherwise infringe on the rights of other persons.

Student complaints concerning possible violations of their religious rights shall be addressed in keeping with legal requirements. Their complaints shall be directed to the Principal, who shall investigate and take appropriate action within thirty (30) days of receipt of the written notification.

Equal Educational Opportunities

REFERENCES:

¹34 C.F.R. § 106.8

²Bd. of Educ., etc. v. Rowley 102 S.Ct. 3034 (1982)

District special education policy and procedures manual; District 504 procedures

KRS 157.200; KRS 157.224; KRS 157.230; KRS 157.350

KRS 158.183; KRS 160.295; Age Discrimination Act of 1975

Section 504 of Rehabilitation Act of 1973, Americans with Disabilities Act

Title VI of the Civil Rights Act of 1964; Title IX of the Education Amendments of 1972

Vietnam Era Veterans Readjustment Assistance Act of 1974

Kentucky Education Technology System (KETS); 28 C.F.R. Section 35.101 et seq.

RELATED POLICIES:

03.113; 03.1621; 03.212; 03.2621; 05.11; 08.131; 09.3211; 09.428111

Adopted/Amended: 8/18/2020

Order #: 3C

- CERTIFIED PERSONNEL -**Title IX Sexual Harassment****INTRODUCTION AND SCOPE**

A United States Department of Education regulation published on May 19, 2020 defines sexual harassment for purposes of Title IX (sometimes referred to in policy and procedure as “Title IX Sexual Harassment”). In addition to numerous other matters, the regulation sets forth grievance procedure requirements that apply (including the initiation of a “formal complaint”) before there is a determination that an employee is responsible for Title IX Sexual Harassment. The applicable definition of sexual harassment describes serious sexual misconduct. If the alleged actions that are the subject of a formal complaint do not descend to the level of conduct described in the definition of Title IX Sexual Harassment; do not take place in a “program or activity” of the school District within the meaning of Title IX; or do not take place in the United States, the formal complaint must be dismissed.

Such a dismissal does not mean that the alleged offending party cannot be the subject of investigation or discipline on grounds other than “Title IX Sexual Harassment” as addressed in Board policy or law, including conduct allegedly constituting sexual harassment or other sexual misconduct that does fall within the definition of “Title IX Sexual Harassment.”¹

PROHIBITION

Title IX Sexual Harassment in educational programs or activities of the District is prohibited.

GRIEVANCE PROCEDURE

The District shall provide a Title IX Sexual Harassment grievance procedure that treats complainants and respondents equitably as required by Federal Regulation.²

DEFINITIONS**TITLE IX SEXUAL HARASSMENT**

“Title IX Sexual Harassment” means conduct on the basis of sex that satisfies one or more of the following:

- 1) An employee of the District conditioning the provision of an aid, benefit, or service of the District on an individual’s participation in unwelcome sexual conduct (i.e., quid pro quo sexual harassment);
- 2) Unwelcome conduct determined by a reasonable person to be so severe, pervasive, and objectively offensive that it effectively denies a person equal access to the District’s education program or activity;

Title IX Sexual Harassment**DEFINITIONS (CONTINUED)****TITLE IX SEXUAL HARASSMENT (CONTINUED)**

- 3) "Sexual assault" as defined in 20 U.S.C. 1092(f)(6)(A)(v), "dating violence" as defined in 34 U.S.C. 12291(a)(10), "domestic violence" as defined in 34 U.S.C. 12291(a)(8), or "stalking" as defined in 34 U.S.C. 12291(a)(30). For purposes of this definition, "sexual assault" means an offense that meets the definition of rape, fondling, incest, or statutory rape as used in the FBI's Uniform Crime Reporting system. A sex offense is an act directed against another person, without the consent of the second person, including instances where the second person is incapable of giving consent.³

The term "dating violence" means violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim and where the existence of such a relationship shall be based on the following factors: the length of the relationship, the type of relationship, and the frequency of interaction between the persons involved in the relationship.

The term "domestic violence" includes felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

The term "stalking" means engaging in a course of conduct directed at a specific person that would cause a reasonable person to fear for the person's safety or the safety of others; or suffer substantial emotional distress.

Consent

"Consent" means a voluntary expression of willingness, permission, or agreement to engage in sexual activity throughout a sexual encounter. Consent cannot be granted by an individual: who is less than the statutory age of consent under Kentucky criminal law, has a mental or physical condition or incapacity that prevents the giving of consent; or from whom ostensible "consent" is extracted through threat, coercion, or forcible compulsion.

Complainant

"Complainant" means an individual who is alleged to be the victim of conduct that could constitute sexual harassment. This applies to such individual even if no formal complaint is filed. Only a complainant who is participating or attempting to participate in the District's educational programs or activities may file a formal complaint.

Respondent

"Respondent" means an individual who has been reported to be the perpetrator of conduct that could constitute sexual harassment. This applies to such individual even if no formal complaint is filed. Only a person in his or her individual capacity is subject to a Title IX investigation.

Title IX Sexual Harassment**DEFINITIONS (CONTINUED)****Title IX Coordinator (TIXC)**

The TIXC is the individual or individuals designated and authorized to coordinate District Title IX programs. The TIXC is expected to engage in activities intended to provide a fair and neutral process for all parties, including implementation of supportive measures and remedies where appropriate. The District may use co-coordinators and/or deputy coordinators.

Formal Complaint

“Formal complaint” means a document filed by a complainant or signed by the TIXC alleging sexual harassment against a respondent and requesting that the District investigate the allegation of sexual harassment. A formal complaint may be filed with the TIXC in person, by mail, or by electronic mail, by using the contact information provided by the District. The complaint document may be physical or electronic, shall contain the complainant’s physical or digital signature, or otherwise indicate that the complainant is the person filing the formal complaint. Where the TIXC signs a formal complaint, the TIXC is not “the complainant” or otherwise considered a party, but is to comply with applicable procedures.

Supportive Measures

“Supportive measures” mean nondisciplinary, non-punitive individualized services offered as appropriate, as reasonably available, and without fee or charge to the complainant or the respondent before or after the filing of a formal complaint or where no formal complaint has been filed. Supportive measures may include counseling, extensions of deadlines or other course-related adjustments, modifications of work or class schedules, campus escort services, mutual restrictions on contact between the parties, unilateral restrictions on contact that are not unreasonably burdensome on a respondent, changes in work or housing locations, authorized leaves of absence, increased security and monitoring of certain areas of the campus, and other similar measures. Supportive measures shall be confidential, to the extent that maintaining such confidentiality would not impair the ability of the District to provide the supportive measures. The TIXC is responsible for coordinating the effective implementation of supportive measures.

Education Program or Activity

“Education program or activity” means District operations and includes locations, events, or circumstances over which the District exercises substantial control over both the respondent and the context in which the sexual harassment occurs.

Preponderance of the Evidence

“Preponderance of evidence” means evidence that is of greater weight or more convincing than an asserted fact or facts occurred than evidence in opposition to such facts. It is evidence which as a whole shows that an assertion to be proven is more likely than not.

Title IX Sexual Harassment**REGULATION AND POLICY DOES NOT AFFECT PARENT RIGHTS**

Absent a court order or other legal requirement to the contrary, a parent or guardian is authorized to act on behalf of a minor student regarding decision-making and the exercise of rights under the Title IX Sexual Harassment policy and procedure, including the opportunity to accompany a minor student to meetings and interviews.

SEGREGATION OF FUNCTIONS / CONFLICT OF INTEREST

The TIXC, investigator, decisionmaker(s), and any informal resolution facilitator shall not have a conflict of interest or bias for or against complainants or respondents generally or an individual complainant or respondent. These individuals are to serve impartially without prejudgment of the facts at issue. The investigative, initial decision-making, appellate decision-making, and resolution functions must be performed by different trained individuals, who may be District employees or contractors.

CONFIDENTIALITY

With respect to its administration of Title IX Sexual Harassment policies and corresponding procedures, the District must keep confidential the identity of any individual who has made a report or complaint of sex discrimination, including any individual who has made a report or filed a formal complaint of sexual harassment, any complainant, any individual who has been reported to be the perpetrator of sex discrimination, any respondent, and any witness, except as may be permitted under FERPA⁵, required by law, or to carry out Title IX purposes, including the conduct of any investigation, hearing or Title IX judicial proceedings.

Investigative evidence directly related to the allegations of a formal complaint gathered by the District is subject to inspection and review by the parties but is not to be disseminated to the public. The United States Department of Education rule commentary provides that under the applicable FERPA definition of "education records" a parent of a complainant or respondent (or eligible student) has a right to inspect and review any witness statement that is directly related to the student, even if that statement contains information that is also directly related to another student, if the information cannot be segregated or redacted without destroying its meaning.⁴

EMPLOYEES SHALL REPORT

Employees who believe or have been made aware that they or any other employee, student, or visitor has been subject to Title IX Sexual Harassment shall report it to the TIXC. Failure to make such a report shall be grounds for discipline up to and including termination. If the knowledge of the reporting party gives rise to reasonable cause to believe that the reported conduct constitutes child abuse Policy 09.227 or a reportable criminal offense Policy 09.2211, notification of state officials shall be made as required by law.⁶

FALSE REPORTS PROHIBITED

Employees or students who intentionally make false reports related to the District's administration of this policy and the corresponding procedures, are subject to disciplinary sanctions under applicable District policy, law, or the Code of Acceptable Behavior and Discipline.

Title IX Sexual Harassment**RELATED EVIDENCE RULES SUMMARY**

The following rules apply to the District investigation and grievance process under the Title IX Sexual Harassment regulation:

- a) The District shall not require, allow, rely upon, or otherwise use questions or evidence that constitutes or seeks disclosure of information protected under a legally recognized privilege unless the person holding such privilege has waived the privilege.
- b) The District cannot access, consider, disclose, or otherwise use a party's records made or maintained in connection with provision of treatment to the party by medical or mental health professionals or paraprofessionals unless the District obtains written consent from the party.
- c) Questions and evidence about the complainant's sexual predisposition or prior behavior are not relevant unless such questions and evidence are offered to prove that someone other than the respondent committed the conduct or, such questions or evidence are offered to prove consent.

RETALIATION PROHIBITED

No District or other person may intimidate, threaten, coerce, or discriminate against any individual for the purpose of interfering with any right or privilege secured by Title IX, or because the individual has made a report or complaint, testified, assisted, or participated or refused to participate in any Title IX investigation, proceeding, or hearing.

REFERENCES:

²34 C.F.R. § 106.45

³KRS 510.020

⁴85 Fed. Reg. 30433 (May 19, 2020)

Americans with Disabilities Act (42 U.S.C. §12101 et seq., as amended; 28 C.F.R. § 35.107)

Section 504 of the Rehabilitation Act of 1973 (Section 504) (29 U.S.C. § 794 et seq., as amended; 34 C.F.R. § 104.7)

Title IX of the Education Amendments of 1972 (20 USC § 1681, et seq.); 34 C.F.R. Part 106

Clery Act (20 U.S.C. §1092(f)(6)(A)(v))

Violence Against Women Act (34 U.S.C. § 1092(f)(6)(A)(v))

34 U.S.C. § 12291(a)(10)

34 U.S.C. §12291(a)(3)

34 U.S.C. §12291(a)(8)

RELATED POLICIES:

¹03.162; 03.262; 09.42811

⁵09.14

⁶09.227; 09.2211

03.2621; 09.428111

Adopted/Amended: 8/18/2020
Order #: 3C

- CLASSIFIED PERSONNEL -

Title IX Sexual Harassment

INTRODUCTION AND SCOPE

A United States Department of Education regulation published on May 19, 2020 defines sexual harassment for purposes of Title IX (sometimes referred to in policy and procedure as “Title IX Sexual Harassment”). In addition to numerous other matters, the regulation sets forth grievance procedure requirements that apply (including the initiation of a “formal complaint”) before there is a determination that an employee is responsible for Title IX Sexual Harassment. The applicable definition of sexual harassment describes serious sexual misconduct. If the alleged actions that are the subject of a formal complaint do not descend to the level of conduct described in the definition of Title IX Sexual Harassment; do not take place in a “program or activity” of the school District within the meaning of Title IX; or do not take place in the United States, the formal complaint must be dismissed.

Such a dismissal does not mean that the alleged offending party cannot be the subject of investigation or discipline on grounds other than “Title IX Sexual Harassment” as addressed in Board policy or law, including conduct allegedly constituting sexual harassment or other sexual misconduct that does fall within the definition of “Title IX Sexual Harassment.”¹

PROHIBITION

Title IX Sexual Harassment in educational programs or activities of the District is prohibited.

GRIEVANCE PROCEDURE

The District shall provide a Title IX Sexual Harassment grievance procedure that treats complainants and respondents equitably as required by Federal Regulation.²

DEFINITIONS

TITLE IX SEXUAL HARASSMENT

“Title IX Sexual Harassment” means conduct on the basis of sex that satisfies one or more of the following:

- 1) An employee of the District conditioning the provision of an aid, benefit, or service of the District on an individual’s participation in unwelcome sexual conduct (i.e., quid pro quo sexual harassment);
- 2) Unwelcome conduct determined by a reasonable person to be so severe, pervasive, and objectively offensive that it effectively denies a person equal access to the District’s education program or activity;

Title IX Sexual Harassment**DEFINITIONS (CONTINUED)****TITLE IX SEXUAL HARASSMENT (CONTINUED)**

- 3) "Sexual assault" as defined in 20 U.S.C. 1092(f)(6)(A)(v), "dating violence" as defined in 34 U.S.C. 12291(a)(10), "domestic violence" as defined in 34 U.S.C. 12291(a)(8), or "stalking" as defined in 34 U.S.C. 12291(a)(30). For purposes of this definition, "sexual assault" means an offense that meets the definition of rape, fondling, incest, or statutory rape as used in the FBI's Uniform Crime Reporting system. A sex offense is an act directed against another person, without the consent of the second person, including instances where the second person is incapable of giving consent.³

The term "dating violence" means violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim and where the existence of such a relationship shall be based on the following factors: the length of the relationship, the type of relationship, and the frequency of interaction between the persons involved in the relationship.

The term "domestic violence" includes felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

The term "stalking" means engaging in a course of conduct directed at a specific person that would cause a reasonable person to fear for the person's safety or the safety of others; or suffer substantial emotional distress.

Consent

"Consent" means a voluntary expression of willingness, permission, or agreement to engage in sexual activity throughout a sexual encounter. Consent cannot be granted by an individual: who is less than the statutory age of consent under Kentucky criminal law, has a mental or physical condition or incapacity that prevents the giving of consent; or from whom ostensible "consent" is extracted through threat, coercion, or forcible compulsion.

Complainant

"Complainant" means an individual who is alleged to be the victim of conduct that could constitute sexual harassment. This applies to such individual even if no formal complaint is filed. Only a complainant who is participating or attempting to participate in the District's educational programs or activities may file a formal complaint.

Respondent

"Respondent" means an individual who has been reported to be the perpetrator of conduct that could constitute sexual harassment. This applies to such individual even if no formal complaint is filed. Only a person in his or her individual capacity is subject to a Title IX investigation.

Title IX Sexual Harassment**DEFINITIONS (CONTINUED)****Title IX Coordinator (TIXC)**

The TIXC is the individual or individuals designated and authorized to coordinate District Title IX programs. The TIXC is expected to engage in activities intended to provide a fair and neutral process for all parties, including implementation of supportive measures and remedies where appropriate. The District may use co-coordinators and/or deputy coordinators.

Formal Complaint

“Formal complaint” means a document filed by a complainant or signed by the TIXC alleging sexual harassment against a respondent and requesting that the District investigate the allegation of sexual harassment. A formal complaint may be filed with the TIXC in person, by mail, or by electronic mail, by using the contact information provided by the District. The complaint document may be physical or electronic, shall contain the complainant’s physical or digital signature, or otherwise indicate that the complainant is the person filing the formal complaint. Where the TIXC signs a formal complaint, the TIXC is not “the complainant” or otherwise considered a party, but is to comply with applicable procedures.

Supportive Measures

“Supportive measures” mean nondisciplinary, non-punitive individualized services offered as appropriate, as reasonably available, and without fee or charge to the complainant or the respondent before or after the filing of a formal complaint or where no formal complaint has been filed. Supportive measures may include counseling, extensions of deadlines or other course-related adjustments, modifications of work or class schedules, campus escort services, mutual restrictions on contact between the parties, unilateral restrictions on contact that are not unreasonably burdensome on a respondent, changes in work or housing locations, authorized leaves of absence, increased security and monitoring of certain areas of the campus, and other similar measures. Supportive measures shall be confidential, to the extent that maintaining such confidentiality would not impair the ability of the District to provide the supportive measures. The TIXC is responsible for coordinating the effective implementation of supportive measures.

Education Program or Activity

“Education program or activity” means District operations and includes locations, events, or circumstances over which the District exercises substantial control over both the respondent and the context in which the sexual harassment occurs.

Preponderance of the Evidence

“Preponderance of evidence” means evidence that is of greater weight or more convincing than an asserted fact or facts occurred than evidence in opposition to such facts. It is evidence which as a whole shows that an assertion to be proven is more likely than not.

Title IX Sexual Harassment**REGULATION AND POLICY DOES NOT AFFECT PARENT RIGHTS**

Absent a court order or other legal requirement to the contrary, a parent or guardian is authorized to act on behalf of a minor student regarding decision-making and the exercise of rights under the Title IX Sexual Harassment policy and procedure, including the opportunity to accompany a minor student to meetings and interviews.

SEGREGATION OF FUNCTIONS / CONFLICT OF INTEREST

The TIXC, investigator, decisionmaker(s), and any informal resolution facilitator shall not have a conflict of interest or bias for or against complainants or respondents generally or an individual complainant or respondent. These individuals are to serve impartially without prejudgment of the facts at issue. The investigative, initial decision-making, appellate decision-making, and resolution functions must be performed by different trained individuals, who may be District employees or contractors.

CONFIDENTIALITY

With respect to its administration of Title IX Sexual Harassment policies and corresponding procedures, the District must keep confidential the identity of any individual who has made a report or complaint of sex discrimination, including any individual who has made a report or filed a formal complaint of sexual harassment, any complainant, any individual who has been reported to be the perpetrator of sex discrimination, any respondent, and any witness, except as may be permitted under FERPA³, required by law, or to carry out Title IX purposes, including the conduct of any investigation, hearing or Title IX judicial proceedings.

Investigative evidence directly related to the allegations of a formal complaint gathered by the District is subject to inspection and review by the parties but is not to be disseminated to the public. The United States Department of Education rule commentary provides that under the applicable FERPA definition of “education records” a parent of a complainant or respondent (or eligible student) has a right to inspect and review any witness statement that is directly related to the student, even if that statement contains information that is also directly related to another student, if the information cannot be segregated or redacted without destroying its meaning.⁴

EMPLOYEES SHALL REPORT

Employees who believe or have been made aware that they or any other employee, student, or visitor has been subject to Title IX Sexual Harassment shall report it to the TIXC. Failure to make such a report shall be grounds for discipline up to and including termination. If the knowledge of the reporting party gives rise to reasonable cause to believe that the reported conduct constitutes child abuse Policy 09.227 or a reportable criminal offense Policy 09.2211, notification of state officials shall be made as required by law.⁶

FALSE REPORTS PROHIBITED

Employees or students who intentionally make false reports related to the District’s administration of this policy and the corresponding procedures, are subject to disciplinary sanctions under applicable District policy, law, or the Code of Acceptable Behavior and Discipline, as applicable.

Title IX Sexual Harassment**RELATED EVIDENCE RULES SUMMARY**

The following rules apply to the District investigation and grievance process under the Title IX Sexual Harassment regulation:

- a) The District shall not require, allow, rely upon, or otherwise use questions or evidence that constitutes or seeks disclosure of information protected under a legally recognized privilege unless the person holding such privilege has waived the privilege.
- b) The District cannot access, consider, disclose, or otherwise use a party's records made or maintained in connection with provision of treatment to the party by medical or mental health professionals or paraprofessionals unless the District obtains written consent from the party.
- c) Questions and evidence about the complainant's sexual predisposition or prior behavior are not relevant unless such questions and evidence are offered to prove that someone other than the respondent committed the conduct or, such questions or evidence are offered to prove consent.

RETALIATION PROHIBITED

No District or other person may intimidate, threaten, coerce, or discriminate against any individual for the purpose of interfering with any right or privilege secured by Title IX, or because the individual has made a report or complaint, testified, assisted, or participated or refused to participate in any Title IX investigation, proceeding, or hearing.

REFERENCES:

²34 C.F.R. § 106.45

³KRS 510.020

⁴85 Fed. Reg. 30433 (May 19, 2020)

Americans with Disabilities Act (42 U.S.C. §12101 et seq., as amended; 28 C.F.R. § 35.107)

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34 U.S.C. § 12291(a)(10)

34 U.S.C. §12291(a)(3)

34 U.S.C. §12291(a)(8)

RELATED POLICIES:

¹03.162; 03.262; 09.42811

⁵09.14

⁶09.227; 09.2211

03.1621; 09.428111

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Title IX Sexual Harassment**DEFINITIONS (CONTINUED)****Title IX Sexual Harassment (continued)**

The term “dating violence” means violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim and where the existence of such a relationship shall be based on the following factors: the length of the relationship, the type of relationship, and the frequency of interaction between the persons involved in the relationship.

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Title IX Sexual Harassment**SEGREGATION OF FUNCTIONS / CONFLICT OF INTEREST**

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EMPLOYEES SHALL REPORT

Employees who believe or have been made aware that they or any other employee, student, or visitor has been subject to Title IX Sexual Harassment shall report it to the TIXC. Failure to make such a report shall be grounds for discipline up to and including termination. If the knowledge of the reporting party gives rise to reasonable cause to believe that the reported conduct constitutes child abuse Policy 09.227 or a reportable criminal offense Policy 09.2211, notification of state officials shall be made as required by law.⁶

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Employees or students who intentionally make false reports related to the District's administration of this policy and the corresponding procedures, are subject to disciplinary sanctions under applicable District policy, law, or the Code of Acceptable Behavior and Discipline, as applicable.

Title IX Sexual Harassment**RELATED EVIDENCE RULES SUMMARY**

The following rules apply to the District investigation and grievance process under the Title IX Sexual Harassment regulation:

- a) The District shall not require, allow, rely upon, or otherwise use questions or evidence that constitutes or seeks disclosure of information protected under a legally recognized privilege unless the person holding such privilege has waived the privilege.
- b) The District cannot access, consider, disclose, or otherwise use a party's records made or maintained in connection with provision of treatment to the party by medical or mental health professionals or paraprofessionals unless the District obtains written consent from the party.
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No District or other person may intimidate, threaten, coerce, or discriminate against any individual for the purpose of interfering with any right or privilege secured by Title IX, or because the individual has made a report or complaint, testified, assisted, or participated or refused to participate in any Title IX investigation, proceeding, or hearing.

REFERENCES:

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RELATED POLICIES:

¹03.162; 03.262; 09.42811

⁵09.14

⁶09.227; 09.2211

03.1621; 03.2621

Adopted/Amended: 8/18/2020

Order #: 3C

Title IX Sexual Harassment Grievance Procedures

**THIS PROCEDURE APPLIES TO "TITLE IX SEXUAL HARASSMENT"
UNDER POLICIES 03.1621, 03.2621, AND 09.428111.**

REPORTING

1. School employees who have reason to believe that a student has been subjected to Title IX Sexual Harassment are required to promptly make a report to the Title IX Coordinator (TIXC).
2. Students, parents/legal guardians or other individuals who believe a student has been sexually harassed may make a report to the TIXC.
3. If the individual making the report is the alleged victim ("Complainant" as defined in the Title IX Sexual Harassment regulation), or if the Complainant is identified by the individual making the report, the TIXC will meet with the Complainant to discuss supportive measures that may be appropriate in the particular circumstances and explain the process for filing a formal complaint.
4. The District cannot provide an informal resolution process for resolving a report unless a formal complaint is filed.
5. The Superintendent/designee shall be informed of all reports and formal complaints of sexual harassment.

FORMAL COMPLAINT

1. A Complainant and/or their parent/legal guardian may file a formal written complaint requesting investigation of alleged Title IX Sexual Harassment. The written complaint must include basic information concerning the allegation of sexual harassment (i.e., date, time, location, individual(s) who allegedly engaged in sexual harassment, description of allegation).

Students who need assistance in preparing a formal written complaint, may consult with the TIXC.
2. In accordance with the Title IX regulations, the TIXC must dismiss a formal complaint under this Title IX procedure if:
 - a) the conduct alleged in the formal complaint does not constitute sexual harassment as defined under the Title IX regulations and the Title IX Sexual Harassment policy; or
 - b) the conduct alleged did not occur within the scope of the District's education programs and activities, or
 - c) did not occur in the United States.
3. In accordance with the Title IX regulations, the TIXC may dismiss a formal complaint if:
 - a) a Complainant withdraws the formal complaint, or withdraws particular allegations within the complaint;
 - b) the Respondent is no longer employed by or enrolled in the District; or

Title IX Sexual Harassment Grievance Procedures**FORMAL COMPLAINT (CONTINUED)**

- c) there are specific circumstances that prevent the District from gathering evidence sufficient to reach a determination regarding the formal complaint. However, if the conduct potentially violates other policies or laws, it may be addressed through other applicable Board policy/procedure.
4. If a formal complaint is dismissed under this Title IX procedure, the TIXC will promptly and simultaneously send written notices to the parties explaining the reasons. The parties have the opportunity to appeal dismissals as outlined below.
5. In certain circumstances, the TIXC may file a formal complaint even when the alleged victim chooses not to. Examples could include instances where the Respondent (person alleged to have engaged in sexual harassment) has been found responsible for previous sexual harassment; a safety threat within the District, or other alleged serious violations where pursuit of a complaint is warranted.
6. If the conduct alleged in a formal complaint potentially violates other laws or Board policies, the District may address the conduct under another applicable Board policy/procedure.

EMERGENCY REMOVAL/SUSPENSION

The Superintendent may direct the removal of a student from education programs and activities on an emergency basis during the complaint procedure:

1. If there is a determination, following an individualized safety and risk analysis which may be performed as provided in District Policy 09.429 (Threat Assessment), that there is an immediate threat to the physical health or safety of an individual arising from the allegations of sexual harassment. Examples of such circumstances might include, but are not limited to, a continued threat of violence against a Complainant by a Respondent, or a Respondent's threat of self-harm due to the allegations.¹
2. The Respondent and parent/legal guardian will be provided notice of the emergency removal, and will be provided an opportunity to challenge the decision either before or following the removal (this is an opportunity to be heard, not a hearing) utilizing the procedure applicable to student suspensions per Policy 09.434 Suspension.
3. Any such decision shall be made in compliance with any applicable disability laws, including the Individuals with Disabilities Education Act, Section 504 of the Rehabilitation Act and the Americans with Disabilities Act.

Title IX Sexual Harassment Grievance Procedures**EMPLOYEE SUSPENSION WITH PAY**

An employee may be suspended with pay during the complaint procedure as provided in Board policies.²

NOTICE TO PARTIES FOLLOWING A FORMAL COMPLAINT

1. The TIXC will provide to the parties written notice of the formal complaint and allegations of sexual harassment potentially constituting Title IX Sexual Harassment. The notice shall include:
 - Notice regarding the complaint procedure and the availability of an informal resolution process;
 - Sufficient details known at the time (including identities of parties, if known; the conduct alleged; and the date and location of the alleged incident[s], if known), allowing sufficient time to prepare before any initial interview (not less than ten [10] calendar days);
 - A statement that the Respondent is presumed not responsible for the alleged conduct and that a determination of responsibility will be made at the conclusion of the grievance process;
 - The parties may inspect and review evidence directly related to the allegations of Title IX Sexual Harassment;
 - Notice that the parties may each have an advisor of their choice (who may be an attorney);
 - Notice that knowingly making false statements or submitting false information in bad faith during the complaint process is prohibited and may result in disciplinary action;
 - Notice of the name of the investigator, with sufficient time (no less than three [3] calendar days) to raise concerns of conflict of interest or bias.
2. If additional allegations become known at a later time, notice of the additional allegations will be provided to the parties.
3. The TIXC will discuss supportive measures with each party and oversee implementation of such measures as appropriate.

INFORMAL RESOLUTION PROCESS

After a formal complaint has been filed, and if the TIXC believes the circumstances are appropriate, the TIXC may offer the parties the opportunity to participate in an informal resolution process to resolve the complaint without completing the investigation and determination process. Informal resolutions cannot be used to resolve a formal complaint where a student is the Complainant and the Respondent is an employee.

Title IX Sexual Harassment Grievance Procedures**INFORMAL RESOLUTION PROCESS (CONTINUED)**

Informal resolutions can take many forms, depending on the particular case. Examples include, but are not limited to, facilitated discussions between the parties; restorative justice; acknowledgment of responsibility by a Respondent; apologies; disciplinary actions against a Respondent or a requirement to engage in specific services; or supportive measures. Both parties must voluntarily agree in writing to participate in an informal resolution process, and either party can withdraw from the process at any time. The Superintendent/designee must agree to the terms of any informal resolution reached between the parties. If an informal resolution agreement is reached, it must be signed by both parties and the District. Any such signed agreement is final and binding according to its terms.

If an informal resolution process does not resolve the formal complaint, nothing from the informal resolution process may be considered as evidence in the subsequent investigation or determination. The parties will be advised that engagement in the informal resolution process is grounds for extension of the investigation timeline.

INVESTIGATION

1. The complaint will be investigated by a trained internal or external individual designated by the Superintendent, who should consult with District legal counsel concerning the handling and investigation of the complaint.
2. The Investigator may consult with the TIXC as agreed during the investigation process.
3. If the complaint is against an employee of the District, rights conferred under an applicable collective bargaining agreement shall be applied, to the extent they do not conflict with the Title IX regulatory requirements.
4. The Investigator will:
 - a. Meet with each party after they have received appropriate notice of any meeting and its purpose, with sufficient time to prepare.
 - b. Allow parties to have their advisor at all meetings related to the complaint, although advisors may not speak on behalf of a party or interfere with the process.
 - c. Allow parties a reasonable opportunity to identify witnesses and submit favorable and unfavorable evidence.
 - d. Interview witnesses and conduct such other activities that will assist in ascertaining facts (site visits, review of documents, etc.).
 - e. Consider evidence that is relevant and directly related to the allegations in the formal complaint.
 - f. During the course of the investigation, provide both parties with an equal opportunity to inspect and review any evidence that is obtained in the investigation that is directly related to the allegations in the formal complaint (including evidence which the District does not intend to rely upon in reaching a determination of responsibility), and favorable and unfavorable evidence.

Title IX Sexual Harassment Grievance Procedures**INVESTIGATION (CONTINUED)**

- g. Prior to completion of the investigation report, provide each party and advisor (if any) the evidence subject to inspection and review, and provide the parties with ten (10) calendar days to submit a written response. Access to such evidence may be provided via file sharing software that does not permit copying or downloading. The Investigator shall advise the parties that evidence is not to be publicly disseminated.
 - h. Consider the parties' written responses to the evidence prior to completing the investigation report.
 - i. Create an investigative report that fairly summarizes relevant evidence including the Investigator's recommendation on whether or not the evidence supports a finding that the Respondent engaged in conduct constituting Title IX Sexual Harassment. The Investigator shall send the report to the parties and advisors (if any) for their review and written responses which must be filed with the Investigator within ten (10) calendar days of their receipt of the report.
 - j. After receipt of the parties' written responses (if any), forward the investigation report and party responses to the assigned Decision Maker. The Decision Maker shall immediately inform the parties of the date of his or her receipt of the report and of the deadline for submission of questions as provided below.
 - k. The Investigator's report shall be non-binding on the Decision Maker.
5. The investigation shall be concluded within forty (40) calendar days from the date of the TIXC Notice to the Parties Following a Formal Complaint as referenced above, but reasonable extension of time for good cause shall be allowed.

DETERMINATION OF RESPONSIBILITY

The Superintendent shall assign a trained Decision Maker to arrive at a determination of responsibility. The Decision Maker cannot be the Investigator, Informal Resolution Facilitator, or the TIXC.

1. The Decision Maker shall have authority to preside over the pre-decision process in a manner that allows the Complainant and Respondent an equal opportunity to participate, including setting reasonable equally applicable limits on the number of questions and excluding questions on relevancy grounds or that seek privileged or confidential medical treatment information. The Decision Maker shall provide the parties with the opportunity to submit written, relevant questions that the party wants asked of another party or witness within five (5) calendar days of when the Decision Maker received the investigation report and party responses.

The Decision Maker shall provide a written explanation to a party proposing questions if the Decision Maker excludes a question on grounds that it is not relevant.

Title IX Sexual Harassment Grievance Procedures**DETERMINATION OF RESPONSIBILITY (CONTINUED)**

2. Each party shall be provided the opportunity to review the responses of another party and/or witness, and to ask limited written follow-up questions within five (5) calendar days of receiving the answers.
3. Each party will receive a copy of the responses to any follow-up questions.
4. The Decision Maker shall review the investigation report, the parties' responses and other relevant materials, applying the preponderance of the evidence standard ("more likely than not").
5. The Decision Maker shall issue a written determination, which shall include the following:
 - a) Identification of all the allegations potentially constituting Title IX Sexual Harassment;
 - b) A description of the procedural steps taken from receipt of the formal complaint through the determination;
 - c) A determination regarding responsibility as to each allegation and findings of fact supporting the determinations;
 - d) A statement of, and rationale for, the result as to each allegation, including a determination regarding responsibility, any disciplinary sanctions to be imposed on the Respondent, and whether remedies designed to restore or preserve equal access to the District's programs and activities will be provided to the Complainant. In order to preserve confidentiality, remedies provided to the Complainant are not to be described in the determination report;
 - e) If applicable, a statement that disciplinary sanctions may require additional hearings or proceedings under separate law and policy: e.g. student expulsion; classified or certified employee public reprimand, suspension without pay, termination; or student alternative education program placement proceedings;
 - f) The District's appeal procedure and permissible bases for the parties to appeal the determination.
6. The written determination shall be provided to the parties simultaneously. The determination concerning responsibility becomes final either on the date that the District provides the parties with the written determination of the results of the appeal, if an appeal is filed, or if an appeal is not filed, the date on which the appeal would no longer be considered timely.
7. The implementation of measures or sanctions shall be made subject to and in compliance with applicable disability laws included the Individuals with Disabilities Education Act, Section 504 of the Rehabilitation Act and the Americans with Disabilities Act.
8. The determination shall be issued with thirty (30) calendar days of the Decision Maker's receipt of the Investigator's report and recommendation, but reasonable extension of time for good cause shall be allowed.

Title IX Sexual Harassment Grievance Procedures

REMEDIES, DISCIPLINE AND OTHER ACTIONS

Range of Remedies to Allow Equal Access to Complainant

1. Remedies are measures used to ensure that the Complainant has equal access to the District's education programs and activities following the Decision Maker's determination. Such remedies may include supportive measures, and may include other appropriate measures, depending upon the determination and the needs of the Complainant. The TIXC is responsible for implementing remedies and providing needed assistance to the Complainant.

2. Range of Disciplinary Sanctions (Students)

The following is a non-exhaustive range of disciplinary sanctions that may be imposed when there is a determination that students are responsible for one or more violations involving sexual harassment: In or out of school suspension; expulsion; assignment to alternative education programs; requirement to engage in education or counseling program; disqualification or modification of privileges to participate in sports or extracurricular programs; unilateral no-contact orders, school assignment alteration, or schedule changes; prohibitions or limitations on presence on school property or at school-related events; and other disciplinary sanctions and interventions set forth in the Code of Acceptable Behavior and Discipline.

3. Range of Disciplinary Sanctions (Employees)

The following is a non-exhaustive range of disciplinary sanctions that may be imposed when there is a determination that employees are responsible for one or more violations involving sexual harassment: Requirement to engage in education or counseling program; unilateral no-contact orders, school assignment alteration; prohibitions or limitations on presence on school property or at school-related events; private reprimand; public reprimand; suspension without pay; termination.

APPEALS

The Superintendent may serve as the Appellate Decision Maker and shall assign or arrange for the services of a trained Appellate Decision Maker if s/he does not serve in that role. The Appellate Decision Maker cannot be the Initial Decision Maker, Informal Resolution Facilitator, Investigator, or TIXC.

The Appellate Decision Maker shall have authority to preside over the appeal process in a manner that allows Complainant and Respondent an equal opportunity to participate, including setting reasonable page limits, enforcing timelines, and limiting review on the record to allowable grounds.

The parties (Complainant and Respondent) have the opportunity to appeal a responsibility determination and dismissals of formal complaints. Appeals will be considered only on the following grounds:

1. A procedural irregularity that affected the outcome;
2. New evidence that was not reasonably available as of the date of the determination regarding responsibility or dismissal of the formal complaint, that could affect the outcome; or

Title IX Sexual Harassment Grievance Procedures**APPEALS (CONTINUED)**

3. The TIXC, Investigator, or Decision Maker had a conflict of interest or bias for or against Complainants or Respondents generally, or the individual Complainant or Respondent that affected the outcome.

APPEAL STEPS

1. An appeal must be filed in writing within five (5) calendar days of the receipt of the determination decision. Appeals after that deadline will not be considered. The written appeal must state the grounds and arguments for reversal or modification of the determination.
2. Appeals must be filed with the Superintendent, who will submit the appeal to the Appellate Decision Maker or engage in further appellate steps if the Superintendent is the Appellate Decision Maker. Parties initiating an appeal or seeking reversal or modification of a responsibility determination must explain the impact of any asserted error on the outcome and, in the case of new evidence, are to explain why such evidence was not available, summarize the evidence and explain how the party contends such evidence would have affected the outcome.
3. The Appellate Decision Maker shall notify the other party in writing of the appeal and include copies of the document setting forth the grounds and arguments in support of the appeal. The other party shall have the option to file with the Appellate Decision Maker written arguments in response to the opposing party's appeal within five (5) calendar days of receipt of the appeal document. An untimely response will not be considered.
4. The Appellate Decision Maker shall conduct an impartial review of the appeal including consideration of arguments of the parties and the written record and may consult with District legal counsel in the decision-making process.
5. The Appellate Decision Maker shall issue a written decision describing the result of the appeal and rationale for the result and provide notice of the written decision simultaneously to the parties. The Decision may: affirm the determination, reverse the determination, or modify the determination in whole or in part.
6. The Title IX grievance determination of responsibility is final when there is no timely appeal or on the date when the Appellate Decision Maker sends his or her decision to the parties. A determination that conduct is not Title IX Sexual Harassment does not prevent the imposition of sanctions consistent with other law or policy where the conduct is determined to be in violation of such other law or policy.

RECORDS

Records in connection with sexual harassment reports and the complaint process shall be maintained for a minimum of seven (7) years.

Title IX Sexual Harassment Grievance Procedures

REFERENCES:

¹KRS 158.4410; KRS 158.150; KRS 158.153
704 KAR 019:002
Individuals with Disabilities Education Act
Section 504 of the Rehabilitation Act
The Americans with Disabilities Act

RELATED POLICIES:

²03.173; 03.27
09.429; 09.434

RELATED PROCEDURES:

03.1621 AP.2; 03.2621 AP.2; 09.428111 (all procedures)

Review/Revised:8/18/2020

COACH AGREEMENT

As a coach in the Clay County School System, I hereby agree that I have received and read the Athletic Handbook for the Clay County School System. I agree that I will comply with the rules and guidelines outlined in the Athletic Handbook as well as all 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.

As coach, I agree that I will not discourage athletes from participating in other sports. Violation of this rule shall result in sanctions, up to and including termination.

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 School System. I agree that I will comply with the rules and guidelines outlined in the Athletic Handbook as well as all 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: _____