

WEISER HIGH SCHOOL ATHLETIC CODE

The conduct of a W.H.S. athlete is closely observed by many people. An athlete is a representative of the team, the school, and the community. It is important, therefore, that a Weiser High School athlete maintain high standards in all aspects of life.

Weiser High School athletes at all times are expected to follow all training rules as outlined by their coaches and the athletic department.

It is understood that the consumption or possession of alcoholic beverages or illegal drugs of any kind or the use or possession of tobacco in any form constitute grounds for immediate disciplinary action as outlined below:

First Offense

- A. A Coach-Athlete conference will be held.
 - 1. Athlete will be informed of charges.
 - 2. Athlete will be given opportunity to speak in defense.
 - 3. Athlete will be given opportunity for appeal.*
- B. Athlete will be placed on probation for the remainder of the school year.
- C. Athlete will be suspended for one week of competition.
- D. During this suspension, the coach will decide whether or not the athlete is to practice and of what the athlete's practices will be composed, if he is to practice.

Second Offense

- A. A Coach-Athlete Conference will be held.
 - 1. Athlete will be informed of charges.
 - 2. Athlete will be given opportunity to speak in defense.
 - 3. Athlete will be given opportunity for appeal.*
- B. Athlete will be suspended for 40 practice days or to end of semester, whichever is greater.

*When an appeal is made, an athletic council of three voting members will be formed by the athletic director for the purpose of hearing the appeal.

Athletic Council will consist of:

- 1. Administration (Principal or Assistant Principal)
- 2. One coach outside sport involved.
- 3. Athletic Director

It is understood that any serious breach of school standards will result in an athlete being suspended from athletic participation for a period of time to be determined by the principal or his designee.

It is understood that the athlete is subject to all regulations of the I.H.S.A.A., which includes having passed five classes the previous semester.

It is understood that before participation takes place the athlete should have passed a physical exam and show proper athletic insurance coverage.

It is understood that the athlete accept the responsibility for all athletic equipment issued and shall provide for its proper care, storage, and return. Athletes shall assume responsibility for athletic equipment not returned when due and shall be suspended from athletics until all equipment is either returned, paid for, or arrangements have been made through the athletic director for replacement of such equipment.

It is understood that a student must be in school all day of any athletic competition to be eligible to participate in that activity. Absences for such things as funerals or doctor's appointments must be cleared by the principal or athletic director prior to the day of competition.

It is understood that athletes are required to travel to and return home from school activities in school-provided transportation. Parents or guardians may request that their child ride home with them.

It is understood that sportsmanship and its many facets, such as loyalty to school, coaching staff, and team members, respect for all officials, modesty in victory, graciousness in defeat, and pride in giving maximum effort will be shown at all times.

It is understood the importance of the athlete notifying the coach immediately if he/she cannot make a scheduled practice or considers dropping from a squad. No athlete may drop a sport and begin another until the former regular season has been completed. Exceptions must be approved by both coaches involved.

Any issue not covered by this code shall be resolved by the coach and/or the principal or his designee.

Note:* It is understood that additional rules and regulations may be required of the athlete for different sports. These additions, if any, are included as an attachment to this code.

THEREFORE

We have read and thoroughly understood the rules given above and any attachment regarding the conduct of a Weiser High School athlete.

We understand that three rules are important in helping the student become a good athlete and a good citizen with a high sense of moral integrity, competitive spirit, and the ability to be honest and forthright in all endeavors. We understand and agree to abide by these rules as an athlete of Weiser High School.

Date _____ Athlete _____

Date _____ Parent _____
Or Guardian _____

**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 15 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 Address _____ Phone _____
 Grade _____ Sports _____
 Personal Physician _____ Sex _____ School _____
 Date of Birth _____ Physician's phone number _____

HISTORY FORM

*Fill in details of "YES" answers in space below:

- | | | YES | NO | | | YES | NO |
|-------|---|-------|-------|--------|--|-------|-------|
| 1. A. | Have you ever been hospitalized? | _____ | _____ | 5. | Do you have any skin problems? (itching, rash, acne) | _____ | _____ |
| B. | Have you ever had surgery? | _____ | _____ | 6. A. | Have you ever had a head injury? | _____ | _____ |
| 2. | Are you presently taking any medication or pills? | _____ | _____ | B. | Have you ever been knocked out or unconscious? | _____ | _____ |
| 3. | Do you have any allergies (medicine, bees, other stinging insects)? | _____ | _____ | C. | Have you ever had a seizure? | _____ | _____ |
| 4. A. | Have you ever passed out during or after exercise? | _____ | _____ | D. | Have you ever had a stinger, burner, or pinched nerve? | _____ | _____ |
| B. | Have you ever been dizzy during or after exercise? | _____ | _____ | 7. A. | Have you ever had heat cramps? | _____ | _____ |
| C. | Have you ever had chest pain during or after exercise? | _____ | _____ | B. | Have you ever been dizzy or passed out in the heat? | _____ | _____ |
| D. | Do you tire more quickly than your friends during exercise? | _____ | _____ | 8. | Do you have trouble breathing or cough during or after exercise? | _____ | _____ |
| E. | Have you ever had high blood pressure? | _____ | _____ | 9. | Do you use special equipment, pads, braces, mouth or eyeguards? | _____ | _____ |
| F. | Have you ever been told you have a heart murmur? | _____ | _____ | 10. A. | Have you had problems with your eyes or vision? | _____ | _____ |
| G. | Have you ever had racing of your heart or skipped beats? | _____ | _____ | B. | Do you wear glasses, contacts or protective eyewear? | _____ | _____ |
| H. | Has anyone in your family died of heart problems or a sudden death before age 50? | _____ | _____ | | | | |

11. Have you ever sprained/strained, dislocated, fractured/broken, or had repeated swelling or other injuries of any of your bones or joints?
 Head _____ Neck _____ Chest _____ Back _____ Hip _____
 Shoulder _____ Elbow _____ Forearm _____ Wrist _____ Hand _____
 Thigh _____ Knee _____ Shin/Calf _____ Ankle _____ Foot _____
12. Have you ever had any other medical problems such as:
 Mononucleosis _____ Diabetes _____ Asthma _____ Hepatitis _____ Headaches (frequent)
 Tuberculosis _____ Eye injuries _____ Stomach ulcer _____ Other _____
13. Have you had a medical problem or injury since last exam? _____
14. When was your last tetanus shot? _____
15. When was your last measles immunization? _____
- When was your last menstrual period? _____
- When was your last menstrual period? _____
- *Explain "YES" answers here: _____

CONSENT FORM

(Parent or Guardian and Student Permission and Approval)

I hereby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated by school authorities for any illness or injury resulting from his/her athletic participation.

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: _____

PHYSICAL EXAMINATION FORM

Height _____ Weight _____
 Visual acuity R 20 / _____ L 20 / _____
 BP _____ / _____ T _____ Pulse _____ R _____
 Corrected Y N Pupils _____

Ears, Nose, Throat _____ Normal _____ Abnormal _____

Cardiopulmonary _____
 Pulses _____
 Heart _____
 Lungs _____

Skin _____
 Abdominal _____
 Genitalia _____
 Musculoskeletal _____
 Neck _____
 Shoulder _____
 Elbow _____
 Wrist _____
 Hand _____
 Back _____
 Knee _____
 Ankle _____
 Foot _____

CLEARANCE / RECOMMENDATIONS

Clearance:

- 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 Cross Country Golf Tennis Volleyball
 Basketball Football Softball Track Wrestling
 Not cleared for other school-sponsored activities:
 1. Soccer 2. Swimming 3. _____ 4. _____

D. Student is *NOT* permitted to participate in high school athletics. Reason: _____

Recommendation: _____

Examiner's Signature: _____ Date: _____
 (This Physical form must be signed by a licensed physician, physician's assistant or nurse practitioner)

Address: _____ Phone: (____) _____

To: WEISER HIGH SCHOOL

This is certify that

_____ is covered by

Insurance Company: _____

Policy Number: _____

Parent/Guardian Signature

PLEASE NOTE: Enclose a copy of your insurance card if you can! Thanks

Date: _____

**Weiser School District
CONSENT AND WAIVER**

The following form must be read and signed by you and your parent or legal guardian.

By signing this Consent and Waiver form, I _____ (print name) and my parent(s) or guardian(s) agree to abide by the following restrictions. I have discussed these right and responsibilities with my parent(s) or guardian(s).

Further, my parent(s) or guardian(s) and I have been advised that the District does not have control of the information on the Internet, although it attempts to provide prudent and available barriers. Other sites accessible via the Internet may contain material that is illegal, defamatory, inaccurate or potentially offensive to some people. While the Weiser School District intent is to make Internet access available to further its educational goals and objectives, account holders will have the ability to access other materials as well.

By signing this form I agree to the following terms:

1. My use of the Weiser School District network must be consistent with the Weiser School District primary educational goals.
2. I will not use the Weiser School District network for illegal purposes of any kind.
3. I will not use the Weiser School District network to access and/or transmit threatening, obscene or harassing materials. The District will not be held responsible if I participate in such activities.
4. I will not use the Weiser School District network to interfere with or disrupt network users, services or equipment. Disruptions include, but are not limited to, disruption of unsolicited advertising, propagation of computer worms, viruses, and using the network to make unauthorized entry to any other machine accessible via the network. I will print only to my local printer or to the printer designated by the network administration. I will use the equipment only as directed and will not make any unauthorized changes in the equipment's specified configuration to include but are not limited to, adding unauthorized changes, software, shareware, the weatherbug, etc.
5. It assumed that information and resources accessible via the Weiser School District network are private to the individuals and organizations that own or holds rights to those resources and information unless specifically stated otherwise by the owners or holders of rights. Therefore, I will not use the Weiser School District network to access information of resources unless the owners or holders of the rights to those resources or information so have granted permission to do.
6. Only authorized e-mail will be permitted. No internet games or e-mail, instant messenger or chat rooms.
7. Idaho Code 18-2202 says that any person who knowingly accesses, attempts to access or uses, or attempts to use any computer, computer system, computer network, or any part thereof for the purpose of: devising or executing any scheme or artifice to defraud; obtaining money, property, or services by means of false or fraudulent pretenses, representations or promises; or committing theft; commits computer crime. Violation of this provision is subject to a felony.
8. Photographs of a student may be used on the school website but will not be identified with a name, address, phone number or any other personal information. A student's name and phot shall not appear on the same page.

I have read and understand the Weiser School District acceptable use policy. I understand that violation of this policy could lead to disciplinary action and/or possible legal consequences.

Student Name: _____ Grade: _____
(Please Print)

Student Signature: _____ Date: _____

Parent/Guardian Name: _____
(Please Print)

Parent/Guardian Signature: _____ Date: _____