

LHSAA MEDICAL HISTORY EVALUATION

IMPORTANT: This form must be completed annually, kept on file with the school, and is subject to inspection by the Rules Compliance Team.

Please Print

Name: _____ School: _____ Grade: _____ Date: _____
 Sport(s): _____ Sex: M / F Date of Birth: _____ Age: _____ Cell Phone: _____
 Home Address: _____ City: _____ State: _____ Zip Code: _____ Home Phone: _____
 Parent / Guardian: _____ Employer: _____ Work Phone: _____

FAMILY MEDICAL HISTORY: Has any member of your family under age 50 had these conditions?
 Yes No Condition Whom Yes No Condition Whom Yes No Condition Whom
☐ ☐ Heart Attack/Disease _____ ☐ ☐ Sudden Death _____ ☐ ☐ Arthritis _____
☐ ☐ Stroke _____ ☐ ☐ High Blood Pressure _____ ☐ ☐ Kidney Disease _____
☐ ☐ Diabetes _____ ☐ ☐ Sickie Cell Trait/Anemia _____ ☐ ☐ Epilepsy _____

ATHLETE ORTHOPAEDIC HISTORY: Has the athlete had any of the following injuries?
 Yes No Condition Date Yes No Condition Date Yes No Condition Date
☐ ☐ Head Injury / Concussion _____ ☐ ☐ Neck Injury / Stinger _____ ☐ ☐ Shoulder L / R _____
☐ ☐ Elbow L / R _____ ☐ ☐ Arm / Wrist / Hand L / R _____ ☐ ☐ Back _____
☐ ☐ Hip L / R _____ ☐ ☐ Thigh L / R _____ ☐ ☐ Knee L / R _____
☐ ☐ Lower Leg L / R _____ ☐ ☐ Chronic Shin Splints _____ ☐ ☐ Ankle L / R _____
☐ ☐ Foot L / R _____ ☐ ☐ Severe Muscle Strain _____ ☐ ☐ Pinched Nerve _____
☐ ☐ Chest _____
 Previous Surgeries: _____

ATHLETE MEDICAL HISTORY: Has the athlete had any of these conditions?
 Yes No Condition Yes No Condition Yes No Condition
☐ ☐ Heart Murmur / Chest Pain / Tightness _____ ☐ ☐ Asthma / Prescribed Inhaler _____ ☐ ☐ Menstrual irregularities: Last Cycle: _____
☐ ☐ Seizures _____ ☐ ☐ Shortness of breath / Coughing _____ ☐ ☐ Rapid weight loss / gain _____
☐ ☐ Kidney Disease _____ ☐ ☐ Hernia _____ ☐ ☐ Take supplements/vitamins _____
☐ ☐ Irregular Heartbeat _____ ☐ ☐ Knocked out / Concussion _____ ☐ ☐ Heat related problems _____
☐ ☐ Single Testicle _____ ☐ ☐ Heart Disease _____ ☐ ☐ Recent Mononucleosil _____
☐ ☐ High Blood Pressure _____ ☐ ☐ Diabetes _____ ☐ ☐ Enlarged Spleen _____
☐ ☐ Dizzy / Fainting _____ ☐ ☐ Liver Disease _____ ☐ ☐ Sickie Cell Trait/Anemia _____
☐ ☐ Organ Loss (kidney, spleen, etc) _____ ☐ ☐ Tuberculosis _____ ☐ ☐ Overnight in hospital _____
☐ ☐ Surgery _____ ☐ ☐ Prescribed EPI PEN _____ ☐ ☐ Allergies (Food, Drugs) _____
☐ ☐ Medications _____

List Dates for: Last Tetanus Shot: _____ Measles Immunization: _____ Meningitis Vaccine: _____

PARENTS' WAIVER FORM

To the best of our knowledge, we have given true & accurate information & hereby grant permission for the physical screening evaluation. We understand the evaluation involves a limited examination and the screening is not intended to nor will it prevent injury or sudden death. We further understand that if the examination is provided without expectation of payment, there shall be no cause of action pursuant to Louisiana R.S. 9:2798 against the team volunteer health-care provider and/or employer under Louisiana law.

This waiver, executed on the date below by the undersigned medical doctor, osteopathic doctor, nurse practitioner or physician's assistant and parent of the student athlete named above, is done so in compliance with Louisiana law with the full understanding that there shall be no cause of action for any loss or damage caused by any act or omission related to the health care services if rendered voluntarily and without expectation of payment herein unless such loss or damage was caused by gross negligence. Additionally,

1. If, in the judgment of a school representative, the named student-athlete needs care or treatment as a result of an injury or sickness, I do hereby request, consent and authorize for such care as may be deemed necessary.....Yes No
2. I understand that if the medical status of my child changes in any significant manner after his/her physical examination, I will notify his/her principal of the change immediately.....Yes No
3. I give my permission for the athletic trainer to release information concerning my child's injuries to the head coach/athletic director/principal of his/her school.....Yes No
4. By my signature below, I am agreeing to allow my child's medical history/exam form and all eligibility forms to be reviewed by the LHSAA or its representative(s) or the associated medical personnel.Yes No

Date Signed by Parent _____ Signature of Parent _____ Typed or Printed Name of Parent _____

II. COMPLETED ANNUALLY BY MEDICAL DOCTOR (MD), OSTEOPTATHIC DR. (DO), NURSE PRACTITIONER (APRN) or PHYSICIAN'S ASSISTANT (PA)

Height _____ Weight _____ Blood Pressure _____ Pulse _____

GENERAL MEDICAL EXAM :

	Norm	Abnl
ENT	☐	☐
Lungs	☐	☐
Heart	☐	☐
Abdomen	☐	☐
Skin	☐	☐

ORTHOPAEDIC EXAM :

I. Spine / Neck			II. Upper Extremity			III. Lower Extremity		
	Norm	Abnl		Norm	Abnl		Norm	Abnl
Cervical	☐	☐	Shoulder	☐	☐	Knee	☐	☐
Thoracic	☐	☐	Elbow	☐	☐	Hip	☐	☐
Lumbar	☐	☐	Hand / Fingers	☐	☐	Ankle	☐	☐
			Wrist	☐	☐			

Health Care Provider notes (if needed): _____

Medically eligible for all sports without restriction
 Medically eligible for certain sports
 Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of _____
 Not medically eligible pending further evaluation
 Not medically eligible for any sports
 This recommendation is from a limited screening.

Printed Name of MD, DO, APRN or PA _____ Signature of MD, DO, APRN or PA _____ Date of Medical Examination _____

Louisiana High School Athletic Association

Athletic Participation/Parental Permission Form

*This form must be completed and signed **by the student-athlete's parent** prior to a student's participation in an athletic contest and shall be kept on file with the school. **It shall remain in effect for the remainder of the student's eligibility unless the student transfers to another member school.** This form is subject to **review/inspection** by the LHSAA **or its representative**.*

PART I: STUDENT INFORMATION (Please Print)

Student's Name: (Last, First, Middle) _____ School Year: _____

Date of Birth: _____ Last Four Digits of SSN: _____

Home Address: _____

City: _____ Zip: _____

My child entered ninth grade in _____ (month and year). Last semester/year he/she attended _____ High School.

ARE YOU ELIGIBLE?

A student athlete in an LHSAA school must meet the following rules to be eligible for interscholastic athletic competition:

<u>RULE</u>	<u>COMMENTS</u>
BONA FIDE STUDENT	A student shall be enrolled in and attending an LHSAA member school on a regular basis and taking the required number of subjects which shall be recorded on the student's official transcript unless student is a special education student or in the 8 th grade or below. A student shall must be counted as a student on the daily attendance records of the school he/she attends. Attendance in one class makes you a student at that school.
ENROLLMENT	A student shall be enrolled and attending a school in the first 11 school days of the school semester at any school or will be ineligible for the first 30 school days.
AGE	A student shall not become 19 years of age prior to August 1 of this year.
PROOF OF AGE	A student shall provide legal proof of age, which meets the provisions of the LHSAA handbook, to the school administrator to be kept on file at school.
CONSECUTIVE SEMESTERS	Once a student shall enter the ninth grade, he/she shall have eight consecutive semesters to play athletics. (EXCEPTION: Hold-Back Repeat Student – See Rule 1.26.6 of the LHSAA handbook)
SCHOLASTIC	<p>For regular education high school students at the end of the first semester a student shall pass at least six subjects in all subjects taken.</p> <p>At the end of the year and prior to the next school year, a student shall must have earned at least six units with an overall "C" average for the entire previous school year as determined by the LEA in all units taken. All seniors must take at least four (4) subjects each semester.</p> <p>Special education students must consult the school principal, athletic director, or coach for scholastic information.</p>
RESIDENCE AND SCHOOL TRANSFERS	Upon entering high school for the first time, a student shall have the choice to attend any member school located in the attendance zone in which the student resides with his/her parent(s)/guardian(s) or any other household with whom the student has been residing for the past calendar year and be immediately eligible unless an applicable exception applies. A transfer to another member school in the same attendance zone shall render the student ineligible for one calendar year.
UNDUE INFLUENCE	If a student shall has been recruited to a school for athletic purposes, he/she shall remain ineligible as long as the student attends that school.
AMATEUR	A student cannot play high school athletics if he/she loses their amateur status.
INDEPENDENT TEAM	In certain sports a student cannot play on a school team and an independent team during the same sport season.

MEDICAL EXAMINATION

A student shall annually pass a physical examination given by a licensed physician/ nurse practitioner that is in collaboration with a licensed physician or a licensed physician's assistant under the supervision of a licensed physician and complete an LHSAA Medical History Evaluation form prior to participating.

ATHLETIC PARTICIPATION/

PARENTAL PERMISSION FORM A school shall only be required to have this form completed and signed prior to the first time a student participates in LHSAA athletics at the school unless the student transfers to another member school.

SUBSTANCE ABUSE/MISUSE CONTRACT & CONSENT FORM A school shall only be required to have this form completed and signed prior to the first time a student participates in LHSAA athletics at the school.

SUSPENDED AND**INELIGIBLE STUDENTS**

Shall not participate in any interscholastic contest on any team at any school at any level.

LHSAA ELIGIBILITY RULES APPLY TO STUDENT-ATHLETES ON ALL TEAMS AT ALL LEVELS OF PLAY AT ALL LHSAA SCHOOLS

Eligibility to participate in interscholastic athletics is a privilege a student earns by meeting standards outlined on this form and other regulations and policies set by the LHSAA and the student's school. If you have questions or do not fully understand an eligibility rule, check with your child's principal, athletic director or coach. By following the intent and spirit of the rules, you can help prevent violations which may penalize the student, his/her team and/or his/her school.

ONE INELIGIBLE STUDENT MAY DISQUALIFY YOUR WHOLE TEAM – KNOW THE ELIGIBILITY RULES

PART II – PARENTAL PERMISSION

I have read and reviewed the general requirements for high school athletic eligibility on this form and have discussed these requirements with my child. I understand additional questions/explanations and specific circumstances should be directed to my child's principal, athletic director or coach.

I certify the home address listed on this form is my sole bona fide residence and that I will notify the school principal immediately of any change in my residence, since such a move may alter the eligibility status of my child. All other information given is also accurate and current.

I give my permission for the athletic trainer to release information concerning my child's injuries to the head coach/ athletic director/principal of his/her school. Additionally, I give the LHSAA or its representative(s) permission to review my child's scholastic records and all required eligibility forms however submitted by the school or myself.

If the medical status of my child changes in any significant manner after he/she passes his/her physical examination, I will notify his/her principal of the change immediately.

I hereby give my consent and approval for my child to participate in any of the following LHSAA sports:

BASEBALL	GOLF	SWIMMING
BASKETBALL	GYMNASTICS	TENNIS
BOWLING	POWERLIFTING	TRACK AND FIELD
CROSS COUNTRY	SOCCER	VOLLEYBALL
FOOTBALL	SOFTBALL	WRESTLING

I certify all the information is correct, that I have read the summary of LHSAA eligibility rules below and I am in compliance with these standards. I also acknowledge that my child, by my signature below, has my permission to participate in interscholastic athletics during his attendance at this school. I also understand that this form shall only be completed prior to my child's first participation in any athletic contest of any sport and shall remain in effect for his/her entire athletic eligibility unless he/she transfers to another member school.

By signing below, I agree that my child and I will support and comply with all rules, policies and procedures of the LHSAA as set forth in its Handbook, including its Constitution and Bylaws.

Date: _____ Parent's Signature: _____

Relationship to Student _____ (Print Name) _____

(Principal Signature) _____



LHSAA SUBSTANCE ABUSE/MISUSE CONTRACT AND CONSENT FORM

This form must be completed and signed and kept on file with the school and is subject to inspection by the LHSAA Rules Compliance Team.

As an LHSAA athlete, I, _____, agree to avoid the abuse or misuse of legal or illegal substances, including anabolic steroids and other performance enhancing drugs. I hereby grant permission to be tested for substance abuse/misuse as a participant in any LHSAA sports program. I furthermore agree to cooperate by providing a urine or hair specimen for testing upon the request of my principal. I understand that should my specimen indicate the abuse or misuse of legal or illegal substances, I will be subject to action specified in my School Drug Policy for Student Athletes.

I, _____, parent/guardian of the undersigned student athlete, individually, and on behalf of my child, do hereby grant permission for and consent to said child being tested for substance abuse/misuse in accordance with his/her School Drug Policy for Student Athletes and I understand that if any specimen taken from him/her indicates abuse or misuse of legal or illegal substances, including anabolic steroids and other performance enhancing drugs, he/she will be subject to action specified in the School Drug Policy for Student Athletes for his/her school.

Dated: _____

Student Athlete

Dated: _____

Parent/Guardian

Dated: _____

Principal

Dated: _____

Head Coach or AD

1.10 ABUSE AND/OR MISUSE OF ILLEGAL SUBSTANCES - Each member school shall develop and implement a substance abuse/misuse policy including procedures for chemical testing of student-athletes. To be eligible for interscholastic athletics, prior to practicing or participating in a sport at an LHSAA school, a student-athlete and his/her parent(s)/guardian shall sign the LHSAA Substance Abuse/Misuse Contract developed and distributed to all schools by the LHSAA. Once signed, the LHSAA Substance Abuse/Misuse Contract shall remain in effect for the remainder of the student-athlete's eligibility. Schools may also have the student and parent/guardian sign a school issued form in addition to the LHSAA Substance Abuse/Misuse Contract. Schools shall be required to keep the signed form on file at the school.

1.10.1 The penalties for failure to have the required LHSAA Substance Abuse/Misuse Contract(s) for all students completed, properly signed, and maintained in the school files shall be:

1. A school shall be fined \$50 per student, per sport for each LHSAA Substance Abuse/Misuse Form not completed, properly signed, and on file with the school not to exceed \$500 per sport.
2. A student in violation of this rule shall not be ruled ineligible for this infraction, but shall be withheld from further team practices and interscholastic athletic participation until a copy of this form is completed and submitted to the Executive Director. The completed form must be faxed or postmarked prior to the athlete's participation

Signature of the LHSAA's contract does not necessarily mean the student athlete will be tested.

**Delta Charter School, MST
ATHLETICS PERMISSION SLIP**

Name _____ Entering Grade _____

Date of Birth _____ Male____ Female____

Address _____ City _____ Zip _____

Home Telephone _____ Parent Email _____

CONTACT INFORMATION

Parent Name _____

Parent Work # _____

Parent Cell # _____

Name and number of an individual who may be contacted in case of an EMERGENCY if parent cannot be reached.

Name _____ Number _____

PARENT/GUARDIAN CONSENT

I verify that the above information is correct and hereby give my consent for _____ to participate in the Delta Charter School sports programs. If my child is injured, or becomes ill during sports activities, I give my permission for the coach to determine if emergency care is necessary. If so, I also give permission for any physician to examine and give emergency care to my child, and will be responsible for any fees involved. I understand every effort will be made to contact me as soon as possible in the event of an injury to my child. I will not hold Delta Charter School, any administrator, officials, parents, or coaches responsible for any medical/dental problems my child may incur while participating in, as a result of, or traveling to an activity for a Delta Charter School sport.

I authorize my child to be transported by a parent or coach in any trips required by participation in sport activities. I will be responsible for picking up my child on time during practicing days and game days.

Parent/Guardian Signature _____ Date _____

MEDICAL INFORMATION

Physician _____ Telephone # _____

Medical Insurance Carrier _____

Policy number _____

Medical conditions that we should be aware of:

Emergency Medical Authorization

This form must be filled out completely in order to ensure proper medical treatment by certified athletic trainers, physicians, or hospital in the event of an injury and/or illness. Please type or print information clearly.

Full Name of athlete: _____ Athlete's cell # _____

Date of birth: _____ Age: _____ Grade: _____ Sex: M F

Allergies: _____

Current Medications (including dosage): _____

Name of Parent(s)/Guardian(s): _____

Address: _____

Home phone: _____ Mother's Cell #: _____

Mother's Work #: _____ Father's Cell #: _____

Father's Work #: _____

Name of Insurance Company: _____

Insurance Company phone # _____ Insurance Policy # _____

Family Physician Name and Phone # _____

Emergency Contact Person in the event that parent/guardian cannot be reached:

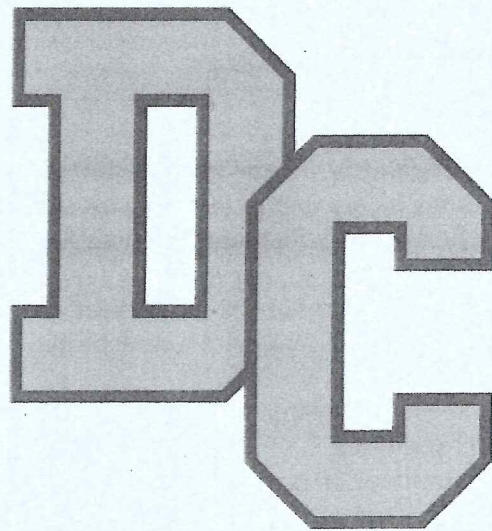
Name: _____ Relationship _____ Phone # _____

I hereby give consent for medical treatment deemed necessary by the certified athletic trainer, coaches/ administrators, emergency medical personnel, or licensed physicians and, if necessary, for the transportation to a hospital emergency room for treatment of any illness or injury from his/her participation in athletics. I also give the health care provider and/or hospital permission to release information to (Name of School) _____ school officials/administrators, coach(s), the certified athletic trainer(s), physicians, nurses, physical therapist(s), and any other necessary medical staff regarding the treatment of said injury or illness.

Parent's Signature: _____ Date: _____

Sport(S): 1. _____ 2. _____ 3. _____

DELTA CHARTER SCHOOL



STUDENT ATHLETE/PARENT
CONTRACT

PHILOSOPHY

Interscholastic athletics supplement and support the academic mission of Delta Charter School and assist students in their growth and development. Athletics assist in promoting the importance of teamwork, effort, goals, and commitment. Interscholastic athletics is highly competitive, but winning is not the primary measure of success. Sportsmanship, respect to participants, and dignity in the face of adversity are more important than the outcome of the contest. All athletes do not perform at the same level, but all can demonstrate effort, dedication, and fair play.

SPORTSMANSHIP

An important mission of the sports program is to teach and reinforce values relating to sportsmanship, competition, and fair play. It is expected that team personnel, parents, and spectators respect this mission by exhibiting appropriate behavior at athletic events.

STUDENT ELIGIBILITY REQUIREMENTS

Students must meet the following requirements to be eligible to participate.

- 1.) All participants are required to have the following documentation on file:
 - a.) copy of their birth certificate
 - b.) LHSAA medical history form
 - c.) LHSAA participation form
 - d.) LHSAA substance abuse contract
 - e.) DCS permission form
 - f.) DCS transportation form
- 2.) A student becomes ineligible for interscholastic athletic participation if he/she has reached her 19th birthday before September 1 of that school year. If he/she becomes 19 on or after September 1, he/she is eligible for the remainder of the school year, if he/she meets all other eligibility rules.
- 3.) To be eligible for the first semester of the school year, a student shall have earned at least 6 units from the previous school year, which shall be listed on the student's transcript and shall earn at least a 1.5 GPA.
- 4.) To be eligible for the second semester of the school year, a student shall pass at least 6 subjects from the first semester.
- 5.) A senior who has accumulated 20 or more units shall be required to take at least 4 subjects per semester, none of which shall be subjects the student has previously taken and passed. A senior attempting 4 subjects in the first semester must pass all 4 subjects to be eligible in the second semester. Likewise, a senior attempting 5 subjects in the first semester must pass all 5 units, and a senior taking 6 or more subjects in the first semester must pass 6 units for second semester eligibility.
- 6.) Students must attend school for half of their classes in order to participate in a scrimmage, jamboree game, or match on that day. NOTE: if the principal grants an excused absence in advance for a pre scheduled activity, or an unforeseen emergency, the student may participate on that day.
- 7.) A student may NOT participate in any sport activity when he/she is serving an in-school or out-of-school suspension. This includes no traveling with the team to or from the game, no dressing out in their uniform, and the suspended student CANNOT sit on the bench or in the dugout with the team.
- 8.) **Unsportsmanlike Conduct Penalties: Consequences will be determined by the Athletic Oversight Committee based on the severity of the violation and may include:**

1. Verbal warning and counseling
2. Loss of playing time.
3. Suspension from practice(s) or game(s).
4. Removal from the team.
5. Additional school or district disciplinary measures.
6. In addition, the student must comply with all applicable rules and regulations set forth by the Louisiana High School Athletic Association (LHSAA).

- 9.) A student who receives an unsportsmanlike conduct penalty for fighting shall be subject to the school's disciplinary policies regarding fighting. In addition, the student must comply with all applicable rules and regulations set forth by the Louisiana High School Athletic Association (LHSAA).

CRITERIA FOR EARNING A LETTERMAN JACKET AND BARS

Students at Delta Charter School may letter and receive jackets through the participation of extracurricular activities. The school will purchase one jacket for a student during the student's high school enrollment. The guidelines for earning a jacket are as follows:

A player who letters in any sport will be eligible to order a jacket at the end of their freshman year of school. Lettering would be defined as playing in 75% of the scheduled varsity games for football, basketball, soccer, baseball, and softball. For golf, a student must participate in 3 sanctioned LHSAA golf tournaments in the same season. For track, students must compete in ALL of the scheduled track meets. For tennis, the student must make it to the regional tournament. Cheerleaders and dance line members must be present at 90% of all practices, games, and events. Lettering would be defined as participation in the same sport for 2 years in a row with 90% attendance to practices, games and events. Any student failing to complete a season due to his/her choice, due to disciplinary actions, or due to academic ineligibility will not letter in that sport for that year.

- Parents are responsible for purchasing patches.
- Jackets will be ordered in December and May of each school year.
- Decisions on players injured during the season will be up to the discretion of the principal. If dismissed from the team/squad, they will forfeit any claim to a bar.
- If an athlete is a senior with long service to the team, the principal may waive the percent of games required to play.
- Managers/statisticians will receive varsity letters according to the judgment and guidelines set out by the principal.

PARTICIPATION ON OUTSIDE TEAMS

4.2.1: A student who is a member of an LHSAA member high school team may not participate in practices or games with an independent team in the same sport in which he/she is competing.

While participating on a school team, the athletes' priorities shall be with the school team. Participation in a different sport outside of school is secondary, and will be at the discretion of the coach and principal of the school team.

DISMISSAL FROM OR QUITTING A TEAM

After the first official game in a sport, if an athlete decides to quit, he/she is ineligible to participate in any other sport during the initial season unless he/she is given approval by the

coach of the initial sport and administrator. However, if a student athlete is dismissed from the team by a coach or administrator, he/she is ineligible to participate in any other sport during the initial sport's season.

GENERAL DISCIPLINE POLICIES AND PROCEDURES

The rules, policies, and procedures addressed here and in the student handbook does not cover every possible infraction. Any infractions not listed will have consequences based on the discretion of the coach and administrator.

TRYOUTS/EVALUATION PERIOD

LHSAA has designated evaluation period windows for each sport. A student must attend the tryout during the designated evaluation period set by the athletic department. A tryout will be held during the evaluation period set by LHSAA and during the first week of official practice set by LHSAA. Students who do not tryout during the 1st evaluation period but choose to tryout during the first week of official practice, will be placed on a probationary period according to individual Coaches Sports Contracts. If a student misses the fundraising period, the student is responsible for the sport fees.

No student athlete will be allowed to join an athletic program after tryouts during the first week of official practice. New students enrolled in Delta Charter will be allowed to try out as they are enrolled if they are eligible according to the rules of LHSAA.

LHSAA Evaluation Periods:

Football, Basketball, Soccer: April 12 - May 10

Softball, Baseball, Tennis, Track, Golf: August 31 - Sept 30

First Official Practice Dates:

Football: August 10th

Basketball: October 12th

Soccer: October 12th

Baseball: January 11th

Softball: February 1st

Tennis: First Day of School

Golf: First Day of School

Track: February 1st

PARTICIPATION EXPECTATIONS - STUDENTS

Participation in sports is a privilege. Accordingly, students must meet certain standards in order to earn the privilege of participation. At a minimum, the following standards are required of all student athletes.

- 1.) Exhibit public behavior that will reflect positively on the team, school, and community.
- 2.) Exhibit responsible, respectful, and trustworthy behavior to teammates and the coach.
- 3.) Exert efforts to maintain a high level of academic achievement.
- 4.) Comply with all team and school rules, regulations, policies and individual sport contracts. .
- 5.) The student athlete must attend the scheduled tryout date set by the athletic department in order to be eligible for a sports team.
- 6.) Exhibit appropriate behavior at all team and school-related activities.

- 7.) Attend all team functions unless ill or given prior permission to be absent by the coach.
- 8.) Respect and comply with decisions made by the coach and athletic department.
- 9.) Respect calls and decisions made by game officials.
- 10.) Display good sportsmanship at all times.
- 11.) Report to the coach any issues or developments that may affect eligibility status.

PARTICIPATION EXPECTATIONS - PARENTS

Supporting your students in their athletic activities is an exciting part of being a high school parent. As models of adult behavior, we ask the following of our parents:

- 1.) Exhibit responsible, respectful and thoughtful behavior to all players, coaches, and other fans, including all members of the other school and team.
- 2.) Respect decisions made by the coach and athletic department, choosing to raise concerns privately rather than in a public venue. Never approach a coach or player before, during, or after a game or practice to discuss a concern.
- 3.) Respect calls and decisions made by game officials.
- 4.) Display good sportsmanship at all times.
- 5.) Keep all negative comments about school, coaches, administrators and/or teachers off of social media.
- 6.) Coaches are hired by the school and have the support of the school in their ability to teach the game to your child. Always support the coach when talking in front of your child or their players so as not to undermine the coaches' decisions. Remember, the coach is doing their best to provide a service to your child.
- 7.) Volunteer at least 3 times for a home game support role.
- 8.) Parental misbehavior at any DC function may result in suspension from DC home games.

The purpose of the student athlete/parent contract is to ensure the student athletes have a positive, self-learning/playing environment. Please sign below indicating that you have read and understand the responsibilities of a student athlete and parent of a student athlete. This must be signed as a condition of your child's participation in interscholastic sports at Delta Charter School. Failure to abide by the rules set forth in the student athlete/parent contract could result in a suspension or ban from games and possible removal of your child from the team.

Student

Date

Parent

Date

Emily Dawkins/Athletic Administrator