

DISTRICT ACTIVITIES & ATHLETICS HANDBOOK



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**Raytown C-2 School District
2021-2022**

Maintaining and Protecting Participation in District Activities and Athletics

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2021-2022

INTRODUCTION

Activities supplement the secondary curriculum program, and as such, become a vital part of a student's total educational experience. This handbook is given to you so that you may make an informed decision about the programs that are available to you. We encourage you to take part in as many activities as your time and talents allow.

PURPOSE

The purpose of the Activities Handbook is to inform students and parents of rules and regulations affecting activities.

PHILOSOPHY

The activities program provides opportunities above and beyond the basic curriculum of the regular classroom. As an integral part of the educational program, activities provide supplemental experiences and help students acquire additional knowledge, skills, and emotional patterns necessary as attributes of good citizenship. This program should provide educational and social experiences that will help develop young men and women physically, mentally and emotionally.

STUDENT RESPONSIBILITY

It is the student's responsibility to know and understand the rules for the activity participation. Failure to follow the rules could result in consequences outlined in this handbook.

MSHSAA

Raytown School District is a member of the Missouri State High School Activities Association. The purpose of this organization is to promote, develop, direct, protect and regulate amateur interscholastic activities between member schools and to stimulate fair play, friendly rivalry, and good sportsmanship among contestants, schools, and communities throughout the state.

SPORTSMANSHIP EXPECTATIONS

Sportsmanship involves fair play, courtesy, and respect for both the activity and opponents. The values of activities should last a lifetime. We are asking for your support to promote sportsmanship by emphasizing what is expected as competitors or spectators at any activity/contest/event. Such events are an extension of the school day and we expect the same type of respectful behavior exhibited in the activities/contest/events as we do in a regular classroom. We ask students, spectators, and parents to support sportsmanship, ethics, and integrity at all times.

PARTICIPATION GUIDELINES

ELIGIBILITY CRITERIA

All students participating in the activities program must meet the requirements of the Missouri State High School Activities Association and the requirements of the Raytown C-2 academic and conduct eligibility standards.

All students must meet the residence and transfer of enrollment requirements of the MSHSAA.

All students must meet MSHSAA criteria: pass a minimum of 3.0 units of credit the previous semester or 80% of the maximum available credit and maintain creditable citizenship. Under certain conditions/restrictions up to one unit of credit from summer school may be counted toward activity eligibility.

9th through 12th Grades and Transfer Students

Students will be ineligible to participate in activities for the semester for the following reason: Failure to receive 3.0 credits in the previous semester or 80% of the maximum credits available.

TRANSFER STUDENTS

Students new to the district must meet MSHSAA rules for transferring schools'/school districts. Students do not become eligible for game competition until transfer has been approved by MSHSAA.

SPECIAL SERVICES STUDENTS

All special services students must comply with published MSHSAA guidelines for participation.

ATTENDANCE (Regular school day)

Students must be in school the day of the contest for ALL HOURS (1-7). ANY absence the day of the contest must be excused by the Principal/Activities Director.

PHYSICAL EXAMINATIONS

EVERY ATHLETE MUST HAVE A **CURRENT** VALID PHYSICAL **BEFORE** they are allowed to practice. Physicals are valid for **2 years** from the date of the physical examination (Pre-Participation Examination).

**Annual forms are due each year.*

INSURANCE

Athletes are required to provide their own health insurance. Supplemental insurance for partial coverage is available to all athletes through the district. Please contact your AD if you have questions about coverage or a claim. -

***No one may practice or participate without insurance coverage. If insurance lapses during the school year it is the responsibility of the parent/guardian to notify the school.**

CONFLICTS

There are occasions when students participating in more than one activity encounter scheduling conflicts for performances and contests. In this event, every attempt should be made to find a resolution satisfactory to all parties involved. If this cannot be achieved, the activities director will resolve the issue according to the following levels of priority:

1. Parent-Student Choice
2. State-level contests
3. District-level contests
4. Non-Conference/Conference Season Contest
5. Building (Activity for Grade)

SUSPENSIONS

ISS - In School Suspension/OSS – Out of School Suspension

Students are not allowed to participate in contests/activities if they have ISS or OSS the day of that contest/activity. ISS students may practice, but OSS students cannot practice.

SPORTSMANSHIP

Our expectation of extra-curricular/co-curricular activities is that they are educational in nature (will contribute to the accepted aims of education) and of benefit to participants. Each school is responsible for the conduct of its teams, students, coaches, and fans at both home and away contests. Anyone receiving a special report from MSHSAA may be removed from the next contest. Any player, coach, student or fan ejected from a contest shall at a minimum be prohibited from playing/attending the next contest at the same level. Coaches should inform the building Activities Director of any ejection or flagrant foul as soon as possible. Activities director will conference with individuals as soon as possible.

CITIZENSHIP STANDARDS

Participation in student activities is a privilege and not a right; therefore, the Raytown School District requires students to adhere to standards of behavior which will bring credit to students, the particular activity, the school, and the community. Students who represent the Raytown School District must demonstrate good citizenship and conduct at all times. The Raytown School District requires student behavior be in compliance with school board policy, with the school's Student Handbook Regulations, and public laws. Behavior not in compliance with these policies may result in student's suspension from all extra-curricular activities.

- You must be a creditable citizen. Creditable citizens are those students whose conduct – both in school and out of school – will not reflect discredit upon themselves or their school.
- NOTE: Conduct by the student involving law enforcement should be reported to your principal immediately as your conduct may affect eligibility or contest outcomes. (MSHSAA By-Law 2.2.1)

Chemical Abuse Policy

We recognize that the use of mood altering chemicals poses a significant health problem for many adolescents. The effects can be detrimental to the physical and emotional welfare of students. Chemicals adversely affect extracurricular participation and the development of related skills.

Participation in extracurricular activities is a privilege for students in the Raytown Quality Schools. They are held to a higher standard of citizenship as representatives of both school and district. In accordance with MSHSAA student essential by-laws, student "conduct shall be satisfactory and in accord with standards of good discipline" (2.2.1). Violations involving tobacco, alcohol, and mood-altering chemicals will result in suspension from activities. Penalties are cumulative for the student's high school career (Example - A student violates the policy with tobacco use during volleyball as a 9th grader, then later has an alcohol violation as an 11th grade basketball player. This will be considered the 2nd offense of the chemical abuse policy). Rules for activity participants will be enforced in and out of school.

1. For the first offense, the student shall be suspended from participation in all in-season or off-season extracurricular and/or co-curricular MSHSAA activities for 30 days. This suspension can be reduced to 15 days if the parent/guardian obtains, at the parent/guardian's expense, a substance abuse evaluation and education/counseling for the student deemed appropriate by the evaluation. Students enrolled in a class that involves cocurricular MSHSAA activities will remain in the class during the suspension period and will participate in classroom activities. If participation in activities is used in calculating a student's grade, the student will be given alternative assignments during the suspension. If a participant in an extracurricular or co-curricular MSHSAA activity is suspended from participation, the participant will be expected to fulfill all team responsibilities including attendance at practices, meetings, competitions and other expectations.

If the student and/or parent/guardian seeks to reduce this consequence by scheduling a substance abuse evaluation the appointment must be confirmed before the student will be allowed to participate or resume parking privileges.

2. For the second offense, the student shall be suspended from participation in all extracurricular and cocurricular MSHSAA activities for 90 days. The stipulations of the first offense shall continue to apply. This suspension can be reduced to 45 days if the parent/guardian obtains, at the parent/guardian's expense, a substance abuse evaluation and education/counseling for the student deemed appropriate by the evaluation.

3. For the third offense, the student shall be suspended from participation in all extracurricular and cocurricular MSHSAA activities for 365 days. The stipulations of the first offense shall continue to apply. No reduction shall be allowed for this suspension and a substance abuse evaluation and education/counseling for the student deemed appropriate by the evaluation will be required before the student is allowed to return after the 365 day suspension.

ACTIVITY FEE (one-time fee once per school year)

- All students participating on an athletic team will pay a fee of \$52 per year, not to exceed \$104.00 per family per year.
- All students participating in speech, theater, debate, band, orchestra or performing vocal music groups (except mixed and girls' glee) will pay a fee of \$26 per year, not to exceed \$52 per family per year
 1. The student will not be allowed to participate in an event or contest until the fee is paid. Participation includes Red & White, Blue & White, Intramural, or Interscholastic competitions.
 2. If a student is cut from a team but has already paid the fee, he/she will be reimbursed.
 3. If a student quits or is suspended from a team or performing group after the first scheduled event, no refund will be granted.
 4. If a student is injured during or after the first scheduled game so that he/she can no longer compete, the fee will not be refunded.
 5. Any student who is in the free or reduced lunch program will pay a reduced fee of \$26 for athletics. Families who are unable to pay the reduced rate due to a legitimate financial limitation should work with the building principal. Each case will be judged independently.
 6. Collecting all activity fees will be the primary responsibility of the building activities director and the building activities director's secretary.
 7. Head coaches and activity sponsors will assist in the collection of activity fees, as directed.

SPORTS SEASON

Any student who is on the eligibility list of a team may not begin (participate in) the next sport season until the previous season is officially over (last contest). All obligations need to be cleared before the next season's practice begins. Athletes are responsible for all equipment that has been checked out to them.

TRANSPORTATION/ACTIVITIES

In general, **students are required to ride school transportation to and from activities**, students are expected to return from activities the same way they arrived. Certain occasions may warrant consideration of some alternatives.

- Athletes may ride from activities only with their parent at parental request. However, this should be practiced only if there are unusual circumstances. **(Parents must talk with coach or Activities Director)**
- Students whose parents consent to other forms of transportation for **intradistrict** practices or events must complete a consent form.

EQUIPMENT

Students are accountable for all equipment they have checked out. Any equipment lost/stolen/abused will be charged to the student in whose name the equipment was checked out. The following suggestions should help reduce problems with equipment:

1. Do not exchange or loan equipment.
2. Keep your locker locked at all times.
3. Report loss of equipment immediately to coach.
4. Report any defective/unfit equipment to the coach.
5. MSHSAA regulations prevent schools from loaning or selling equipment.

TEAM AWARDS/LETTERS

Students are eligible for awards. All awards require the student be a member of the team/activity at the end of the season. Activity award requirements are available from the coach/sponsor of each activity. A copy of award requirements is available from the head coach.

FORMS AND FEES

The following forms and fees will be required before a student may practice or perform in any athletic activity.

- 1. MSHSAA PPE (every two years) or MSHSAA PPD (yearly)**
- 2. Insurance Verification**
- 3. Emergency Card and Participation Agreement**
- 4. Activity Fee Payment**

The rules outlined in this handbook are the minimum standards. Each sponsor/coach may impose stricter rules for their specific activities. The coach/sponsor will provide written rules to parents/students when those rules deviate from this handbook.

Raytown C-2 Athletic/Activities Internet Policy

Social Networking

To participate in extra-curricular activities, students must be a credible school citizen as defined in the MSHSAA Handbook 2.2.1. The citizenship rule applies both to in school and out of school situations. Social web pages such as Facebook or MySpace often publish pictures of students engaged in activity that displays poor citizenship. Students must understand that incriminating pictures on social web pages will not be tolerated by the Raytown C-2 Schools activity programs. Pictures that display poor citizenship on social web pages may result in a suspension or removal from the Raytown C-2 activity programs.

Social Networking sites such as Facebook and MySpace, chat rooms and bulletin boards can be an important part of a young person's life and also pose a serious danger.

Since participation in athletics and activities is a privilege and not a right, an athlete or program member needs to accept responsibility for appearing or posting on all web sites.

When visiting or appearing on any internet sites, student athletes at Raytown C-2 Schools will maintain acceptable standards as described in the Raytown C-2 Schools Student Handbook and individual team rules.

Any posting or communication via social networking websites which disrupts either the educational or athletic environment or which advocates the violation of any school or team policy would be unacceptable. This would include but not be limited to:

- * The consumption of alcohol and or the use of illicit drugs.
- * Inappropriate sexually-oriented material
- * Activities involving bullying, hazing or harassment

It is the intent of the Raytown C-2 School District to provide leadership, education and protection of its students who choose to be a part of the teams and programs offered from the dangers involved with some internet sites to maintain the positive aspects of an education-based athletic program.

CONCUSSION EDUCATION AND MANAGEMENT PROTOCOL

Education

Concussions are common in sports. The Missouri State High School Activities Association (MSHSAA) believes that education of coaches, officials, athletes, and their parents or guardians are key to safely returning a student athlete to play. Appropriate immediate care after a suspected concussion, and follow up incorporating a multi-disciplinary team that includes the coach, parent or guardian, athlete's physician, team physician and athletic trainer (if available), and school representatives, also are important for the proper management of a sport-related concussion.

Each school district will receive educational materials for coaches, athletes, parents, and school officials, required forms for student athlete participation and parent/guardian consent, and recommended medical clearance forms for return to play.

Annually, MSHSAA member school districts will ensure that every coach, student athlete, and parents or guardians of a student athlete completes a concussion and head injury information sheet and returns it to the school district prior to the student athlete's participation in practice or competition. Officials will receive training from their parent organization. Each official's organization will require annual concussion training and maintain a signed head injury information sheet for each official.

Recognition and Evaluation of the Athlete with a Concussion

1. Recognition of the signs and symptoms of a concussion is important. Every member of the team-athlete, teammates, coaches, parents or guardians, officials, athletic trainers, and team physicians have a duty to report a suspected concussion. Not all school districts have medical personnel available to cover every practice and competition; therefore, the coach is the person in the best position to protect the player and must be aware that not all student athletes will be forthcoming about their injury.
2. An official shall not be responsible for making the diagnosis of a concussion. The official can assist coaches and medical staff by recognizing signs and symptoms of a concussion and informing the coach and medical staff of their concerns.
3. The coach, (Athletic Trainer) AT, or physician on site should evaluate the athlete in a systemic fashion:
 - a. Assess for airway, breathing, and circulation (basic CPR assessment)
 - b. Assess for concussion
 - i. Any unconscious athlete should be assumed to have a severe head and/or neck injury and should have their cervical spine immobilized until a determination can be made that the cervical spine has not been injured. If no medical professional can make the assessment, the athlete should be transported to an appropriate emergency care facility.
 - ii. A conscious athlete with no neck pain can be further evaluated on the sideline.
4. An athlete experiencing ANY of the signs/symptoms of a concussion should be immediately removed from play. Signs/Symptoms of a concussion include:

<u>PHYSICAL</u>	<u>COGNITIVE</u>	<u>EMOTIONAL</u>
Headache	Feeling mentally "foggy"	Irritability
Nausea/Vomiting	Feeling slowed down	Sadness
Dazed/Stunned	Difficulty concentrating	More emotional
Balance problems	Difficulty remembering	Nervousness

Visual problems
Fatigue
Sensitivity to light
Sensitivity to noise

Forgetful of recent information
Confused about recent events
Answers questions slowly
Repeats questions

5. Evaluation

- a. Following any first aid management, the medical team, or coach in the absence of medical personnel, should assess the athlete to determine the presence or absence of a concussion. The current version of the Sport Concussion Assessment Tool (SCAT) is an assessment tool that is readily available and can assist with the assessment. The athlete should be monitored for worsening or change in signs and symptoms over the next 24 hours. Instructions should be given to the parent or guardian as to signs and symptoms that may require further or more emergent evaluation.

6. Management of a Concussion and Return to Play

- a. An athlete determined to have a concussion or have concussion-like symptoms will be removed from practice or competition and is not allowed to return to practice or competition that same day.
- b. If an athlete displays concussion-like signs or symptoms, the athlete should be assumed to have a concussion until further medical evaluation can occur. “WHEN IN DOUBT, SIT THEM OUT!”
- c. Written clearance from a physician (MD or DO), Advanced Nurse Practitioner in written collaborative practice with a physician, Certified Physician Assistant in written collaborative practice with a physician, Athletic Trainer or Neuropsychologist in written supervision of a physician must be provided prior to return to play.
- d. Following a concussion, current accepted guidelines on physical and cognitive activity should be practiced until symptoms have resolved.
- e. An athlete must be asymptomatic at rest and with exertion prior to return to play
- f. A graduated return to play progression should be followed to guide return to activity following medical clearance as outlined on the MSHSAA Concussion Return to Play form.

RAYTOWN C2 SCHOOL DISTRICT

PARENT/COACH COMMUNICATION

I. Communication you should expect from your child's coach

- A. Philosophy of the coach
- B. Expectations the coach has for all team members
- C. Locations and times of all practices and contests
- D. Team requirements, i.e., fees, special equipment, off season conditioning
- E. Procedure should your child be injured during practice

II. Appropriate concerns to discuss with coaches

- A. The treatment of your child, mentally and/or physically
- B. Ways to help your child improve
- C. Concerns about your child's behavior

NOTE: It is difficult to accept your child not playing as much as you may hope. Coaches are professionals. They make judgment decisions based on what they believe to be best for all students involved. As you have seen from the above list, certain things can be and should be discussed with your child's coach. Other things, such as those to follow, must be left to the discretion of the coach.

III. Issues not appropriate to discuss with coaches

- A. Playing time
- B. Team strategy
- C. Play calling
- D. Other student/athletes

NOTE: There are situations that may require a conference between the coach and the parent. It is important that both parties involved have a clear understanding of the other's position. When these conferences are necessary, the following procedure should be followed to help promote a resolution to the issue of concern.

IV. If you have a concern to discuss with the coach, the following procedures should be followed:

- A. The student athlete must bring the issue to the coach's attention
- B. If the issue needs further attention, contact the coach during his/her planning period to get a clarification or to set up a meeting
- C. Please do not attempt to confront a coach before or after a contest or practice
These can be emotional times for both parent and coach. Meetings of this nature do not promote resolution.

V. What can a parent do if the meeting with the coach did not provide a satisfactory resolution

- A. Call during school hours and set up an appointment with the Building Activities Director to discuss the situation.
- B. At this meeting the appropriate next step can be determined.

MSHSAA PRE-PARTICIPATION DOCUMENTATION – ANNUAL REQUIREMENTS

INTERIM MEDICAL HISTORY	
<p>Note: Complete and sign this form (with your parents if younger than 18). Note: An injury or medical condition results in a separate medical release.</p>	
Name:	Date of Birth:
Date:	
Sex assigned at birth (F, M or intersex):	How do you identify your gender? (F, M or other):
List past and current medical conditions:	
Have you had surgery since your last Pre-Participation Physical Examination (physical)? If yes, list those surgical procedures:	
Medicines and supplements: List all current prescriptions, over-the-counter medicines and supplements (herbal and nutritional):	
Do you have any allergies? If yes, please list all of your allergies (i.e., medicines, pollens, food, stinging insects):	
Have you been diagnosed with any medical or health condition since your last PPE (physical)? If yes, please describe:	

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of Athlete:
Signature of Parent(s) or Guardian:
Date:

PARENT PERMISSION (Authorization for Treatment, Release of Medical Information, and Insurance Information)

Informed Consent: By its nature, participation in interscholastic athletics includes risk of serious bodily injury and transmission of infectious disease such as HIV, Hepatitis B, severe acute respiratory syndrome (COVID-19) and/or any mutation or variation thereof. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. **PARENTS, GUARDIANS, OR STUDENTS WHO MAY NOT WISH TO ACCEPT RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN MSHSAA- SPONSORED SPORT WITHOUT THE STUDENT'S AND PARENT'S/GUARDIAN/S SIGNATURE.**

I understand that in the case of injury or illness requiring transportation to a health care facility, a reasonable attempt will be made to contact the parent or guardian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be transported via ambulance to the nearest hospital.

We hereby give our consent for the above student to represent his/her school in interscholastic athletics. We also give our consent for him/her to accompany the team on trips and will not hold the school responsible in case of accident, injury or illness whether it be en route to or from another school or during practice or an interscholastic contest; and we hereby agree to hold the school district of which this school is a part and the MSHSAA, their employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever which may arise by or in connection with participation by my child/ward in any activities related to the interscholastic program of his/her school.

In the event of an emergency or when the Parent(s) or Guardian is unable to directly supervise health care services needed by the student for injuries or illnesses sustained at any athletic practice, conditioning exercise or contest, I also give my consent to the rendering of necessary health care services for the student by a qualified provider (QP) covering the athletic practice, conditioning exercise or contest, including an athletic trainer, physician, physician assistant, nurse practitioner or other medically-trained professional licensed by the State of Missouri (or the state in which the student injury or illness occurs) and who is acting in accordance with the scope of practice under their designated state license and any other requirement imposed by state law. In emergency situations, the QP may also be a certified paramedic or emergency medical technician for the purpose of providing emergency health care and transport. Health care services are defined as services including, but not limited to, evaluation, diagnosis, first aid, emergency care, stabilization, treatment and referral. I further authorize the QP who provides such health care services to disclose such information about the student's injury or illness, diagnosis, care and treatment in the professional judgment of the QP to the student's athletic director, coaches, school nurse and any classroom teacher required to provide academic accommodation to assure the student's recovery and safe return to activity. If the Parent(s) or Guardian believes that the student is in need of further evaluation, treatment, rehabilitation or health care services for the injury or illness, the student may be treated by the physician or provider of his or her choice.

To enable the MSHSAA to determine whether the herein named student is eligible to participate in interscholastic athletics in the MSHSAA member school, I consent to the release of any and all portions of school record files to MSHSAA, beginning with seventh grade, of the herein named student, specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), residence address of the student, academic work completed, grades received, and attendance data.

We confirm that this application for the above student to represent his/her school in interscholastic athletics is made with the understanding that we have studied and understand the eligibility standards that our son/daughter must meet to represent his/her school and that he/she has not violated any of them. We also understand that if our son/daughter does not meet the citizenship standards set by the school or if he/she is ejected from an interscholastic contest because of an unsportsmanlike act, it could result in him/her not being allowed to participate in the next contest or suspension from the team either temporarily or permanently.

I consent to the MSHSAA's use of the herein named student's name, likeness, and athletic-related information in reports of contests, promotional literature of the Association and other materials and releases related to interscholastic athletics.

We further state that we have completed that part of this certificate which requires us to list all previous injuries or additional conditions that are known to us which may affect this athlete's performance or treatment and we certify that it is correct and complete.

The MSHSAA By-Laws provide that a student shall not be permitted to practice or compete for a school until it has verification that he/she has basic health/accident insurance coverage, which includes athletics. Our son/daughter is covered by basic health/accident insurance for the current school year as indicated below:

Name of Insurance Company:	Policy Number:
Signature of Parent(s) or Guardian:	Date:

Has this student incurred a medical condition since their last physical examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
STUDENT AGREEMENT (Regarding Conditions for Participation)	
<p>This application to represent my school in interscholastic athletics is entirely voluntary on my part and is made with the understanding that I have studied and understand the eligibility standards that I must meet to represent my school and that I have not violated any of them.</p> <p>I have read, understand, and acknowledge receipt of the MSHSAA brochure entitled "How to Maintain and Protect Your High School Eligibility," which contains a summary of the eligibility rules of the MSHSAA. (I understand that a copy of the <i>MSHSAA Handbook</i> is on file with the principal and athletic administrator and that I may review it in its entirety, if I so choose. All MSHSAA by-laws and regulations from the <i>Handbook</i> are also posted on the MSHSAA website at www.mshsaa.org).</p> <p>I understand that a MSHSAA member school must adhere to all rules and regulations that pertain to school-sponsored, interscholastic athletics programs, and I acknowledge that local rules may be more stringent than MSHSAA rules.</p> <p>I also understand that if I do not meet the citizenship standards set by the school or if I am ejected from an interscholastic contest because of an unsportsmanlike act, it could result in me not being allowed to participate in the next contest or suspension from the team either temporarily or permanently.</p> <p>I understand that if I drop a class, take course work through Post -Secondary Enrollment Option, Credit Flexibility, or other educational options, this action could affect compliance with MSHSAA academic standards and my eligibility.</p> <p>I understand that participation in interscholastic athletics is a privilege and not a right. As a student athlete, I understand and accept the following responsibilities:</p> <ul style="list-style-type: none"> • I will respect the rights and beliefs of others and will treat others with courtesy and consideration. • I will be fully responsible for my own actions and the consequences of my actions. • I will respect the property of others. • I will respect and obey the rules of my school and laws of my community, state, and country. • I will show respect to those who are responsible for enforcing the rules of my school and the laws of my community, state, and country. <p>I have completed and/or verified that part of this certificate which requires me to list all previous injuries or additional conditions that are known to me which may affect my performance in so representing my school, and I verify that it is correct and complete.</p>	
Signature of Athlete:	Date:
Have you experienced a medical condition since your last physical examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PARENT AND STUDENT SIGNATURE (Concussion Materials)	
<p>I accept responsibility for reporting all injuries and illnesses to my school and medical staff (athletic trainer/team physician) including any signs and symptoms of a CONCUSSION. I have received and read the MSHSAA materials on Concussions, which includes information on the definition of a concussion, symptoms of a concussion, what to do if I have a concussion and how to prevent a concussion. I will inform my school and athletic trainer/team physician immediately if I experience any of these symptoms or if I witness a teammate with these symptoms.</p>	
Signature of Athlete:	Date:
Signature of Parent(s) or Guardian:	Date:

EMERGENCY CONTACT INFORMATION		
Parent(s) or Guardian	Address	Phone Number
Name of Contact	Relationship to Athlete	Phone Number

PRE-PARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM – VALID FOR 2 YEARS

Name:		Date of Birth:	
Physician Reminders: 1. Consider additional questions on more-sensitive issues. <ul style="list-style-type: none"> • 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, chewing tobacco, snuff or dip? • During the past 30 days, did you use chewing tobacco, snuff or dip? <ul style="list-style-type: none"> • Do you drink alcohol or use any other drugs? • Have you ever taken anabolic steroids or used any other performance-enhancing supplement? • Have you ever taken any supplements to help you gain or lose weight or improve your performance? • Do you wear a seat belt, use a helmet and use condoms? 			
2. Consider reviewing questions on cardiovascular symptoms (Questions 4-13 of History Form).			
EXAMINATION			
Height:		Weight:	
BP: / (/)		Pulse:	Vision: R 20/ L 20/ Corrected: <input type="checkbox"/> Yes <input type="checkbox"/> No
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance <ul style="list-style-type: none"> • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse (MVP) and aortic insufficiency) 			
Eyes, ears, nose and throat <ul style="list-style-type: none"> • Pupils equal • Hearing 			
Lymph Nodes			
Heart* <ul style="list-style-type: none"> • Murmurs (auscultation standing, auscultation supine and +/- Valsalva maneuver) 			
Lungs			
Abdomen			
Skin <ul style="list-style-type: none"> • Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) or tinea corporis 			
Neurological			
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS	
Neck			
Back			
Shoulder and arm			
Elbow and forearm			
Wrist, hand and fingers			
Hip and thigh			
Knee			
Leg and ankle			
Foot and toes			
Functional <ul style="list-style-type: none"> • Double-leg squat test, single-leg squat test and box drop or step drop test 			
* Consider electrocardiography (ECG), echocardiogram, referral to cardiology for abnormal cardiac history or examination findings, or a combination of those.			
<input type="checkbox"/> Cleared for all sports without restriction for two (2) years. <input type="checkbox"/> Cleared for all sports without restriction for two (2) years with recommendation for further evaluation or treatment for: <input type="checkbox"/> Cleared for all sports without restriction for less than two (2) years. <u>Specify reasons and duration of approval below:</u>			
<input type="checkbox"/> Not Cleared <input type="checkbox"/> Pending further evaluation <input type="checkbox"/> For any sports <input type="checkbox"/> For certain sports (please list): Reason:			
Recommendations/Comments:			
I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).			
Name of healthcare professional (type/print):		Date of Issue:	
Address:		Phone:	
Signature of healthcare professional (MD/DO/ARNP/PA/Chiropractor):			

This physical is valid for a 2-year period unless otherwise noted by the physician in the "Recommendations" field listed above.

MEDICAL HISTORY

Note: Complete and sign this form (with your parents if younger than 18) before your appointment. The physician should keep a copy of this form in the chart for their records.

Note: An injury or medical condition results in a separate medical release.

Name:

Date of Birth:

Date of examination:

Sex assigned at birth (F, M or intersex):

How do you identify your gender? (F, M or other):

List past and current medical conditions:

Have you ever had surgery? If yes, list all past surgical procedures:

Medicines and supplements: List all current prescriptions, over-the-counter medicines and supplements (herbal and nutritional):

Do you have any allergies? If yes, please list all of your allergies (i.e., medicines, pollens, food, stinging insects):

PATIENT HEALTH QUESTIONNAIRE VERSION 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems (circle response).

	Not at All	Several Days	Over Half the Days	Nearly Every Day
Feeling nervous, anxious or on edge:	0	1	2	3
Not being able to stop or control worrying:	0	1	2	3
Little interest or pleasure in doing things:	0	1	2	3
Feeling down, depressed or hopeless:	0	1	2	3

A sum of ≥ 3 is considered positive on either subscale (questions 1 and 2, or questions 3 and 4) for screening purposes.

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?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever ordered a test for your heart? (For example, electrocardiography (ECG) or echocardiography?)		
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		
BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament or joint injury that bothers you?		

MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you, or does someone in your family, have sickle cell trait or disease?		
24. Have you ever had, or do you have, any problems with your eyes or vision?		
25. Do you worry about your weight?		
26. Are you trying to, or has anyone recommended, that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

IF “YES,” EXPLAIN ANSWERS HERE

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of Athlete:
Signature of Parent(s) or Guardian:
Date:

EMERGENCY INFORMATION

STUDENT NAME:

LAST

FIRST

PARENT'S NAME: _____

HOME PHONE: _____

WORK NO. MOTHER: _____ WORK NO. FATHER _____

CONTACT IF PARENT CANNOT BE REACHED:

NAME: _____

RELATIONSHIP: _____

HOME PHONE: _____ WORK PHONE: _____

DOCTOR'S NAME: _____ PHONE: _____

HOSPITAL PREFERENCE: _____ PHONE: _____

If any non-life threatening emergency occurs while your child is participating or practicing in an event conducted within the Consolidated School District No. 2 school district, your child will be taken to Research Hospital unless you designated a hospital preference above. If the emergency occurs outside of Consolidated School District No. 2 your child will be taken to a nearby medical facility and you will be contacted as soon as possible.

Please sign and return to your coach

STUDENTS AND PARENTS NEED TO SIGN BEFORE PARTICIPATION IN ANY ACTIVITY

Student: _____ Parent: _____

Date: _____ Date: _____

RAYTOWN C-2 SCHOOL DISTRICT
Drug Testing Consent Form

I have read and completely understand the district's policy and procedures regarding the Raytown C-2 School District student drug testing program.

I hereby give consent for my student to participate in the drug testing program at Raytown or Raytown South High School. I understand that my student will be placed in the pool for random drug testing and that the Raytown C-2 School District will pay for all random drug tests if my student is selected. I understand that if my student tests positive for drugs during a random drug test, I will have to pay for drug testing for him/her to be reinstated into extra-curricular activities or park on school property.

I understand that students who wish to drop out of the drug pool must first have their parent/guardian come to the school and meet with the Activities Director. The student and parent/guardian must sign a release form stating that they no longer wish to participate in the random drug testing pool. If the student is 18 years of age and living on his/her own, he/she still needs to come in and meet with the A.D. to drop out of the testing pool. Once a student enters the pool, he/she must remain in the pool for the remainder of that school year to be eligible to participate in extra-curricular activities or park on school property for the next school year.

STUDENT NAME (please print) _____

STUDENT SIGNATURE _____

STUDENT'S GRADUATION YEAR _____

PARENT/GUARDIAN NAME (please print) _____

PARENT/GUARDIAN SIGNATURE _____

TODAY'S DATE _____

_____ I am not participating in either extra or co-curricular activities, clubs or parking on campus

Forms must be completed on or before the specified date before a student can park on school property or participate in any extra-curricular or co-curricular activity. This consent form is good through the student's completion of graduation.

RAYTOWN SCHOOL DISTRICT 7-12 ACTIVITIES PARTICIPATION AGREEMENT
Eligibility Policies/Standards – Code of Ethics – Student/Parent Consent

SPORTSMANSHIP EXPECTATIONS: Sportsmanship involves fair play, courtesy, and respect for both the activity and opponents. The values of activities should last a lifetime. We are asking for your support to promote sportsmanship by emphasizing what is expected as competitors or spectators at any activity/contest/event. Such events are an extension of the school day and we expect the same type of respectful behavior exhibited in the activities/contest/events as we do in a regular classroom. We ask students, spectators, and parents to support sportsmanship, ethics, and integrity at all times.

ACADEMIC STANDARDS: In accordance with MSHSAA By-Law 2.3 Academic Requirements, students earning a failing grade in two or more courses (must pass 6 of 7 classes) will be ineligible to participate in activities during the following semester (Grades: 9-12) / grading period (Grades: 6-8).

CITIZENSHIP STANDARDS: In accordance with MSHSAA By-Law 2.2 Citizenship Requirements, “Students who represent a school in interscholastic activities must be creditable citizens and judged so by the proper authority. Those students whose character or conduct is such as to reflect discredit upon themselves or their schools are not considered ‘creditable citizens.’ Conduct shall be satisfactory in accord with the standards of good discipline.”

Participation in student activities is a privilege and not a right; therefore, the Raytown School District requires students to adhere to standards of behavior which will bring credit to students, the particular activity, the school, and the community. Students who represent the Raytown School District must demonstrate good citizenship and conduct at all times. The Raytown School District requires student behavior be in compliance with school board policy, with the school's Student Handbook Regulations, and public laws. Behavior not in compliance with these policies may result in student's suspension from all extra-curricular activities.

- You must be a creditable citizen. Creditable citizens are those students whose conduct – both in school and out of school – will not reflect discredit upon themselves or their school.
- NOTE: Conduct by the student involving law enforcement should be reported to your principal immediately as your conduct may affect eligibility or contest outcomes. (MSHSAA By-Law 2.2.1)

SUSPENSIONS

ISS - In School Suspension/OSS – Out of School Suspension

Students are not allowed to participate in activities if they have ISS or OSS the day of a contest. ISS students may practice, but OSS students cannot practice.

ATTENDANCE STANDARDS: In accordance with MSHSAA By-Law 2.2 Citizenship Requirements, students are expected to be in attendance at school the entire day he/she participates in an athletic/activity contest. Students not in attendance will be ineligible to participate in the contest unless approved by the building principal or athletic director.

As a representative of the Raytown School District and its activities program, I will sincerely endeavor to contribute my best to the success of that program. I have read the activities handbook and understand the expectations of sportsmanship, citizenship, and academic responsibility. I agree to abide by the provisions outlined in the District Activities Handbook. I am also aware that if I do not live up to this agreement, I must accept the consequences, which might include suspension from the team on which I am participating. Students are expected to be good school and community citizens as well as create, promote, and maintain elements of good sportsmanship. We expect our athletes to set a good example for the rest of the student body and represent their schools in the highest manner at all events. Students must provide their own transportation home at the appropriate dismissal time.

I have read the policies, understand them, and will abide by them.

STUDENT PARTICIPANT'S SIGNATURE

DATE

NOTE: As a parent or guardian I am giving permission for my son/daughter to participate in organized high school activities, even though I am aware of the potential for injury which is inherent in all sports. Even with the best of coaching, the use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in disability, paralysis, or even death. We commit as a family, that we have read the activities handbook and understand the expectations of sportsmanship, citizenship, and academic responsibility and agree to abide by the provisions outlined in the District Activities Handbook.

PARENT'S OR GUARDIAN'S SIGNATURE

DATES

STUDENTS AND PARENTS NEED TO SIGN BEFORE PARTICIPATION IN ANY ACTIVITY. Please sign and return to your coach.

**RAYTOWN SCHOOL DISTRICT
INTRADISTRICT
STUDENT TRANSPORTATION CONSENT AND RELEASE**

There are times during the school year when activity events and practices will be held away from the school. The School District provides transportation, but there are times when students can benefit from other transportation options. Please review the transportation options listed below, check any that are acceptable for your student, sign the form, and have your student return the form to the coach/sponsor.

I/We hereby give my/our student, _____
(Print Full Name)

A member of the _____, permission to:

(Please check all appropriate spaces>)

_____ ride to and from activity events and practices on school authorized vehicles.

_____ ride with his/her parent,

_____ ride with an adult licensed driver,

_____ ride with a sibling who is at least 16 years of age and a licensed driver,

_____ ride with another participant who is a licensed driver and at least 16 years of age, or

_____ my student is at least 16 years of age, is a licensed driver, and can drive himself/herself.

I/We understand that School District employees cannot supervise activity participants except when they travel to and from events and practices on school authorized vehicles. For valuable consideration, the receipt of which is hereby acknowledged, I/we knowingly and voluntarily release and forever discharge RAYTOWN SCHOOL DISTRICT and the members of its Board of Education, its employees and agents from any and all liability, actions, lawsuits, claims, demands and expenses resulting, directly or indirectly, from loss of life, personal injuries, property damage, or other damage suffered by my/our student while traveling to or from activity events or practices by transportation other than a school authorized vehicle.

Parent/Guardian Signature

Student Signature

Date

Parents have responsibility to ensure that their student uses the mode of transportation authorized by the parent. This consent may be revoked or modified in writing at any time. By placing his/her signature above, student Agrees to abide by permission given by parents/guardians and acknowledges that failure to do so can result in discipline at team and school levels.

INFORMED CONSENT FOR EVALUATION RELATED TO SPORT PARTICIPATION AND AUTHORIZATION TO RELEASE INFORMATION

_____ (“Participant”) is seeking to participate in a sport activity (“Activity”) with _____ (Club/Team/School, referred to as “Program”). The Program has contracted with Children’s Mercy Hospital to provide certain services related to the Program.

By signing this Informed Consent for Evaluation Related to Sport Participation and Authorization to Release Medical Information (“Consent”), I hereby authorize a Children’s Mercy Hospital physician, nurse practitioner, athletic trainer, or other allied health personnel (collectively referred to as “Practitioner”) acting on behalf of the Program to perform assessment, evaluation, examination, treatment or rehabilitation of the Participant (referred to as “Sports Medicine Service(s)”). The Sports Medicine Services provided pursuant to the agreement between the Program and Children’s Mercy Hospital may also include pre-participation physical examinations (“PPE”), baseline and post-concussion testing, and Electrocardiogram evaluation (“EKG”).

I understand that a PPE is for screening purposes only and is not a complete physical examination to diagnose diseases or certain medical conditions, nor does it include all elements of a well-patient examination, such as vision or hearing screenings, social development and activity, cognitive development and academics, updating immunizations, preventive health recommendations, and laboratory testing.

I certify that I have and will provide the Participant’s medical history truthfully and to the best of my ability. I understand that truthful responses are necessary for the evaluation and safety of the Participant.

I understand that neither the PPE nor any other Sports Medicine Service provided by any Practitioner guarantees Activity participation results nor prevents future injury. I further understand that the PPE and any other examination, evaluation, and testing performed by a Practitioner carries with it the risk of misdiagnosis and injury and that results are not guaranteed. Despite these risks, I authorize Practitioner to provide Sports Medicine Services as identified above to Participant related to the Activity. I have had the opportunity to have any questions regarding the Sports Medicine Service(s) answered to my satisfaction. I knowingly and voluntarily consent to Participant receiving the Sports Medicine Services by The Children’s Mercy Hospital related to the Program and Activity.

I understand this information is possessed and is accessible by the Program, which may include coaches, staff, athletic directors, athletic trainers, and health care providers. I further recognize that certain information included as part of any Sports Medicine Service provided to Participant may be shielded from disclosure by certain confidentiality protections, including the Family Educational Rights and Privacy Act (“FERPA”).

I authorize the Program to release the PPE form and other information related to Participant's ongoing evaluation and participation in the Program to other healthcare providers necessary for proper evaluation and treatment of Participant and other internal health care provider uses, including to Children's Mercy Hospital's workforce members (employees, physicians, nurses, etc.). I also understand authorize the Program to release such Participant information to appropriate club/team/school officials as necessary for health and safety of the Participant. I understand the information may be released orally or in the form of copies of written records. I have a right to inspect any written records released pursuant to this Consent and Authorization. I understand I may revoke this Authorization upon providing written notice to the Program. I further understand that until this revocation is made, this Authorization shall remain in effect.

I hereby release The Children's Mercy Hospital and its employees, including Practitioner(s) acting on behalf of the Program, from any and all liability that may arise from the Sports Medicine Services provided by any Practitioner related to Participant's participation in the Activity and medical advice provided by a Practitioner. I further agree to defend, indemnify, and hold The Children's Mercy Hospital and its employees, including Practitioner(s) acting on behalf of the Program, harmless for any injuries or liability related to Practitioner's clearance or non-clearance of Participant to participate in the Activity.

Participant or the Legal Guardian, if the Participant is under the age of 18 and cannot otherwise legally consent on his/her own behalf, must sign below:

Participant Signature (if 18): _____ Date: _____
Time: _____

Legal Guardian Signature: _____ Date: _____
Time: _____

Legal Guardian Relationship to Participant: _____

Participant Date of Birth: _____

Participant and Parent/Guardian Address: _____

Home Phone: _____

Work/Cell Phone: _____

Alternative Phone: _____