

# West Middle School Athletic Packet



- KSHSAA Pre-Participation Physical Evaluation**  
(Dated after May 1 of the current year)
- Athletic Insurance Compliance**  
(Needs notarized)
- Code of Conduct**
- KSHSAA Concussion/Head Injury Information Release**
- Tryout/Participation Agreement**

All forms require a parent and a student's signature and forms need to be filled out each school year.

All forms must be filled out and returned to Dawn Salisbury, Athletic Secretary BEFORE a student can try out/participate. Ms. Salisbury is also a notary.

Sports are only for 7th and 8th grade students.

A Student must have passed five (5) courses in the previous semester and must be enrolled in five (5) courses during the semester of participation.



# PRE-PARTICIPATION PHYSICAL EVALUATION

**PPE is required annually and shall not be taken earlier than May 1 preceding the school year for which it is applicable.**

Pages 1-4 are adapted from PPE: Preparticipation Physical Evaluation, 5th Edition, © 2019 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.

**HISTORY FORM** (Pages 1 & 2 should be filled out by the student and **parent/guardian** prior to the physical examination)

Name	Date of Birth	Age	*Sex at Birth
Grade	School	Sport(s)	
Home Address		Phone	
Personal Physician	Parent Email		

\*In cases of disorder of sexual development (DSD), designation of sex at birth may be delayed for a period of time until medical providers and family can make the appropriate determination.

**Students and parents/guardian should complete pages 1-2 together. Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.**

GENERAL QUESTIONS:	YES	NO
1. Do you have any concerns that you would like to discuss with your provider?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has a provider ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any ongoing medical issues or recent illness?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever spent the night in the hospital?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOU:	YES	NO
5. Have you ever passed out or nearly passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has a doctor ever told you that you have any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you get light-headed or feel shorter of breath than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY:	YES	NO
12. 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)?	<input type="checkbox"/>	<input type="checkbox"/>
13. 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)?	<input type="checkbox"/>	<input type="checkbox"/>
14. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	<input type="checkbox"/>	<input type="checkbox"/>
BONE AND JOINT QUESTIONS:	YES	NO
15. 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?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever had any broken or fractured bones or dislocated joints?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever had an injury that required x-rays, MRI, CT scan, injections or therapy?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you ever had any injuries or conditions involving your spine (cervical, thoracic, lumbar)?	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you regularly use, or have you ever had an injury that required the use of a brace, crutches, cast, orthotics or other assistive device?	<input type="checkbox"/>	<input type="checkbox"/>
20. Do you have a bone, muscle, ligament, or joint injury that bothers you?	<input type="checkbox"/>	<input type="checkbox"/>
21. Do you have any history of juvenile arthritis, other autoimmune disease or other congenital genetic conditions (e.g., Downs Syndrome or Dwarfism)?	<input type="checkbox"/>	<input type="checkbox"/>

**PRIVATE HEALTH INFORMATION - KEEP CONFIDENTIAL**

**KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

MEDICAL QUESTIONS:		YES	NO
22.	Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
23.	Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>
24.	Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organs?	<input type="checkbox"/>	<input type="checkbox"/>
25.	Do you have groin or testicle pain, a bump, a painful bulge or hernia in the groin area?	<input type="checkbox"/>	<input type="checkbox"/>
26.	Have you had infectious mononucleosis (mono)?	<input type="checkbox"/>	<input type="checkbox"/>
27.	Do you have any recurring skin rashes or skin infection that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?	<input type="checkbox"/>	<input type="checkbox"/>
28.	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, how many?		
	What is the longest time it took for full recovery?		
	When were you last released?		
29.	Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
30.	Have you ever had numbness, tingling, weakness in your arms (including stingers/burners) or legs, or been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
31.	Have you ever become ill while exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
32.	Do you get frequent muscle cramps when exercising?	<input type="checkbox"/>	<input type="checkbox"/>
33.	Do you or does someone in your family have sickle cell trait or disease?	<input type="checkbox"/>	<input type="checkbox"/>
34.	Have you ever had or do you have any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
35.	Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
36.	Do you worry about your weight?	<input type="checkbox"/>	<input type="checkbox"/>
37.	Are you trying to or has anyone recommended that you gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
38.	Are you on a special diet or do you avoid certain types of foods or food groups?	<input type="checkbox"/>	<input type="checkbox"/>
39.	Have you ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
40.	How do you currently identify your gender? <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other		
41.	Over the last 2 weeks, how often have you been bothered by any of the following problems? (check box)		
	Feeling nervous, anxious, or on edge	NOT AT ALL 0 <input type="checkbox"/>	SEVERAL DAYS 1 <input type="checkbox"/>
	Not being able to stop or control worrying	0 <input type="checkbox"/>	1 <input type="checkbox"/>
	Little interest or pleasure in doing things	0 <input type="checkbox"/>	1 <input type="checkbox"/>
	Feeling down, depressed, or hopeless	0 <input type="checkbox"/>	1 <input type="checkbox"/>
	(A sum of 3 or more is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes) Patient Health Questionnaire Version 4 (PHQ-4)	2 <input type="checkbox"/>	3 <input type="checkbox"/>
		OVER HALF THE DAYS 2 <input type="checkbox"/>	NEARLY EVERY DAY 3 <input type="checkbox"/>
FEMALES ONLY:		YES	NO
42.	Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
43.	If yes, are you experiencing any problems or changes with athletic participation (i.e., irregularity, pain, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
44.	How old were you when you had your first menstrual period?		
45.	When was your most recent menstrual period?		
46.	How many menstrual periods have you had in the past 12 months?		

Explain all Yes answers here from the previous two pages

**Parents/Students: Complete the Medical Eligibility Form (page 4) and the KSHSAA Eligibility Checklist (page 5).**

**KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION**

**PHYSICAL EXAMINATION FORM**

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Date of recent immunizations: Td \_\_\_\_\_ Tdap \_\_\_\_\_ Hep B \_\_\_\_\_ Varicella \_\_\_\_\_ HPV \_\_\_\_\_ Meningococcal \_\_\_\_\_

**PHYSICIAN REMINDERS**

1. Review the health history on pages 1 & 2 AND the student information section on page 4, prior to the exam.
2. 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 adhere to safe sex practices?
3. Consider reviewing questions on cardiovascular symptoms (questions 5-14 of History Form).
4. Per Kansas statute, any school athlete who has sustained a concussion shall not return to competition or practice until the athlete is evaluated by a healthcare provider and the healthcare provider (MD or DO only) provides such athlete a written clearance to return to play or practice.
5. Per Kansas Statute, students indicated as biological male at birth may not participate on girls teams.

EXAMINATION			
Height	Weight	Male <input type="checkbox"/> Female <input type="checkbox"/>	BP (reference gender/height/age chart)**** / ( / ) Pulse
Vision R 20/	L 20/	Corrected: Yes <input type="checkbox"/> No <input type="checkbox"/>	
MEDICAL		NORMAL	ABNORMAL FINDINGS
Appearance — Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)			
Eyes/ears/nose/throat — Pupils equal, Gross Hearing			
Lymph nodes			
Heart * — Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)			
Pulses — Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Skin — Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis			
Neurological***			
Genitourinary (optional-males only)**			
MUSCULOSKELETAL		NORMAL	ABNORMAL FINDINGS
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional — e.g. 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. \*\*Consider GU exam if in appropriate medical setting. Having third party present is recommended. \*\*\*Consider cognitive evaluation or baseline neuropsychiatric testing if a significant history of concussion. \*\*\*\*Flynn JT, Kaelber DC, Baker-Smith CM, et al. Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents. Pediatrics. 2017;140(3):e20171904.

**Healthcare Providers: You must complete the Medical Eligibility Form on the following page.**

**PRIVATE HEALTH INFORMATION - KEEP CONFIDENTIAL**

**KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION**

**MEDICAL ELIGIBILITY FORM - PARENT/STUDENT SECTION**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex at Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Parent Email: \_\_\_\_\_  
 Emergency Contact(s): \_\_\_\_\_ Phone: \_\_\_\_\_

STUDENT INFORMATION	YES	NO		YES	NO
Do you have any current or past medical conditions in which the school should be aware?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a heat stroke, or become sick while exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any allergies?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, do you use an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any cardiac/heart issues?	<input type="checkbox"/>	<input type="checkbox"/>	Do you or a family member have sickle cell trait or disease?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	Are you missing any organs?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a concussion?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	Are you currently taking any prescription medications?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do you take insulin?	<input type="checkbox"/>	<input type="checkbox"/>	Are you currently taking any nutritional supplements?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any "YES" answers above:

**HEALTHCARE PROVIDER SECTION**

- Medically eligible for all sports without restriction.
- Medically eligible for all sports without restriction. **Recommend further evaluation/treatment (see comments below\*).**
- Medically eligible for certain sports **(see comments below\*).**
- Not medically eligible for any sports.     Not medically eligible for any sports pending further evaluation **(see comments below\*).**

\*Comments/Recommendations:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*I have reviewed all patient information provided and completed the preparticipation physical examination of the student named on this form. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form, except as indicated above. 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 healthcare provider (print or type): \_\_\_\_\_ Date of Examination: \_\_\_\_\_  
 Signature of healthcare provider: \_\_\_\_\_ MD, DO, DC, PA-C, APRN  
 Provider address: \_\_\_\_\_ Provider phone: \_\_\_\_\_

**PARENT OR GUARDIAN CONSENT:**

*To be eligible for participation in interscholastic athletics/spirit groups, a student must have on file with the superintendent or principal, a signed statement by a physician, chiropractor, physician's assistant who has been authorized to perform this examination by their state's law and licensing body, or an advanced practice registered nurse who has been authorized to perform this examination by their state's law and licensing body, certifying the student has passed an adequate physical examination and is physically fit to participate (See KSHSAA Handbook, Rule 7). A complete history and physical examination must be performed annually before a student participates in KSHSAA interscholastic athletics/cheerleading.*

*I do not know of any existing physical or any additional health reasons that would preclude participation in activities. I certify that the answers to the questions in the HISTORY part of the Preparticipation Physical Examination (PPE), are true and accurate. I understand that any false or misleading information provided as part of this exam could result in disqualification from activity participation for my child and my child's teams. I approve participation in activities. I hereby authorize release to my child's medical providers, school medical personnel (whether employee or independent contractor of the school), school administration, school coaches, and KSHSAA the information contained in this document. I acknowledge I may choose to only submit to my child's school this medical eligibility page in lieu of the entire history and physical exam document. Upon written request, I may receive a copy of this document for my own personal health care records.*

*I acknowledge that there are risks of participating, including the possibility of catastrophic injury. I hereby give my consent for the above student to compete in KSHSAA approved activities, and to accompany school representatives on school trips and receive emergency medical treatment when necessary. It is understood that neither the KSHSAA nor the school assumes any responsibility in case of accident. The undersigned agrees to be responsible for the safe return of all equipment issued by the school to the student.*

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

*The parties to this document agree that an electronic signature is intended to make this writing effective and binding and to have the same force and effect as the use of a manual signature.*

**ATTENTION PARENTS AND STUDENTS: KSHSAA ELIGIBILITY CHECKLIST**

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

Date of Birth: \_\_\_\_\_

(PLEASE PRINT CLEARLY)

**NOTE: Transfer Rule 18 states in part, a student is eligible transfer-wise if:**

**BEGINNING SEVENTH GRADER**—A seventh grader, at the beginning of his or her seventh grade year, is eligible under the Transfer Rule at any school he or she may choose to attend. In addition, age and academic eligibility requirements must also be met.

**BEGINNING NINTH GRADERS IN A THREE-YEAR JUNIOR HIGH SCHOOL**—So that ninth graders of a three-year junior high are treated equally to ninth graders of a four-year senior high school, a student who has successfully completed the eighth grade of a two-year junior high/middle school, may transfer to the ninth grade of a three-year junior high school at the beginning of the school year and be eligible immediately under the Transfer Rule. Such a ninth grader must then, as a tenth grader, attend the feeder senior high school of their school system. Should they attend a different school as a tenth grader, they would be ineligible for eighteen weeks.

**ENTERING HIGH SCHOOL FOR THE FIRST TIME**—A senior high school student is eligible under the Transfer Rule at any senior high school he or she may choose to attend when senior high is entered for the first time at the beginning of the school year. In addition, age and academic eligibility requirements must also be met.

**For Middle/Junior High and Senior High School Students to Retain Eligibility**

Schools may have stricter rules than those pertaining to the questions above or listed below. Contact the principal or coach on any matter of eligibility. A student eligible to participate in interscholastic activities must be certified by the school principal as meeting all eligibility standards.

All KSHSAA rules and regulations are published in the official *KSHSAA Handbook* which is distributed annually to schools and is available at [www.kshsaa.org](http://www.kshsaa.org).

**Below Are Brief Summaries Of Selected Rules. Please See Your Principal For Complete Information.**

**Rule 7 — Physical Evaluation - Parental Consent**—Students shall have passed the **attached evaluation** and have the written consent of their parents or legal guardian.

**Rule 14 — Bona Fide Student**—Eligible students shall be a **bona fide undergraduate member** of his/her school in good standing.

**Rule 15 — Enrollment/Attendance**—Students must be regularly **enrolled and in attendance** not later than Monday of the fourth week of the semester in which they participate.

**Rule 16 — Semester Requirements**—A student shall not have more than two semesters of possible eligibility in grade seven and two semesters in grade eight. A student shall not have more than eight consecutive semesters of possible eligibility in grades nine through twelve, regardless of whether the ninth grade is included in junior high or in a senior high school.

*NOTE: If a student does not participate or is ineligible due to transfer, scholarship, etc., the semester(s) during that period shall be counted toward the total number of semesters possible.*

**Rule 17 — Age Requirements**—Students are eligible if they are not 19 years of **age (16, 15 or 14 for junior high or middle school student)** on or before August 1 of the school year in which they compete.

**Rule 19 — Undue Influence**—The use of **undue influence** by any person to secure or retain a student shall cause ineligibility. If tuition is charged or reduced, it shall meet the requirements of the KSHSAA.

**Rules 20/21 — Amateur and Awards Rules**—Students are eligible if they have not **competed under a false name** or for money or merchandise of intrinsic value, and have observed all other provisions of the Amateur and Awards Rules.

**Rule 22 — Outside Competition**—Students may not engage in **outside competition** in the same sport during a season in which they are representing their school.

*NOTE: Consult the coach, athletic director or principal before participating individually or on a team in any game, training session, contest, or tryout conducted by an outside organization.*

**Rule 25 — Anti-Fraternity**—Students are eligible if they are not members of any **fraternity** or other organization prohibited by law or by the rules of the KSHSAA.

**Rule 26 — Anti-Tryout and Private Instruction**—Students are eligible if they have not participated in **training sessions or tryouts** held by colleges or other outside agencies or organizations in the same sport while a member of a school athletic team.

**Rule 30 — Seasons of Sport**—Students are not eligible for more than **four seasons** in one sport in a four-year high school, three seasons in a three-year high school or two seasons in a two-year high school.

**For Middle/Junior High and Senior High School Students to Determine Eligibility When Enrolling**

If a **negative** response is given to any of the following questions, this enrollee should contact his/her administrator in charge of evaluating eligibility. This should be done before the student is allowed to attend his/her first class and prior to the first activity practice. If questions still exist, the school administrator should telephone the KSHSAA for a final determination of eligibility. (*Schools shall process a Certificate of Transfer Form T-E on all transfer students.*)

YES NO

1.   Are you a bona fide student in **good standing** in school? (If there is a question, your principal will make that determination.)
2.   Did you **pass at least five new subjects (those not previously passed)** last semester? (*The KSHSAA has a minimum regulation which requires you to pass at least five subjects of unit weight in your last semester of attendance.*)
3.   Are you planning to **enroll in at least five new subjects (those not previously passed)** of unit weight this coming semester? (*The KSHSAA has a minimum regulation which requires you to enroll and be in attendance in at least five subjects of unit weight.*)
4.   Did you **attend** this school or a feeder school in your district last semester? (*If the answer is "no" to this question, please answer Sections a and b.*)
  - a.   Do you reside with your parents?
  - b.   If you reside with your parents, have they made a permanent and bona fide move into your school's attendance center?

The above named student and I have read the KSHSAA Eligibility Checklist and how to retain eligibility information listed in this form. The student/parent authorizes the school to release to the KSHSAA student records and other pertinent documents and information for the purpose of determining student eligibility. The student/parent also authorizes the school and the KSHSAA to publish the name and picture of student as a result of participating in or attending extra-curricular activities, school events and KSHSAA activities or events.



Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of student \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

The parties to this document agree that an electronic signature is intended to make this writing effective and binding and to have the same force and effect as the use of a manual signature.



**Lawrence Public Schools  
CODE OF CONDUCT POLICY  
Rev 8/2019**

**PART I: COMMITMENT**

If you are a member of a team/squad, you are expected to fulfill this commitment. If you choose not to continue membership, this exit procedure should be followed:

1. Coach and athlete or participant must meet to discuss decision to terminate team or squad membership.
2. Provide notification to athletic director.
3. Confirmation by coach that school issued equipment has been returned and a list of financial obligations turned into the financial office.

**PART II: KSHSAA RULES** All activity participants will at all times comply with applicable rules of KSHSAA, including without limitation Rule 14, a copy of which is attached.

**PART III: ATTENDANCE** to participate in athletic practice and/or competition and other school sponsored activities, a student must be in attendance at least half the school day. Exceptions will include the following:

1. School sponsored field trip.
2. Family emergency.
3. Court appearance.
4. Verified professional appointment.

**PART IV: SUSPENSION** Students on out of school or in school suspension may not participate or attend practice or competition on the date of suspension and until reinstated as a student in good standing by school administrators and coach. Individual schools will manage suspensions.

**PART V: PERFORMANCE ENHANCING SUPPLEMENTS** The athletic departments of Lawrence Public Schools hold the following beliefs regarding the use of the performance enhancing supplements (including, but not limited to, e.g. creatine, protein supplements, Ripped Fuel, testosterone) by our student athletes:

1. We believe it is in the best interest of each student athlete to seek the advice of their own personal physician, and in collaboration with the family, make an informed decision as to the use of performance enhancing supplements other than anabolic steroids.
2. We believe that in order to become a complete student athlete, the individual must understand and exercise a strong work ethic.
3. We expect that through this work ethic, the athlete or participant will develop true commitment, dedication, and passion for their sport or activity. This includes NOT taking shortcuts to achieve their goals.

According to the Kansas State High School Activities Association regulations, any student who uses anabolic steroids is ineligible until such time as medical evidence is provided that his/her system is free of that drug. The cost of the assessment for reinstatement is to be paid by parent/guardian or student.

**PART VI: SANCTIONS FOR STUDENTS UNDER THE INFLUENCE OF ILLEGAL DRUGS, NON-PRESCRIBED CONTROLLED SUBSTANCES, ALCOHOL AND TOBACCO (see board policy JCDA)**

Because the use of alcohol, illegal drugs, and tobacco is detrimental to the health and welfare of individuals and because the use of alcohol and illegal drugs and the purchase of tobacco products are illegal for Kansas adolescents, the use of any such substances by any Lawrence School District activity participant is prohibited.

With the exception of prescription medication being used only by the student named on the prescription, the use, distribution, possession or being under the influence of illegal drugs, including anabolic steroids, alcohol or tobacco, on or off school property, will be considered a violation of this policy once a student becomes a member of a school athletic team or related squad.

Compliance with this policy does not end with the cessation of a particular activity season. Violations accumulate from activity season to activity season and from year to year (grades 7-8 and then reset for grades 9-12 in an interscholastic career). All violations are accumulative and do not end with a sport season or school year.

**The following procedures and penalties will be followed with regard to violations of this Policy:**

**Upon the first alleged violation:** The school administrator will conduct an investigation. The school administrator will conduct a hearing after providing notice to the student and parent/guardian regarding the possible violation. If, after the hearing, it is determined in the judgment of the administrator that a violation did occur, the student will immediately or at the start of the next season, be suspended for 25% of the season (based on number of games\*), for the sport or activity competition, unless the student is ineligible for participation under KSHSAA rules.

**Upon the second alleged violation:** The school administrator will conduct an investigation. The school administrator will conduct a hearing after providing notice to the student and parent/guardian regarding the possible violation. If, after the hearing, it is determined in the judgment of the administrator that a second violation did occur, the student shall be suspended from participation in school sponsored activities and/or competitions for 50% of the season (based on number of games\*), unless the student is ineligible for participation under KSHSAA rules.

**Upon the third and subsequent alleged** The school administrator will conduct an investigation. The school administrator will conduct a hearing after providing notice to the student and parent/guardian regarding the possible violation. If, after the hearing, it is determined in the judgment of the administrator that a third violation did occur, the student shall be referred to the Activities Review Committee which is appointed by the Superintendent or his/her designee, to determine the length of suspension from athletics/activities.

**Self-Disclosure:** A first self-disclosure will result the student being suspended 10% of the season (based on number of games\*), or a minimum of one game. Parent/Guardian will be notified of the disclosure and length of suspension. A second self-disclosure becomes a first violation under the procedures described above.

**Return to practice:** Upon a determination a student has violated the Code of Conduct, the school administrator may determine it is in the student's best interest to continue practicing with the team during the period of suspension. If the violation was a drug, alcohol, or tobacco related offense, the school administrator may recommend or require, as appropriate, an assessment by a licensed drug-alcohol agency to assist the student with strategies to avoid further violations. This counseling may be a condition to return to practice. The school administrator will work with the parent/guardian to determine if school based services are available and appropriate or whether it is advisable for the student to be seen by an outside agency.

**\*When computing the number of games to be suspended, numbers will be rounded up to the nearest whole number. (ex. 25% of a 14 game season would be 3.5 games, student would be suspended 4 games)**

## **PART VII: CRIMINAL CONDUCT, CHARGES AND CONVICTIONS**

Because the administration, athletic director, coaches, sponsors, and patrons of the Lawrence School District are concerned with the behavior of students involved in interscholastic and other extracurricular activities, except as provided above, the following procedures and penalties will be enforced when students who are members of school athletic teams, spirit organizations, or other school extracurricular activities engage in conduct which would constitute a crime, or are charged with and/or convicted of a misdemeanor or felony crime. (A) Upon a student being charged by municipal, state or federal law enforcement authorities with commission of a crime, if the administration has reason to believe there is substantial basis for the charge and that continuation in interscholastic or other extracurricular activities might adversely reflect on the school, the student, or adversely affect the activity, school personnel and other students, the student will be suspended from all such activities pending the outcome of the case.

If the student is found innocent in municipal, state or federal court of the charge, or upon dismissal of the charge (other than pursuant to a diversion agreement), the student will be immediately reinstated to participate in such activities. If the student is found guilty or pleads guilty to a felony offense, or enters into a diversion agreement pertaining to the felony charge, but is otherwise in good standing as determined by the Activities Review Committee in Lawrence Public Schools, and has met eligibility requirements as set by the Kansas State High School Activities Association, the student may be reinstated to participation in such activities, subject to the following conditions:

1. The student is not thereafter charged with or found guilty of another crime, and has not entered into a diversion agreement with regard to another crime.
2. The student continues to demonstrate proper behavior, both in and out of classes in Lawrence Public Schools, including school activities, extracurricular activities, athletic events, dances, assemblies, etc.
3. The student is not removed from any class as a result of disruptive behavior or does not receive either an out of school or in school suspension for the remainder of the time that the student attends Lawrence Public Schools.
4. The administration determines that the student's participation will not pose a threat to the safety or wellbeing of other students and school personnel, or will not otherwise adversely affect the school or the activity.

**Lawrence Public Schools  
District Code of Conduct Policy  
Rev 8/2019**

**Student**

**I have read, understand, and agree to obey the rules and obligations of the Lawrence Public Schools District Policy Code of Conduct Policy that pertains to me as a participant in the athletic/activities programs in the Lawrence Public Schools District, and as such Code of Conduct may from time to time be amended.**

**Please Print:**

**Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_**

**Year of High School Graduation \_\_\_\_\_ Legal Gender    M    F  
(please circle)**

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Date of Signature**

**Parent/Legal Guardian**

**I acknowledge receiving the Lawrence Public Schools School District Policy Code of Conduct Policy and accept my responsibility to help my student obey the requirements and obligations of athletic/activities participation as outlined in the Policy, as it may be from time to time amended. I agree to cooperate with the sponsor, coaches, and administration should my child be subject to any of the possible set forth in the Policy.**

\_\_\_\_\_  
**Signature of Parent/Legal Guardian**

\_\_\_\_\_  
**Date of Signature**



## KSHSAA RECOMMENDED CONCUSSION & HEAD INJURY INFORMATION RELEASE FORM 2024-2025

A sports related concussion is a traumatic brain injury, caused by a direct blow to the head, neck, or body resulting in an impulsive force being transmitted to the brain that occurs in sports and exercise related activity. Symptoms and signs may present immediately or evolve over minutes to days. Sports related concussions commonly resolve within days but may be prolonged. **All concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** If a student reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

### Symptoms may include one or more of the following:

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>• Headaches/"Pressure in head"</li><li>• Nausea or vomiting</li><li>• Neck pain</li><li>• Balance problems or dizziness</li><li>• Blurred, double, or fuzzy vision</li><li>• Sensitivity to light or noise</li><li>• Feeling sluggish or slowed down</li><li>• Feeling foggy or groggy</li><li>• Drowsiness</li></ul> | <ul style="list-style-type: none"><li>• Change in sleep patterns</li><li>• "Don't feel right"</li><li>• Unexplained nervousness, anxiety, irritability, sadness</li><li>• Confusion</li><li>• Concentration or memory problems (forgetting sport assignments)</li><li>• Repeating the same question/comment</li></ul> |
|---|---|

### Signs observed by teammates, parents, and coaches include:

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• Actual or suspected loss of consciousness</li><li>• Seizure</li><li>• Tonic posturing</li><li>• Ataxia (clumsy voluntary movements)</li><li>• Poor balance</li><li>• Appears dazed</li><li>• Vacant facial expression</li><li>• Confusion</li></ul> | <ul style="list-style-type: none"><li>• Forgets sport plays/assignments</li><li>• Is unsure of game, score, or opponent</li><li>• Answers questions slowly</li><li>• Slurred speech</li><li>• Shows behavior or personality changes</li><li>• Can't recall events prior to injury</li><li>• Can't recall events after injury</li></ul> |
|---|--|

### RED FLAGS: Call an Ambulance

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>• Neck pain or tenderness</li><li>• Seizure, 'fits', or convulsion</li><li>• Loss of vision or double vision</li><li>• Loss of consciousness</li><li>• Increased confusion or deteriorating conscious state (becoming less responsive, drowsy)</li></ul> | <ul style="list-style-type: none"><li>• Weakness or numbness/tingling in more than one arm or leg</li><li>• Repeated vomiting</li><li>• Severe or increasing headache</li><li>• Increasingly restless, agitated or combative</li><li>• Visible deformity of the skull</li></ul> |
|--|---|

### What can happen if my child keeps playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one (second impact syndrome). This can lead to prolonged recovery, or even to severe brain swelling with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries, and concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.



**If you think your child has suffered a concussion**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately and an urgent referral to a health care provider should be arranged (if not already onsite). No athlete may return to activity after sustaining a concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO). Close observation of the athlete should continue for several hours. You should also inform your child’s coach if you think that your child may have a concussion. Remember it is better to miss one game than miss the whole season. **When in doubt, the athlete sits out!**

**Cognitive Rest & Return to Learn**

The first step in concussion recovery is relative rest for the first 24-48 hours. During this time students may participate in activities of daily living and may perform light physical activity, such as walking, provided symptoms are not more than mildly exacerbated for only a brief (less than an hour) period of time. Reduced screen time is also recommended during the first day or two after injury. Students should be encouraged to return back to a normal routine as quickly as possible, tolerating a mild exacerbation of symptoms with mental activity.

Students may need adjustments to their academic workload for a short period of time while recovering from a concussion. Trying to meet all academic requirements too soon after sustaining a concussion may more than mildly exacerbate symptoms and delay recovery. Any academic modifications should be coordinated jointly between the student’s medical providers and school personnel. To minimize academic and social disruptions, in most cases it is recommended students not be completely isolated, even for a short period of time. Rather students should continue to participate in activities of daily living that do not more than mildly exacerbate concussion symptoms.

**Return to Practice and Competition**

The Kansas School Sports Head Injury Prevention Act (72-7119) provides that if an athlete suffers, or is suspected of having suffered, a concussion or head injury during a competition or practice, the athlete must be immediately removed from the competition or practice and cannot return to practice or competition until a Health Care Professional has evaluated the athlete and provided a written authorization to return to practice and competition. The KSHSAA recommends that an athlete not return to practice or competition the same day the athlete suffers or is suspected of suffering a concussion. The KSHSAA also recommends that an athlete’s return to practice and competition should follow a graduated protocol under the supervision of the health care provider (MD or DO).

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/headsuj/index.html>

For concussion information and educational resources collected by the KSHSAA, go to:

<http://www.kshsaa.org/Public/SportsMedicine/ConcussionGuidelines.cfm>

\_\_\_\_\_  
Student-athlete Name Printed

\_\_\_\_\_  
Student-athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

The parties to this document agree that an electronic signature is intended to make this writing effective and binding and to have the same force and effect as the use of a manual signature.

**LAWRENCE PUBLIC SCHOOLS  
TRYOUT and PARTICIPATION AGREEMENT FOR ACTIVITIES, ATHLETICS, SPIRIT SQUADS**

**2025-2026**

**All decisions involving playing time, position designations, and lettering criteria are the sole decision of the coaches involved in that program.**

**All candidates selected during a tryout process will be chosen by the designated judges or coaches in attendance at the tryout site. In the event a candidate is able to participate in only a portion of the tryout or is unable to complete the entire tryout, it will be at the discretion of the coach or sponsor and his/her assistants as to whether the candidate will be selected as a member of the team or performing group.**

**Coaches or sponsors must be informed of any injury, illness, or any other reason that would prevent a candidate from participating in tryouts prior to the tryouts. In addition, membership on a team or activity in a previous year or season does not guarantee membership during the current year or season.**

**All sports/spirit squads require a participation fee of \$50.00 per sport/activity and a fee of \$25.00 for an activity ticket. The participation and activity ticket fees help offset the cost of the athletic program and will not have any effect on an athlete's amount of playing time. DO NOT PAY FEES UNTIL THEY HAVE BEEN ASSESSED ON POWER SCHOOL**

***STUDENT ATHLETE:* By electronically signing this form I agree to fulfill the duties, obligations, and follow all rules and requirements to be a member of my chosen school sponsored team or group. I understand the necessity of good sportsmanship and cooperation with the other team members, coaches, sponsors, teachers and school officials. I will do my best to represent my school. I understand that, in the event I am not able to participate in or complete the tryout, my coach or sponsor shall make the final determination with regard to my membership on the team or group.**

**I understand that membership on a team or activity in a previous year or season does not guarantee membership during the current year or season and that decisions involving playing me, position designations, and lettering criteria are the sole decision of the coaches involved in that program.**

**X** \_\_\_\_\_

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

***PARENT/GUARDIAN:* By electronically signing this form I agree I understand there are rules and regulations for my child to be a member of a school sponsored team or group. I will do my best to cooperate with and support coaches, sponsors, teachers and school officials. I will help my child to maintain or exceed the requirements and obligations as stated for each group or activity. I understand that, in the event my child is physically unable to participate in or complete the tryouts, the coach and sponsor shall make the final determination with regard to membership on the team or group.**

**I understand that membership on a team or activity in a previous year or season does not guarantee membership during the current year or season and that decisions involving playing time, position designations, and lettering criteria are the sole decision of the coaches involved in that program.**

**X** \_\_\_\_\_

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