#### TO THE ATHLETE

By participation on an athletic team, you become a member of a very ambitious and energetic group of young people. Athletic competition between individuals or teams involves more than the final score. Excellence in athletics demands fair play, sportsmanship, understanding, and an appreciation of good teamwork. Achieving your personal goals and the goals of your team requires hard work and commitment. You will subject yourself to vigorous training and self-discipline. In return, you will receive the unique benefits of team sports. Through your participation and example, you will promote successful athletics at your school.

The first day of tryouts is the first day of practice and is the official start of that sport season. Not every student can make the team. If you qualify, you take upon yourself the responsibility of becoming the very best athlete and team member possible. This includes maintaining academic eligibility, abiding by rules set forth by your coach, school and athletic teams, and setting high standards for your own behavior. Your commitment to the team, coach, the law and your own athletic performance requires that you refrain from the use or possession of alcohol, tobacco, or drugs. Remember that participation in athletics is not considered to be a right but a privilege.

#### **CODE OF ETHICS**

It is the duty of all concerned with the secondary athletic program to:

- Emphasize ideals of sportsmanship, ethical conduct and fair play.
- Eliminate behavior or conditions which tend to detract from the best values of the game
- Stress the values derived from playing the game fairly.
- Show courtesy to visiting teams and officials.
- Respect the integrity and judgment of sports officials.
- Establish a cordial relationship between visitors and hosts.
- Achieve a thorough understanding and acceptance of the rules of the game and the standards of eligibility.
- ◆ Encourage leadership, use of initiative and good judgment by the players on the team.
- Recognize that the purpose of athletics is to promote the physical, mental, moral, social and emotional well being of the individual participants.
- Remember that an athletic contest is only a game, not a matter of life or death for player, coach, school, officials, fans, community, state or nation.
- Refrain from hazing, any form of harassment and any form of bullying as defined in the Rules and Regulations of the Lewiston School.

#### **DISTRICT ATHLETIC PHILOSOPHY**

The Lewiston School District strives to offer a productive athletic program based on the belief that young men and women benefit socially, emotionally and physically from athletic participation. It is the mission of the district to provide an appropriate athletic program that represents the best interest of the student athlete, one which focuses on the philosophy of the district and which is implemented according to established policies.

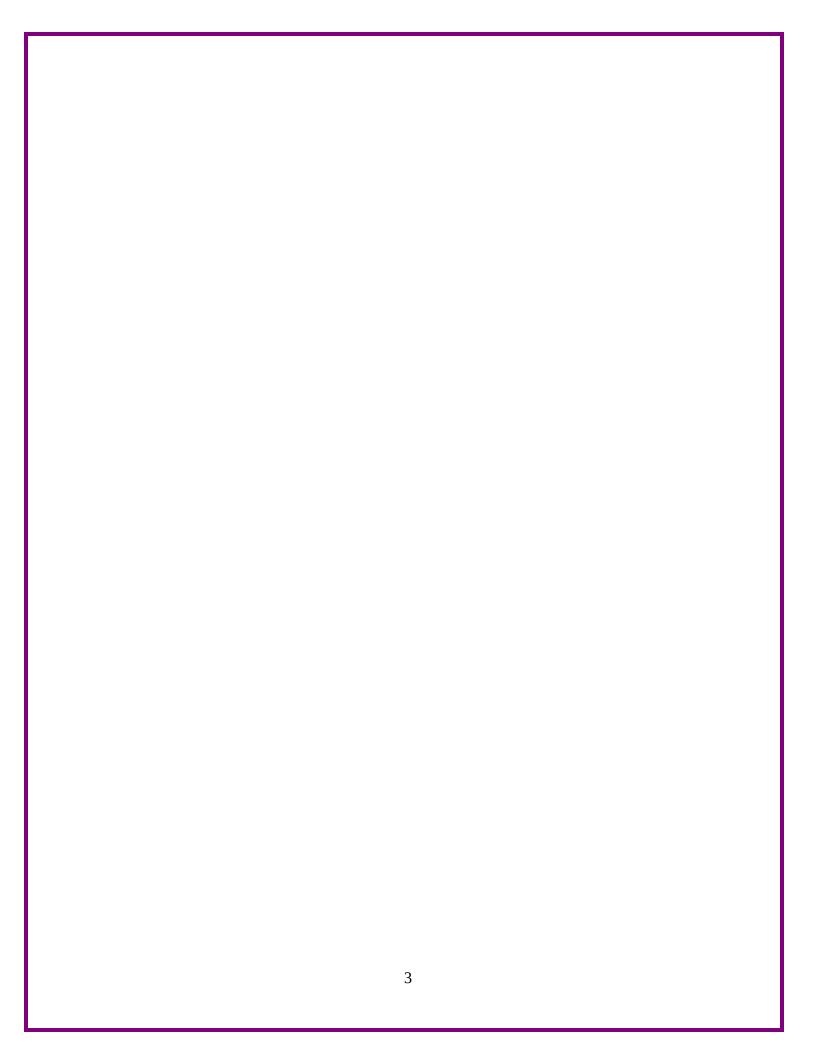
The major objective of the athletic program in the Lewiston School District shall be to provide wholesome opportunities in which students can benefit from their experiences and acquire favorable habits and attitudes of social and group living necessary in a democratic world.

Leadership of athletic personnel must be of the highest quality in order to exemplify to athletes the desired type of individual to be developed from participation in the district athletic program.

The athletic program must always be in conformity with general objectives of the school and must operate in harmony with policies of the school district. The athletic program must function as an integral part of the total curriculum and should contribute to the development of a well educated individual who is capable of becoming a productive member of our society.

Further, it shall be the goal(s) of the athletic programs of the Lewiston School District to:

- Assist all students in acquiring an effective, well-balanced education.
- Provide opportunities for students to resolve problems and to confront situations similar to those encountered in our society.
- Provide a laboratory experience in which there are opportunities for:
- Physical, mental and emotional growth and development.
- Acquisition and development of special skills through participation in activities of each student's choice.
- Participation in team play with the development of loyalty, cooperation, fair play and related social traits.
- Directed leadership and supervision that stresses self-discipline, self-motivation, excellence in performance and the acquisition of ideals of good sportsmanship that make for gracious winning and the ability to accept defeat.
- Development of an interest in athletic programs on the part of the student body, faculty and community as well as a feeling of unity and worthiness on the part of everyone involved.
- Achievement of goals as set by the school, the district and the individual student.
- Development of values and ideals that will lead to worthy use of leisure time in later life, either as a participant or spectator.
- Participation by the most highly skilled athletes.
- Promote the overall effectiveness of all components of the program.
- Enhance the level of interest on the part of all participants and increase attendance at each event.
- Provide quality athletic facilities.
- Encourage athletic personnel and athletes to strive for excellence in performance that will result in successful teams.



# SPECIAL NOTICE ON HAZING, HARRASSMENT AND BULLYING

All student athletes representing the Lewiston School District are expected to adhere to all rules in this handbook. The Lewiston School District Administration and Coaching Staff will enforce a NO TOLERANCE POLICY in regards to instances of hazing, harassment and bullying.

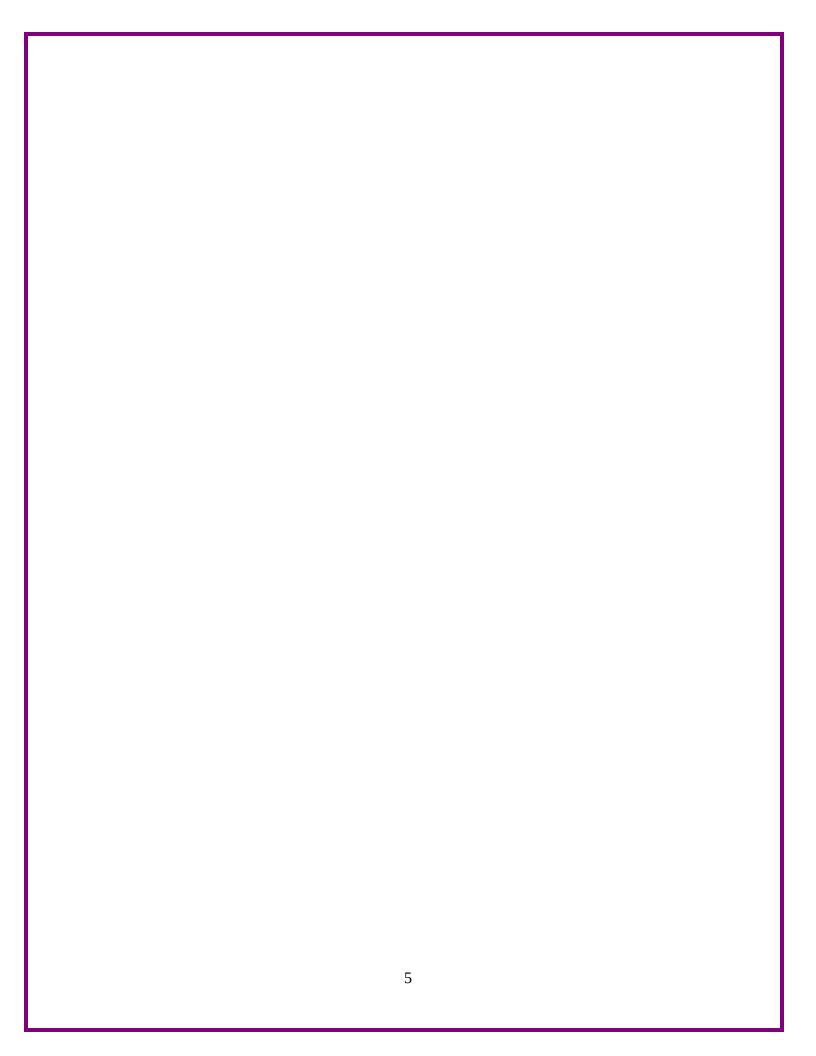
Hazing, harassment and bullying can and will be considered a major violation and may result in suspension and/or expulsion from participation. Please see Lewiston School District Rules and Regulations #5020.

#### **Definitions**

Hazing – Requiring another student to perform humiliating or unnecessary tasks by coercion of any type.

Harassment – Inappropriate interactions of physical or verbal nature, characterized as offensive, which place a student in an embarrassing or humiliating situation.

Bullying - Intentional, repeated hurtful acts, words or other behavior, such as name-calling, threatening and/or shunning other students.



#### STUDENT ELIGIBILITY

#### **Team Participation**

- Most sports have various levels of competition based on grade level. Coaches may reduce or cut participation at the 9<sup>th</sup>, sophomore, junior varsity, and varsity levels of participation in volleyball, cheerleading, basketball, baseball, softball, golf and soccer. Each coach that is involved with a team that must reduce the number of participants, will have evaluation process in written form. The evaluation process and requirements will be discussed with each athlete and a written copy sent home to explain the criteria to parents. During the try-out period, participants will be given equal attention.
- Participants may be moved to higher levels of competition after tryouts, as athletic ability, physical maturity, or age warrants at the discretion of the coaches of the teams involved. The final decision rests with the head coach. Idaho High School Activities Association regulations prohibit the following:
  - More than four years combined participation in 9<sup>th</sup> through 12<sup>th</sup> grade.
  - 7<sup>th</sup> or 8<sup>th</sup> grade students participating with 9<sup>th</sup> grade or higher levels.
  - It is not permissible for a student to participate on a team that is lower than his/her current grade level (senior on a JV or sophomore team, 9<sup>th</sup> grader on a 7<sup>th</sup> or 8<sup>th</sup> grade team).
- A student may participate for two different athletic teams during the same season as long as the following criteria are met:
  - Both coaches of the athletic teams involved mutually agree to it.
  - Receives athletic director's approval.
  - There is a written practice schedule plan for the athlete.
  - There is a game participation plan for the athlete.
  - There is a sport of choice for the athlete, if games are scheduled simultaneously.
  - All plans and agreements are to be signed by the athlete, parents/guardians, both coaches of the teams involved and athletic director.

#### ELIGIBILITY/ACADEMIC STANDING

A student becomes ineligible for athletics upon completion of the sport season in which he/she turns twenty years of age.

- A student cannot participate in more than 8 consecutive semesters in grades 9 through 12.
- A student must be an amateur (having never been paid to play that sport).
- A student must establish residency requirements. (IHSAA)

• A student must abide by all rules set forth by the coach, the department, the school and the Idaho High School Activities Association.

#### **Academic Eligibility**

To be academically eligible for athletics or driver education, a student must be enrolled full time in his/her school, on target to graduate based on District graduation requirements, and have received passing grades and earned credits in the required number of courses during the previous semester. *In accordance with Idaho High School Athletics Association standards, all incoming* 9<sup>th</sup> graders will be academically eligible first semester of their 9<sup>th</sup> grade school year.

Equivalency is determined by the following criteria:

#### • Grades 9 -12

- 4 classes available ...... Must pass 3
- 5 classes available ...... Must pass 4
- 6 classes available ...... Must pass 5
- 7 classes available ...... Must pass 5
- 8 classes available ...... Must pass 6

#### Grade 7 & 8

- All first quarter 7<sup>th</sup> graders are eligible.
- Retained 7<sup>th</sup>/8<sup>th</sup> graders do not fall under this rule.
- Eligibility will be based on previous quarter grades.

Students in 7<sup>th</sup>/8<sup>th</sup> grade who have not passed the required number of classes for eligibility may use the classes in summer school to meet eligibility under the following guidelines.

- The student must have passed at least 3 non-advisory classes at the fourth quarter grading period.
- The student must complete the entire summer school program and have passing grades for all summer school classes.
- At the school wide first and second scheduled progress reports, the student must have passing grades in all subjects to remain eligible for participation.

#### **Academic Assistance Program**

#### Lewiston School District Requirement

• Lewiston High School students with less than a **2.75** cumulative G.P.A. earning lower than a 70% in any class will be required to participate in the Academic Assistance Program.

#### Criteria

- Student initiated grade checks will take place weekly.
- AAP students must earn a 70% or higher in every class.
- AAP students with less than a 70% in any class will be required to attend study table, as well as, Saturday

School and are encouraged to attend Evening Academy.

• Each Middle School will establish their own remedial programs for AAP students.

#### **Other Eligibility Requirements:**

- It is recommended that a student have a medical examination before each year of participation. It is mandatory to have a physical examination prior to participation in the 7<sup>th</sup>, 9<sup>th</sup> and 11<sup>th</sup> grade. The cost of the examination is borne by the parents or legal guardian. Physical exams must be taken and on file with the school prior to the first day of practice in the 7<sup>th</sup>, 9<sup>th</sup> and 11<sup>th</sup> grades. Physical exams for 9<sup>th</sup> and 11<sup>th</sup> graders must be taken after May 1 to be valid for the upcoming school year.
- ◆ A student/athlete must have medical insurance through their family or purchased through the school.
- A student/athlete must have all required participation forms turned in and have all outstanding balances paid before participating in the desired activity.

#### **NCAA Clearinghouse**

▲ All students, both general education and special education, who are considering athletic competition at a Division I or II college institution must meet the NCAA Clearinghouse requirements. Student athletes may access the NCAA website (ncaaclearinghouse.net) to obtain further information. Student athletes and their parents are encouraged to notify their coach and their guidance counselor regarding their post-graduation plans.

#### **Practice and Events:**

- Team practice may be scheduled every school day. Team members are expected to be punctual in reporting.
- In case of necessary absence from practice, report to the coach/coaches or the athletic director if the coach is not available.
- Team members who have a regular physical education class will be expected to participate in that class the day of competition.
- Student athletes will not be allowed to participate in an event or athletic practice if they are not in attendance in school the entire day. An exception to this rule may be granted by the principal, assistant principal or athletic director.

#### **Dropping from an Athletic Team:**

• Any athlete who quits a team after ten (10) days practice may not participate in another sport until the sport

from which he/she dropped has ended, unless agreed upon by the coaches of those sports involved and the athletic director.

• Pay to participate fee is forfeited if an athlete drops after 10 practices.

#### **General Requirements to Earn a Lewiston High School Letter:**

- Complete the entire sports season from the day you start your first practice through the completion of the last contest of that sport season.
- Be a participant in good standing throughout the entire season.
- Be a member of the team for all practices and games, unless the coach gives prior approval for an absence (for example: sickness or injury).
- Fulfill any other requirements listed by the coach of that sport-coaches discretion.
- Letters will only be issued at the Varsity level.

#### **General Requirements to Earn a Junior High School Letter:**

- Complete the entire sports season from the day you start your first practice through the completion of the last contest of that sport season.
- Be a participant in good standing throughout the entire season.
- Be a member of the team for all practices and games, unless the coach gives prior approval for an absence (for example: sickness or injury).

#### **Athletic Trips:**

- ▲ All student athletes must travel to and from events (and practices when appropriate) with the team. Only upon written request by the parents/guardian, on the accepted <u>Travel Waiver Form</u> will consideration be given for alternate transportation.
- Behavior on the bus during trips should be such that it reflects favorably on the athletic program.
- Intentionally taking any articles from host schools is inexcusable and is grounds for immediate dismissal from the team.

#### **Equipment and Uniforms:**

• Athletic equipment and uniforms are loaned to team members by the student body.

• Lost equipment or uniforms must be paid for by the team member who was issued the uniform or by his or her parents/guardian.

#### **School Standards:**

- Appearance: Athletics in the secondary schools is a voluntary program. Students are not obligated to participate and participation is not required for promotion or graduation. A student is not required to have athletic credits for college entrance. Thus, competition in the secondary schools is a privilege and not a right. Accompanying that privilege is the responsibility of the athlete to conform to standards established for school athletic teams. The athlete should dress neatly and be well groomed at all times.
- <u>Conduct:</u> The manner in which athletes act and appear on campus is very important. Athletes should be leaders who are respected by their fellow students and who work for the betterment of the school and the entire student body.
- <u>Exhibitionists:</u> Displaying of inappropriate affection in public is in poor taste. Hazing, fighting, and other unacceptable behaviors are certainly not in the best interest of school spirit and could lead to suspension or expulsion from the team and/or school.

#### On the Field and Court:

- Each coach will specify field and court regulations/procedures. Athletes are expected to obey these regulations/procedures and to conduct themselves in an acceptable manner.
- ◆ Athletes should demonstrate self-control at all times.\_
- Officials in a game or event are there for the purpose of ensuring both teams that they will receive a fair opportunity. Officials do not lose a game for you.

#### **Suspension from Extracurricular Activities:**

Participation in extracurricular activities is a privilege and not a right. As representatives of their school and District, students participating in such activities are expected to meet high standards of behavior.

The Board believes that the safety and welfare of other students may be adversely affected when students who are involved in school activities commit major infractions or repeated minor infractions at school or during school activities, and/or are involved in drug use or to the criminal conduct in any location.

<u>◆ Activity Suspension as a Result of a School Suspension</u>

A student will be immediately suspended from all extracurricular activities when he/she receives a suspension (including in school suspension) from school for any reason.

#### **Consequences:**

- The activity suspension is automatic, is for the duration of the school suspension, and runs concurrent with the school suspension.
- This type of activity suspension cannot be appealed.

Activity Suspension for Drug Use or Other Criminal Conduct, in Any Location, During the Scholastic Year

A student may be suspended from extracurricular activities when it reasonably appears to the principal or designee that he/she has been involved with drug use or other criminal conduct in any location, either on or off campus, during the sports season. This does not include infractions as defined in Idaho Code 18-111, such as minor traffic violations.

#### <u>Infractions Which Occur on Out-of-School Trips</u>

During an out-of-school trip, if the authorized person in charge of the activity determines that a student should be sent home early because of criminal conduct, drug use or a major infraction, the Superintendent's designee will notify the parent/guardian, and ask him/her to take charge of the return of the student. The parent/guardian will assume any expenses incurred for the return of the student.

School related drug use is a violation which occurs on **any school premises or at any school sponsored activity, regardless of location** including, but not be limited to buildings, facilities, and grounds on the school campus, school buses, school parking areas and the location of any school sponsored activity. This includes instances in which the conduct occurs off the school premises but impacts a school activity.

Non-school related drug use is a violation which occurs **during the scholastic year in a location off a school campus and in a situation not associated with a school sponsored activity.** This violation applies when it reasonably appears to the principal or designee that an extracurricular student, during the sport or activity season, has violated this policy, including an arrest for drug use.

#### FIRST VIOLATION (GRADES 7-12 ACCUMULATIVE) THE STUDENT ATHLETE SHALL:

- Be suspended from participation for 1/3 of the athletic contests for the season that the athlete is currently participating in. The length of the suspension will be determined on the number of scheduled regular season contests. This could include regional and state playoffs. The suspension may also continue into the next sport season in which the athlete participates in order to fulfill the suspension. When the athlete has successfully completed the terms of the suspension, the athlete will return to the team and dress, travel and be eligible to compete in all regular and post season contests remaining. Upon return from the suspension, the athlete must earn back playing time and/or their prior position on the team's depth chart as established by team expectations and policies.
- If the violation was for possession, use or consumption of alcohol or drugs, or being knowingly present in a situation where there is possession or consumption of alcohol or drugs, the student will not only be suspended for 1/3 of the contests, and must complete an approved drug and alcohol awareness course. Any/all expenses of approved program will be the responsibility of the athlete/parent-guardian involved.
- Complete ten hours of community service. All community service placements will be the responsibility of

the athlete. Placements must be approved by the athletic director. Completion of service work is mandatory.

• The first major violation could also result in an immediate expulsion from the program if agreed upon by the coach/coaches with the approval of the athletic director.

#### SECOND VIOLATION (GRADES 7-12 ACCUMULATIVE) THE STUDENT ATHLETE SHALL:

• Be barred from participation in any interscholastic athletic program, whether to practice or to participate in games or events for one calendar year.

#### THIRD VIOLATION (GRADES 7-12 ACCUMULATIVE) THE STUDENT ATHLETE SHALL:

• The student shall be ineligible to participate in interscholastic athletics for the remainder of the student's high school career.

#### **Determination of Violations:**

The determination of whether a student/athlete has violated the major rules of the athletic code shall be made by the athletic director. If a student/athlete is accused of violating any major rules, he/she and the parents or guardian shall be notified by the athletic director or school administrator. The notice shall generally describe the violation and date and place of its occurrence.

It shall be the responsibility of the student/athlete and his or her parents or guardian to contact the athletic director and arrange a meeting prior to the next scheduled contest in the student/athlete's particular sport. Next contest shall also include travel via district transportation if a team were to leave a day in advance to attend an activity. In the event of their failure to timely comply with this requirement, they will be deemed to have waived their right to meet with the athletic director and to present evidence.

At the meeting with the athletic director, the student and his/her parent or guardian may respond to the accusation and present any evidence refuting the accusation or explaining the student/athlete's conduct. Following such meeting and after further investigation, if any, as the athletic director deems necessary, he shall determine whether the student/athlete committed the violation. If the athletic director determines that it is probable that the student/athlete committed the violation, he shall find the violation to have been committed. After consultation with the student/athlete's coach, he shall determine the penalty to be assessed within the provisions set forth above.

The student/athlete and his or her parents/guardian shall be notified in writing of the finding of the athletic director and any penalty assessed. If the student/athlete and his or her parents/guardian are dissatisfied with the determination made by the athletic director, then within five (5) days of their receipt of written notice of the athletic director's decision, the student and his or her parents/guardian may make a written request to the principal for a review of the athletic director's decision. The principal shall thereupon meet with the student/athlete, his or her parents/guardian and, after such review and investigation as the principal deems necessary, he/she shall notify the student/athlete and his or her parents/guardians in writing of his/her decision to either affirm, reverse or modify the decision of the athletic director. The principal's decision in this matter shall be considered final.

Suspension from participation or competition will be continuous through the appeals process unless the determination of guilt has been reversed or modified by the principal in the appeal.

Failure on the part of a student/athlete to complete obligations for counseling or community service in a timely manner may result in imposition of additional suspensions or penalties by the athletic director. Additionally, if the student/athlete has not completed these obligations for a violation by the end of the season during which the violation occurred, the unfulfilled portion of the obligation shall automatically carry over into the next interscholastic program in which he or she is a participant. Coaches in that program, along with the athletic director, will work with the student/athlete in completion of obligations. The cost of drug and alcohol counseling will be paid by the student, his or her parents or guardians.

#### **Violation of intermediate rules:**

Use of tobacco:

#### FIRST VIOLATION (Grades 7-12 ACCUMULATIVE) THE STUDENT ATHLETE SHALL:

- O Be suspended from one contest at his or her level of regular play.
- O Promptly complete approved tobacco/nicotine intervention course. Any/all expenses of approved program will be the responsibility of the athlete/parent-guardian involved.
- O Complete five hours of community service. All community service placements will be the responsibility of the athlete. Placements must be approved by the athletic director and completion of the service work is mandatory.

#### SECOND VIOLATION (Grades 7-12 ACCUMULATIVE) THE STUDENT ATHLETE SHALL:

A second violation will be treated as a FIRST MAJOR VIOLATION to include the 1/3 season suspension, community service and enrollment in the tobacco / nicotine intervention course.

#### THIRD VIOLATION (Grades 7-12 ACCUMULATIVE) THE STUDENT ATHLETE SHALL:

O A third violation will treated as a SECOND MAJOR VIOLATION.

#### FOURTH VIOLATION (Grades 7-12 ACCUMULATIVE) THE STUDENT ATHLETE SHALL:

O The student shall be ineligible to participate in interscholastic athletics for the remainder of the student's high school career.

#### **Violation of minor rules:**

- Use of profane or obscene language or gestures.
- Poor standards or personal appearance.
- Violate curfew set by coach.
- Tardy to practices or unexcused absence from practice.

The coach will determine the penalties for minor violation rules. If a question arises from the coach about the infraction or penalty, the athletic director will make the decision.

#### **DEFINITIONS**

**Activity Suspension:** suspended students shall not travel, dress in uniform, associate or participate with the team or group at its scheduled event(s). Suspended students may be allowed to participate in practices/meetings; however, the principal or designee may deem it necessary for students to be withheld from practices/meetings for the duration of the suspension.

**Controlled Substances:** are defined in 21 USC Section 812 and include, but are not limited to opiates, opium derivatives, hallucinogenic substance, including cocaine, and cannabis and synthetic equivalents or the substance contained in the plant, any material, compound mixture or preparation with substances having a depressant effect on the central nervous system, and stimulants.

**District Official:** includes, but is not limited to, teacher, school counselor, coach, activities director, principal, assistant principal, or District administrator.

**Drugs:** shall include any alcohol or malt beverage, any inhalant, any controlled substance, any illegal substance, any abused substance, any look-alike or counterfeit drug, any medication not approved and registered by the school authorities and/or any substance which is intended to alter mood, and/or any substance which is misrepresented and sold or distributed as a restricted or illegal drug.

**Drug Paraphernalia:** all equipment, products and materials of any kind which are used, intended for use, or designed for use, in planting, propagating, cultivation, growing harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packaging, repackaging, storing, containing, concealing, injecting, ingesting, inhaling, or otherwise introducing into the human body a controlled substances as defined in this policy.

**Event:** match, game, meet, or other competitive event, including regional and/or State tournaments or competitions. Events also included performances.

**Extracurricular Activities:** district and/or school authorized activities which take place outside of the regular school day and do not involve class credit, including, but not limited to athletics, student organizations, cheerleading and approved club sports.

**Knowingly Present:** for the purpose of this policy, "knowingly present" shall mean that a student attended a gathering of two (2) or more individuals at which one or more of the attendees (other than the student at issue) were using or in possession of drug paraphernalia, controlled substances, drugs, or alcohol or tobacco and the student knew or reasonably should have known that such use or possession was occurring.

**Non-Sanctioned Sports** – a non-sanctioned sport is any sport at the secondary level which is not under the sponsorship, direction or control of the District not sanctioned by Idaho High School Activities Association

On any school premises or at any school sponsored activity, regardless of location: shall include, but not limited to buildings, facilities, and grounds on the school campus, school busses, school parking areas; and the location of any school sponsored activity. This includes instances in which the conduct occurs off the school premises but impacts a school related activity.

**Reasonable Suspicion:** an act of judgment by a District employee or independent contractor which leads to a

reasonable and prudent belief that a student is in violation of this policy. Said judgment shall be based on training in recognizing the signs and symptoms of drug, alcohol, and tobacco use. The fact that a student has previously disclosed use of a controlled substance shall not be deemed a factor in determining suspicion at a later date.

**Scholastic Year:** a period of time beginning with the first day of the fall extracurricular activities season and ending with the last day of school.

**School/Event Days:** include those days when school is in session and days when activity events occur.

#### **Parental/Guardian Concerns:**

Lewiston High School understands parents and parent-family support play a vital role in the success of our student-athletes and athletic programs. We also understand that concerns may arise before, during or after a particular sports season. At Lewiston High School, we encourage the following steps if a concern exists regarding our athletic programs and/or coaches.

- 1) Student athletes express their concerns with their specific coach. These conversations promote growth for both the student-athlete and coach, and help foster a working understanding of the issues and possible resolve.
- 2) If concerns exist following athlete-coach conversation, parents can reach out to the coach to facilitate a meeting or conversation. We ask that contact be established at an appropriate time (*not before*, *during or after a contest/practice in which emotions may be running high*).
- 3) If concerns remain, a meeting with the athletic director, parent and coach may be scheduled. We would also ask the student-athlete to be involved in this particular meeting.

#### LEWISTON SCHOOLS

### **Pay to Participate Program**

With the adoption of the 2010-2011 budget in June 2010, the Lewiston School Board approved an athletic fee which will help to offset athletic budget expenses and maintain the athletic programs for the school year. This pay to participate fee will be applied to any high school and junior high school student-athlete (grades 7<sup>th</sup> through 12<sup>th</sup>) who wishes to participate in Lewiston School District athletics.

All student-athletes participating in interscholastic athletics, including cheerleading, will be required to pay to participate. This fee will be **charged per athlete for every sport played during the school year.** 

1. **Agreement:** A Pay to Participate Agreement form MUST be submitted with payment prior to the first event or competition. Failure to submit the agreement and fee prior to the first event or competition will result in student ineligibility.

- Fees: Fees may be paid by check, cash or money order. Checks/money orders should be made payable to: <u>Lewiston High School Athletics</u>, <u>Sacajawea Junior High Athletics or Jenifer Junior High Athletics</u>.
- 3. **Payments:** Payments may be made at the high school athletic office or junior high schools' main offices.
- 4. **Refunds:** No refunds will be given if a student quits the team or a student becomes academically ineligible or is removed for disciplinary reasons. Refunds will be made if there are insufficient numbers for the team, your child does not make the team, you move out of the district prior to the first event/competition, or your child is injured. In case of injury, a doctor's written note is needed and the refund will be pro-rated.

Any questions regarding the Pay to Participate Agreement and fees should be directed to Mr. Kevin Driskill, Lewiston Senior High School Athletic Director, by calling (208) 748-3104.

PAYMENT OF THIS PARTICIPATION FEES DOES NOT GUARANTEE PLAYING TIME. IT ONLY PROVIDES AN OPPORTUNITY FOR A STUDENT TO PARTICIPATE ON A TEAM.

#### **LEWISTON SCHOOLS**

#### **Sports/Athletic Pay to Participate Agreement**

| Athlete's Last | Name (please print) | First Name |                  |
|----------------|---------------------|------------|------------------|
| DOB            | Address             |            | City/Zip         |
| School         | Grade               | Home Phone | /<br>Cell Number |

| I have reviewed the Lewiston School's Pay not guarantee playing time. The fee only I also understand that paying this fee does restudent athletic code (which I have read), in Association's regulations. | provides an opportunity for my so<br>not in any way alter the Lewiston S  | on/daughter to participate on a team.<br>School Board's student policies, |
|---|---|---|
| An athlete will not be allowed to participate this document and the fee has been paid.  | e in any athletic event or competition                                    | on unless all signatures are affixed to                                   |
| All students participating in interscholastic of the following fees will be <b>charged per at</b> Lewiston Senior High School (grades 9   | hlete for every sport played durin  | ng the school year \$60.00 fee  |
| Sacajawea Junior High and Jenifer Junion  Make checks/money orders payable to: Low  or Jenifer Middle School Athletics. Agree  office or the junior highs' main offices prion                             | ewiston High School Athletics, Sa<br>eement forms and fees are to be turn | acajawea Middle School Athletics  |
| Student's Signature   | Date  |   |
| Parent/Guardian's Signature   | <br>Date  |   |
| Office Use Only:  |   |   |
| Amount Paid: Che  | eck No.: Cash:  |   |
| Received By:  | Date:   |   |
|   |   |   |

#### Independent School District No. 1 Lewiston, Idaho

#### STUDENT ATHLETE

#### ACKNOWLEDGEMENT OF RECEIPT OF CONCUSSION GUIDELINES

(Complete via Dragonfly Online Registration: Directions on LHS Athletic Website)

NOTE: <u>Both</u> signature lines below must be completed and this form must be provided to the District prior to the student athlete participating in any school athletic leagues or sports.

| Parent/Guardian Signature Required:  |  |
|--|--|
| I, (print parent/guardian name) the student (below), that I have received from the District i including information from the State Department of Educa District Rules and Regulations 5120, and have had the opp I understand that participation in school athletic leagues or liability against Lewiston Independent School District No. injury or damages that my student may experience or inculeagues or sports. | information related to student athlete concussions, tion, the Idaho High School Activities Association, and portunity to review and have reviewed such information. sports is dangerous, and hereby agree to waive all 1, its employees, agents and trustees, related to any |
| Signature  | Date   |
| Student Signature Required:  |  |
| I, (print student name)  | ed to participate in school athletic leagues or sports, that I ent athlete concussions, including information from the tivities Association, and District Rules and Regulations viewed such information. I understand that participation                                     |
| Signature  | Date   |
|  |  |

Lewiston School District Athletic Questionnaire (Complete via Dragonfly Online Registration: Directions on LHS Athletic Website)

| Name:                            |  |                    | Today's Date:   |
|----------------------------------|--|--------------------|---|
| Birthdate:                       | Age  | Sex: M/F           | Grade:  |
| Participating Sports:            |  |                    |   |
| Parent Guardian Name:            |  |                    |   |
| Address:                         | Но   | me phone: (        | )   |
| Cell Phone :()                   | Work p   | hone: ()_          |   |
| If parent/guardian in un         | available, please call:                        |                    |   |
| Name:                            | Phone:(_                                       | )                  | OR ()   |
| If yes, a premium charge will be |  | -                  | ctivity. More information may be obtained from ust be covered under a healthcare insuranc |
| Insurance Co:                    | P  | olicy number:      |   |
|                                  | PHYSIC   | CAL INFORM         | ATION   |
| Have you had an injury           | in the past year to:                           |                    |   |
| HEAD                             | WRIST  | HAMSTING           | ANKLE   |
|                                  |  | QUADRICEPS         | FOOT  |
|                                  |  | KNEE               |   |
| ELBOW                            | HIP  | LOWER LEG          |   |
| Check any of the follow          | ring past or present condit                    | ions that apply:   |   |
|                                  |  |                    | RNAL ORGAN INJURY   |
| ASTHMA                           | ALLERGIES<br>HIGH BLOOD PRESSI                 | BLEE               | EDING DISORDER  |
| HEPATITIS                        | HIGH BLOOD PRESSI                              | URESERIO           | OUS NECK INJURY   |
| If you answered yes to a         | any of the above, please e                     | xplain:            |   |
|                                  | head injury, complete th                       |                    | stions:   |
| 0 0 1 0                          | vsician? Yes / No W<br>have you had within the |                    | ized? Yes / No  |
| On what date(s)?                 |  |                    |   |
| Are you currently taking         | g any prescription or over                     | the counter med    | lications? If yes, please list:   |
| Please list any surgeries        | or health conditions not l                     | isted above in the | e past five (5) years:  |

## MEDICAL HISTORY WAIVER/AUTHORIZATION TO TREAT CONSENT FOR PARTICIPATION AND RELEASE OF LIABILITY

(Complete via Dragonfly Online Registration: Directions on LHS Athletic Website)

| (Complete via Dragonity Online Registi   | diton. Directions on Lito runicite website)   |
|--|---|
| Physical information: (to be completed by parent/guardian and  | student)  |
| The state of Idaho requires complete physicals for athletic partici<br>My son/daughter had a complete physical examination on (date)   |   |
| I give permission to have a baseline/post-concussion IMPACT te<br>Sacajawea Junior High. I understand that my child may need to b<br>test will be compared to baseline scores. | est administered at Lewiston High School, Jenifer Junior High or<br>be tested more than once when being evaluated for a concussion. This    |
| I (parent/guardian) give authorization to the athletic training statining stating in Levinguries that occur to my son/daughter while participating in Lev                      | ff and or medical consultants to evaluate, treat, and render first aid to viston School District Athletics.                                 |
| Academic Information: (to be completed by the student)   |   |
| I (student) have read and understand that I am obligated to adl<br>ATHLETES during those sport seasons in which I am a partici   | here to the policies set forth in the HANDBOOK FOR STUDENT ipant.   |
| If you are a transfer student, please give the name and dates of the   | ne last school attended:  |
| My participation in interscholastic athletics for the Lewiston E<br>understanding that I have not violated any of the eligibility rul  |   |
|  | ial for injury, even disability or death can occur on rare occasions. s and claims from injuries that may occur during a practice or event. |
| I/We give my/our consent forincluding travel to and from contest and practices.  | to participate in Lewiston School District Athletic programs,   |
| I/We release the Lewiston School District and staff from liabilitie practices and events.  | s arising out of an injury or damages while traveling to and from   |
| I/We have completed the athletic medical history questionnaire t does not suffer from any disability, injury, condition, complaint,  | o the best of my knowledge. I also affirm that my student athlete or problem that we have not disclosed on this questionnaire.              |
| I/We (parent/athlete) also give our consent to release any infor<br>healthcare operations for student named below.   | rmation contained in this form to carry out treatment and   |
| PARENT/GUARDIAN NAME (PRINTED):  |   |
| PARENT/GUARDIAN SIGNATURE:   | DATE:   |
| STUDENT NAME (PRINTED):  |   |
| STUDENT SIGNATURE:   | DATE:   |

### Idaho High School Activities Association Idaho Health Examination and Consent Form

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

| Name   | Home Add             | lress            |                                      | Phone                        |
|--|----------------------|------------------|--------------------------------------|------------------------------|
| Name Sports  |                      |                  |                                      |                              |
| Personal Physician Date of Birth   |                      |                  | Physician's Phone Numbe              | er                           |
| Date of Birth  | Sex                  | <u> </u>         | School                               |                              |
|  |                      | History For      |                                      |                              |
| Fill in details of "YES" answers in space b                                      | elow:                |                  |                                      |                              |
| YES NO YES NO  |                      |                  |                                      |                              |
| 1. A. Have you ever been hospitalized?   |                      |                  | ve any skin problems?                |                              |
| B. Have you ever had surgery? (itc   |                      |                  | O muinio                             |                              |
| 2. Are you presently taking any medication or pills? B. Have you ever been knock |                      | i ever nau a nea | u injury?                            | <del></del>                  |
| 3. Do you have any allergies uncor   |                      |                  |                                      |                              |
| (medicine, bees, other stinging insects  |                      | C. Have vo       | ou ever been diagnosed with          |                              |
| 4. A. Have you ever passed out during or   | a concussion?        | O. Have y        | ou ever been ulagneed war            |                              |
| after exercise? D. Have you ever   |                      |                  | ve you ever been dizzy during or     | E. Have                      |
| you ever had a stinger, burner,  |                      |                  |                                      |                              |
| after exercise? or pinched nerve   |                      |                  |                                      |                              |
| C. Have you ever had chest pain duri   | •                    | •                | at cramps?                           |                              |
| after exercise? B. Have you ever   |                      |                  |                                      |                              |
| D. Do you tire more quickly than your  |                      |                  |                                      |                              |
| friends during exercise? 8. Do yo  | ou nave trouble bre  | eatning or       | augh during or ofter eversion?       | F                            |
| E. Have you ever had high blood pres<br>Have you ever been told you have a       | sure?                | 9 Do you         | use special equipment hads           | F.                           |
| heart murmur? braces, mouth or   | eveguards?           | 9. Do you        | use special equipment, paus,         |                              |
| G. Have you ever had racing of your h  |                      | vou had probler  | ns with your or skipped beats?       |                              |
| eyes or vision?  |                      | ,                | , , , ,                              |                              |
| H. Has anyone in your family died of h   |                      |                  | B. Do you wear glasses,              |                              |
| contacts, or problems or a sudden  | death before age 5   | 50?              | <u> </u>                             |                              |
| protective eyewear?  |                      |                  |                                      |                              |
| 11. Were you born without a kidney, testic                                       | le, or any other org | gan?             |                                      |                              |
| 12. Have you ever sprained/strained, dislo                                       | ocated, fractured/b  | roken, or had re | peated swelling or other injuries of | any of your bones or joints? |
|  | Head                 |                  | Neck                                 |                              |

\_\_\_\_\_ Chest

\_\_\_\_\_ Back

\_\_\_\_\_ Hip

| Shoulder  | Elbow  | Forearm   | Wrist  |
|-----------|--------|-----------|--------|
| Siloulaci | LIDOVV | 1 Olculli | VVIISL |

| Thigh | Knee |
|-------|------|
|       |      |

| Shin/Calf | Ankle |
|-----------|-------|
|           | ,     |

| 13. Have you ever had any other medical problems such as: |                      |          |
|---|----------------------|----------|
| Mononucleosis   | Headaches (frequent) | Diabetes |

| Eye Injuries | Asthma | Hepatitis |
|--------------|--------|-----------|
|              |        |           |

| Other   |   |
|---|---|
| 14. Have you had a medical problem or injury since y 15. When was your last tetanus shot? When was your last measles immunization?  16. When was your first menstrual period? periods last year?  Explain "YES" answers here: | your last exam? When was your last menstrual period? What was the longest time between  |
| I hereby consent to the above named student participating in the athletic contests and practice sessions. I further consent to treatm   | Consent Form  or Guardian and Student Permission and Approval) interscholastic athletic program at his/her school of attendance. This consent includes travel to and from nent deemed necessary by physicians designated by school authorities for any illness or injury resulting from information contained in this form to carry out treatment and healthcare operations for the above named |
| PARENT OR GUARDIAN SIGNATURE  | DATE:   |

This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the State Association. SIGNATURE OF STUDENT\_ DATE: Student Name: \_\_\_\_\_ PHYSICAL EXAMINATION FORM Height \_\_\_\_\_ Weight \_\_\_\_ BP / Pulse \_\_\_\_\_ T R Corrected: Y Pupils Visual Acuity R 20 / L 20 / N Normal Abnormal Ears, Nose, Throat \_\_\_\_\_ Cardiopulmonary Pulse Heart Lungs Skin Abdominal Genitalia Musculoskeletal Neck Shoulder **Elbow** Wrist Hand Back Knee Ankle

Clearance:

Foot

**CLEARANCE / RECOMMENDATIONS** 

| A.   | Cleared for all sports and other school-sponsored activities.   |               |            |             |          |
|--|---|---------------|------------|-------------|----------|
| B.   | Cleared after completing evaluation / rehabilitation for:   |               |            |             |          |
| C.   | NOT cleared to participate in the following IHSAA sponsored sports:  Baseball Wrestling Golf Softball |               |            |             |          |
|  |   | · ·           |            |             |          |
|  | Track   | Cross Country |            | Basketball  | Football |
|  | Soccer  | Tennis        | Volleyball |             |          |
| D.   | NOT cleared for other (Example: Swimming) 1 Student is NOT permitte                                   | 2             | 3          | <del></del> |          |
| <u> </u>   | Reason:   |               | 3          |             |          |
| F  | Recommendation:   |               |            |             |          |
| Examiner's S   | Signature: D  | ate:          |            |             |          |
| (This Physical form must be signed by a licensed physician, physician's assistant or nurse practitioner) |   |               |            |             |          |
| Address: Phone: ( )  |   |               |            |             |          |