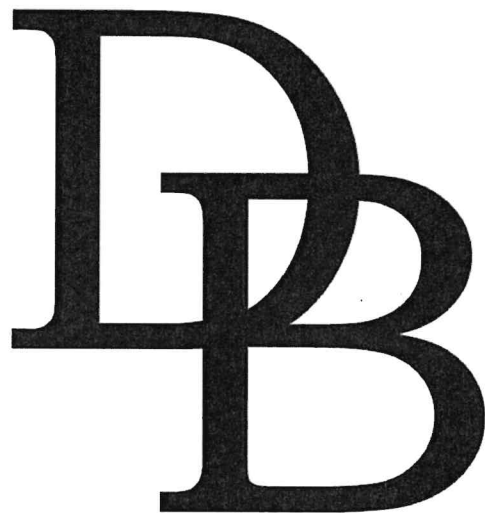


# Beaverhead County High School

## 2021-2022 Athletic & Activities Participation Information and Forms



Before you are eligible to participate in athletics/activities, you and a parent/guardian must:

- READ entire book.
- COMPLETE on DRAGONFLY Concussion Statement Acknowledgement, example p. 27
- COMPLETE on DRAGONFLY Consent for Impact Cognitive Testing, example p. 29
- COMPLETE on DRAGONFLY Chemical Use/Behavior Policy example, p. 31
- COMPLETE on DRAGONFLY Handbook Activity Code Acknowledgement, example p. 33
- COMPLETE on DRAGONFLY Medical Consent form, example p. 35
- COMPLETE on DRAGONFLY Acknowledgement of Risk form, example p. 37
- COMPLETE and RETURN Physical Exam Form pg. 41-42

Note: The Physical Exam Form must be signed by the student, a physician (or medical professional)  
AND the parent/guardian!

TO: Parents/Guardians of Student-Athletes  
FROM: Brock Myllymaki, Activities Director  
RE: Activities Participation Forms  
DATE: August 2021

We are extremely pleased that your son/daughter has decided to participate in the activities program(s) offered at Beaverhead County High School. Our programs are for the student-athletes' enjoyment and educational development. The coaches, advisors, and I look forward to working with the students participating in one or more of our activities.

Each new school year all student-athletes are required to complete a new set of participation forms prior to the start of their participation in our programs. The following pages are copies of those forms that are required to be read and/or signed.

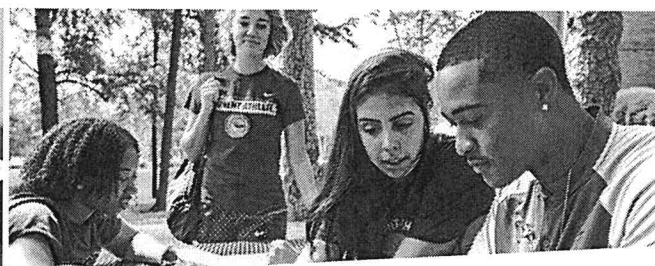
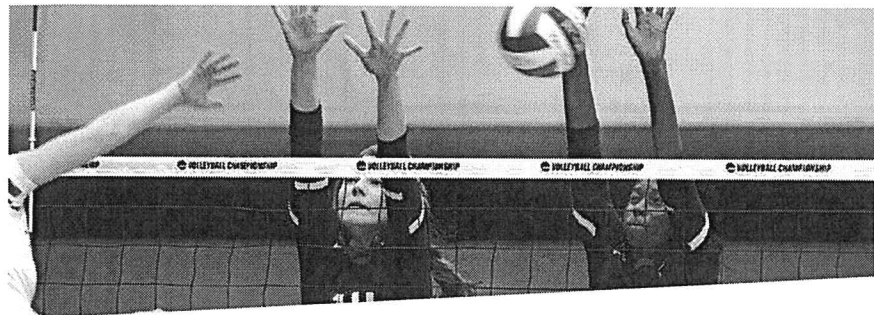
With your son or daughter, please read all the attached information carefully and sign in all the appropriate places. There is a flyer from our activity information management app included in this packet. Please register your student on Dragonfly then complete the required forms listed below. The physical examination form at the end of this packet must be completed and signed by your family physician, a physician's assistant (PA), or a nurse practitioner (NP).

If you have any questions, please call the Beaverhead County High School Activities Office at 406-683-2361.

**The following forms must be completed on Dragonfly prior to participation in any extracurricular activities:**

**Your sports physical is the only paper document you will return.**

Page 27	Concussion Statement Acknowledgement
Page 29	Consent for ImPACT Cognitive Testing
Page 31	Chemical Use/Behavior Policy Acknowledgement
Page 33	Handbook Activity Code Acknowledgement
Page 35	Medical Consent Form
Page 37	Acknowledgement of Risks Form
Pages 41-42	2021-2022 MHSA Physical signed by MD, PA or NA, parent/guardian and student



# HIGH SCHOOL TIMELINE

## 9<sup>TH</sup> GRADE



- *Start planning now!* Take the right courses and earn the best grades possible.

- Find your high school's list of NCAA-approved core courses at [eligibilitycenter.org/courselist](http://eligibilitycenter.org/courselist).
- Sign up for a free Profile Page account at [eligibilitycenter.org](http://eligibilitycenter.org) for information on NCAA requirements.

## 10<sup>TH</sup> GRADE

REGISTER



- If you fall behind academically, ask your counselor for help finding approved courses you can take.

- Register for a Profile Page or Certification account with the NCAA Eligibility Center at [eligibilitycenter.org](http://eligibilitycenter.org).
- Monitor your Eligibility Center account for next steps.
- At the end of the year, ask your counselor at each high school or program you attended to upload your official transcript to your Eligibility Center account.

## 11<sup>TH</sup> GRADE



- Check with your counselor to make sure you are on track to complete the required number of NCAA-approved courses and graduate on time with your class.

- Take the SAT/ACT and submit your scores to the NCAA Eligibility Center using code **9999**.
- Ensure your sports participation information is correct in your Eligibility Center account.
- At the end of the year, ask your counselor at each high school or program you attended to upload your official transcript to your Eligibility Center account.

## 12<sup>TH</sup> GRADE



- Complete your final NCAA-approved core courses as you prepare for graduation.

- Take the SAT/ACT again, if necessary, and submit

your scores to the NCAA Eligibility Center using code **9999**.

- Request your final amateurism certification beginning April 1 (fall enrollees) or Oct. 1 (winter/spring enrollees) in your Eligibility Center account at [eligibilitycenter.org](http://eligibilitycenter.org).
- After you graduate, ask your counselor to upload your final official transcript with proof of graduation to your Eligibility Center account.
- *Reminder:* Only students on an NCAA Division I or II school's institutional request list will receive a certification.

How to plan your high school courses to meet the 16 core-course requirement:

$$4 \times 4 = 16$$

### 9<sup>TH</sup> GRADE

- (1) English
- (1) Math
- (1) Science
- (1) Social Science and/or additional

4 CORE COURSES

### 10<sup>TH</sup> GRADE

- (1) English
- (1) Math
- (1) Science
- (1) Social Science and/or additional

4 CORE COURSES

### 11<sup>TH</sup> GRADE

- (1) English
- (1) Math
- (1) Science
- (1) Social Science and/or additional

4 CORE COURSES

### 12<sup>TH</sup> GRADE

- (1) English
- (1) Math
- (1) Science
- (1) Social Science and/or additional

4 CORE COURSES

Search Frequently Asked Questions: [ncaa.org/studentfaq](http://ncaa.org/studentfaq)

Follow us: @ncaaec

@playcollegesports

@ncaaec

# ONE OPPORTUNITY. LIMITLESS POSSIBILITIES.

If you want to play sports at an NCAA Division I or II school, start by registering for a Certification account with the NCAA Eligibility Center at [eligibilitycenter.org](https://eligibilitycenter.org). If you want to play Division III sports or you aren't sure where you want to compete, start by creating a Profile Page account at [eligibilitycenter.org](https://eligibilitycenter.org).

## ACADEMIC REQUIREMENTS

To play sports at a Division I or II school, you must graduate from high school, complete 16 NCAA-approved core courses, earn a minimum GPA and earn an SAT or ACT score that matches your core-course GPA.

## CORE COURSES

Only courses that appear on your high school's list of NCAA core courses will count toward the 16 core-course requirement; visit [eligibilitycenter.org/courselist](https://eligibilitycenter.org/courselist) for a full list of your high school's approved core courses. Complete 16 core courses in the following areas:

### DIVISION I

Complete 10 NCAA core courses, including seven in English, math or natural/physical science, before your seventh semester.

<b>ENGLISH</b>	<b>MATH</b> (Algebra I or higher)	<b>NATURAL/ PHYSICAL SCIENCE</b> (Including one year of lab, if offered)	<b>ADDITIONAL</b> (English, math or natural/physical science)	<b>SOCIAL SCIENCE</b>	<b>ADDITIONAL COURSES</b> (Any area listed to the left, foreign language or comparative religion/philosophy)
4 years	3 years	2 years	1 year	2 years	4 years

### DIVISION II

<b>ENGLISH</b>	<b>MATH</b> (Algebra I or higher)	<b>NATURAL/ PHYSICAL SCIENCE</b> (Including one year of lab, if offered)	<b>ADDITIONAL</b> (English, math or natural/physical science)	<b>SOCIAL SCIENCE</b>	<b>ADDITIONAL COURSES</b> (Any area listed to the left, foreign language or comparative religion/philosophy)
3 years	2 years	2 years	3 years	2 years	4 years

## GRADE-POINT AVERAGE

The NCAA Eligibility Center calculates your **grade-point average** based only on the grades you earn in NCAA-approved core courses.

- DI requires a minimum 2.3 GPA.
- DII requires a minimum 2.2 GPA.

## SLIDING SCALE

Divisions I and II use sliding scales to match test scores and GPAs to determine eligibility. The sliding scale balances your test score with your GPA. If you have a low test score, you need a higher GPA to be eligible. Find more information about sliding scales at [ncaa.org/test-scores](https://ncaa.org/test-scores).

## TEST SCORES

You may take the SAT or ACT an unlimited number of times before you enroll full time in college. Every time you register for the SAT or ACT, use the NCAA Eligibility Center code **9999** to send your scores directly to us from the testing agency. We accept official scores only from the SAT or ACT, and cannot use scores shown on your high school transcript. If you take either test more than once, the best subscore from different tests are used to give you the best possible score. More information regarding the impact of COVID-19 and test scores can be found at [on.ncaa.com/COVID19\\_Fall\\_B](https://on.ncaa.com/COVID19_Fall_B).



## TEST SCORES

If a student-athlete plans to attend an NCAA Division I college or university, they should use the sliding scale to review the core-course GPA and SAT/ACT score they will need to meet Division I full qualifier standards. When registering for the SAT or ACT, students should use code **9999** to ensure their test scores are sent directly to their Eligibility Center account. More information regarding the impact of COVID-19 and test scores can be found at [on.ncaa.com/COVID19\\_Fall2022](https://on.ncaa.com/COVID19_Fall2022).

An SAT combined score is calculated by adding critical reading and math subscores. An ACT sum score is calculated by adding English, math, reading and science subscores. Students may take the SAT or ACT an unlimited number of times before they enroll full time in college. If a student takes either test more than once, the best subscores from each test are used for their academic certification process.

## CORE-COURSE LIST

Student-athletes should check to see if their high school has a list of **NCAA-approved** core courses. No core-course list means courses taken from that high school will not count toward NCAA eligibility.

## ONLINE COURSES/ NONTRADITIONAL

Nontraditional courses are classes taught online or through distance learning, hybrid/blended, independent study, individualized instruction, correspondence or similar means.


These types of courses may be acceptable for use in the NCAA initial-eligibility certification process; however, it is important to make sure the nontraditional program has been approved and appears on the high school's list of NCAA-approved core courses.

## BE AHEAD OF THE GAME

If student-athletes want to get ahead of the game, they need to register with the NCAA Eligibility Center during their freshman/9th year.

After college-bound student-athletes complete their sophomore, junior and senior years, it is important for them to ask their counselor at each high school or program they attended to upload their official transcript to their Eligibility Center account.

**Want more information? Visit**  
[ncaa.org/playcollegesports](https://ncaa.org/playcollegesports).

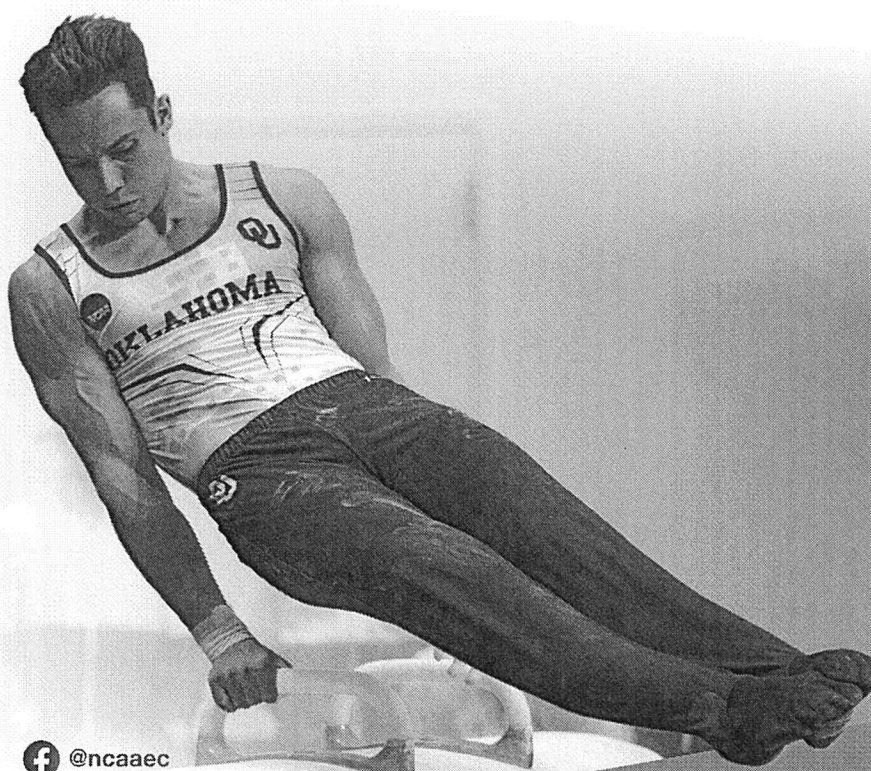
**Follow us:**  @ncaaec  @playcollegesports  @ncaaec

## DIVISION I FULL QUALIFIER SLIDING SCALE

Core GPA	SAT*	ACT Sum*	Core GPA	SAT*	ACT Sum*
3.550	400	37	2.750	810	59
3.525	410	38	2.725	820	60
3.500	430	39	2.700	830	61
3.475	440	40	2.675	840	61
3.450	460	41	2.650	850	62
3.425	470	41	2.625	860	63
3.400	490	42	2.600	860	64
3.375	500	42	2.575	870	65
3.350	520	43	2.550	880	66
3.325	530	44	2.525	890	67
3.300	550	44	2.500	900	68
3.275	560	45	2.475	910	69
3.250	580	46	2.450	920	70
3.225	590	46	2.425	930	70
3.200	600	47	2.400	940	71
3.175	620	47	2.375	950	72
3.150	630	48	2.350	960	73
3.125	650	49	2.325	970	74
3.100	660	49	2.300	980	75
3.075	680	50	2.299	990	76
3.050	690	50	2.275	990	76
3.025	710	51	2.250	1000	77
3.000	720	52	2.225	1010	78
2.975	730	52	2.200	1020	79
2.950	740	53	2.175	1030	80
2.925	750	53	2.150	1040	81
2.900	750	54	2.125	1050	82
2.875	760	55	2.100	1060	83
2.850	770	56	2.075	1070	84
2.825	780	56	2.050	1080	85
2.800	790	57	2.025	1090	86
2.775	800	58	2.000	1100	86

\*Full sliding scale research between the new SAT and ACT is ongoing.

ACADEMIC REDSHIRT



# GET STARTED WITH DRAGONFLY



DragonFly makes sports and activities more organized with easy-to-use digital forms, health records and team communication tools.



## PARENTS & STUDENTS

- 1 Download the DragonFly MAX app from the App Store or Google Play.
- 2 Tap 'Get Started' and 'Sign Up for Free' then follow the prompts to create your Parent account with your own email address.  
*Note: please do not create an account with your child's name or contact information – you will get the chance to add your child soon!*
- 3 Verify your account with the verification ID sent to your email address.
- 4 Tap 'Connect to your school' to select 'Parent' as your role and search for your child's school.
- 5 After selecting your child's school, tap 'Join' to request access. An administrator at your school will approve your request.
- 6 Tap 'Set up your children' and follow the prompts to add your kid(s) and fill out their participation forms.



## ATHLETIC DIRECTORS, COACHES & SCHOOL ADMINISTRATORS

- 1 Visit [dragonflymax.com](http://dragonflymax.com) and click the 'Log In/Sign Up' button.
- 2 Click 'Sign Up for Free' to create your account with your school email address.
- 3 Verify your account with the verification ID sent to your email address.
- 4 Click the 'Get Started' button to select your role and search for your school.
- 5 After selecting your school, tap 'Join' to request access. You will see a list of administrators at your school who can approve your request. If you're the first person to request access to your school, a member of the DragonFly team will verify your role and approve your request.

### PREFER TO DO THIS ON YOUR COMPUTER?

Visit [dragonflymax.com](http://dragonflymax.com) and click 'Log In/Sign Up' to get started.



**IMPORTANT: PLEASE READ CAREFULLY BEFORE SIGNING**

Beaverhead County High School offers a wide range of athletics and extra-curricular activities for both boys and girls. Participation in such activities is voluntary. BCHS recognizes that participation in athletic and extra-curricular activities can bring the student many rewards.

The school district will provide properly trained coaches, safe equipment, and appropriate facilities as well as teaching proper techniques and making reasonable efforts to see that the athletic or extra-curricular program is safe for your child. However, because athletic activity can involve injury to the participants, we must warn you of those potential dangers.

These activities require that the student make a commitment to the sport or other activity, submit to the discipline of the coach/advisor, and develop the self-discipline necessary for successful participation. Along with adherence to training rules and regimens, considerable physical exertion and physical conditioning may be required.

The purpose of this warning is to aid you in making an informed decision about your student's participation in the athletic or other extra-curricular activity/program. **Additionally, the warning is to make you aware that it is the responsibility of the student-athlete and the parent or guardian to learn about the sport involved and to voice any concerns regarding athletic safety and the school district's athletic program to coaches, physicians, and/or other knowledgeable persons.**

Athletic injuries can impair the student's general physical and mental health, the ability to earn a living, the ability to engage in social or recreational activities, and the capacity for the general enjoyment of life. Such injuries can include death or serious physical injury and a possibility of emotional injury as well. Injuries can arise from training room procedures, the administration of first aid, or failing to follow game, training, safety, or other team rules. The use of transportation provided or arranged by the school district to and from games/contests also involves the risk of injury or death.

Beaverhead County High School strives to protect each student from possible injury while engaging in school activities. The guidelines and sport-specific injury warning information is listed on the following pages. The parents and student/athlete should read the information provided for each sport in which the student plans to participate. The parents and student/athlete should also read all other information carefully and sign in all the appropriate places.

It is the responsibility of the parent and/or guardian and student/athlete to read and understand the information in this athletics/activities packet. Your signatures indicate that you have read, understand, and agree to allow your child to participate in our programs. Your signature also states that you understand and assume the many risks involved with participating in athletic and extra-curricular activities. **Please remember to have your family physician, physician's assistant (PA), or nurse practitioner (NP) complete and sign the physical exam form.**

### **\*\* BASKETBALL \*\***

Basketball is a sport that involves contact, and because of that contact, participation in this sport involves the risk of serious injury to **every** part of the body.

The risk of injuries include minor injuries such as concussions, sudden cardiac arrest, contusions, muscle strains, cramps, fractures, joint dislocations, and joint sprains, which are all common types of injuries sustained by basketball players. However, this sport also includes catastrophic injuries involving the head, neck, and spinal cord that can cause paralysis and/or death. Basketball injuries can result from contact with other participants, the basketball, the playing surface, and other solid objects in and around the court during practices, scrimmages, warm-ups, or games.

### **\*\*CHEERLEADING\*\***

Cheerleading is an agility and flexibility activity. As a result of participation, the risk of injury is quite possible. Also, athletes who fall during participation risk potentially dangerous injuries. Cheerleading injuries include but are not limited to, concussions, sudden cardiac arrest, fractures, joint sprains, contusions, and head/neck/spinal cord injuries causing paralysis and/or death.

The risk of injury occurs during tryouts, practices, warm-ups, and performances, as well as during falls or collisions with others, or with contact/collisions with participants in the sports where cheerleading takes place.

### **\*\*CROSS COUNTRY\*\***

Cross country is a competitive running sport. The risks of injury sustained to cross country participants include, but are not limited to, concussions, sudden cardiac arrest, joint sprains, muscular strains, cramps, tendonitis, and other overuse injuries to the shins, ankles, feet, calves, and the musculature system.

Common causes of injury to runners are training errors, differences in leg lengths, improperly fitting shoes, and running surfaces. Other possible causes of injury include heat stroke or congenital body defects. Injuries can also result from correct or incorrect performance and occur during tryouts, warm-ups, practices, and meets.

### **\*\*GOLF\*\***

Golf is a competitive outdoor sport. Common injuries sustained as a result of participation in golf are principally located in the low back, wrists, hands, shoulders, elbows, neck, and knees. Typical types of injuries to golfers include tendon and muscle strains, ligament sprains, and nerve impairment and can include concussions and sudden cardiac arrest. The majority of these injuries occur during the impact or follow-through phase of the golf swing. The repetitive nature of the golf swing and contact with something other than the ball during the swing are common injury causes.

The most common cause of serious physical injury or death involves being struck by a golf club, golf ball, cart, or lightning. Slipping and falling due to uneven terrain or wearing golf shoes on a smooth surface can result in injury. Heat stroke or heart failure may also result from correct or incorrect performances and occur during tryouts, practice, warm-ups, and matches.

### **\*\*FOOTBALL\*\***

Tackle football is a violent contact sport. Possible injuries sustained while participating in football include virtually every part of the body: nerves, blood vessels, internal organs, reproductive organs, bones, joints, ligaments, muscles and tendons. Catastrophic injuries may affect the head, neck, and spinal cord, resulting in eye damage, dental loss, hearing loss, paralysis, brain damage, and/or death.

Other football injuries may include concussions, sudden cardiac arrest, heat stroke, heart failure, asthmatic attack and/or the additional strain the sport may place on an already existing physical condition. Common injuries include knee injuries, strains to the muscular system, shin splints, and/or ankle, shoulder, back, and torso injuries. Dislocations and fractures are also common.

Injury may result from contact with other players, bystanders, the playing surface, training equipment, goal posts, or other objects in and around the playing and/or practice field. Injury may result from improperly fitted

or worn equipment. Injuries may also result from correct or incorrect performance and occur during tryouts, practices, warm-ups, scrimmages, or games. Athletes should perform only those skills and techniques as instructed and/or supervised by the coaching staff. Those skills include such things as tackling, blocking techniques, basic hitting positions, etc.

By rule, the helmet is not used as a “RAM”. Initial contact is not to be made with the helmet. Tackling and blocking techniques are basically the same in that contact is not initiated with the helmet. The player should always be in a position of balance, knees bent, back straight; body slightly bent forward, HEAD UP, and the TARGET AREA AS NEAR TO THE BODY AS POSSIBLE WITH THE MAIN CONTACT BEING MADE WITH THE SHOULDER. When properly tackling and blocking an opponent, contact with the helmet will naturally result. Therefore, technique is most important key to preventing injuries.

#### **\*\* SOFTBALL \*\***

Softball is a high-risk sport and practicing or competing in fast-pitch softball will be a dangerous activity involving MANY RISKS OF INJURY. The dangers and risks of practicing and competing in fast-pitch softball include but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, concussions, sudden cardiac arrest, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the muscular skeletal system and sudden cardiac arrest. Dangers and risks of practicing or competing in fast-pitch softball may result not only in serious injury, but in a serious impairment to other aspects of the body, general health and well-being. Not all potential injury possibilities in this report are listed, but athletes should be aware that fundamentals, coaching and proper fitting equipment are important to the safety and enjoyment of the sport. Below is a list of some safety guidelines, but not limited to only those listed that should be adhered to by all girls’ fast-pitch participants:

- Proper protective equipment required by rule must be worn at practices and in competition.
- Perform only those skills and techniques as instructed and or supervised by your coach.
- Remove all jewelry and metal hair fasteners and other body adornments as required by rules and regulations.
- Use only approved bats and for their intended purpose as they are potentially dangerous.
- Be aware of your surroundings, both home and away including but not limited to batters warming up, thrown bats, thrown or batted balls, out of play markers or boundaries including fences or railings and field conditions such as holes, lips of grass infield and lighting conditions.
- One person at a time in the on-deck-circle. Swing only one bat while taking practice swings. Use a bat ring that will not slide off the thick end of the bat.
- Always use approved helmets for all batting, catching, base running and base coaching.
- Be aware of the potential serious injuries to your ankles, knees, and legs if you do not follow current procedures in base running. Slide only as directed by and using only techniques taught by your coach.

#### **\*\* TRACK AND FIELD \*\***

Track and field is a sport involving sprinting, running, jumping, and other activities such as pole vaulting, high jumping, and discus throwing. Common injuries sustained as a result of participation in track and field are to the thighs, and hamstring muscles and concussions and sudden cardiac arrest. Shin splints, muscle and tendon injuries of the legs, and inflammation of the knees are also common. Head and neck injuries, including death, can occur as a result of being struck by a discus, shot put, or javelin. The most common times for injury to occur are during warm-ups, practices, or meets. Injuries can result from correct or incorrect performances of techniques and skills.

#### **\*\* TENNIS \*\***

Tennis is a competitive net, ball, and racket sport. Common injuries sustained in tennis occur to the arms, elbows, feet, shoulders, backs, knees, wrists, hands, eyes, and neck resulting in paralysis and/or death and can include concussions and sudden cardiac arrest. The most common tennis injury, "tennis elbow," is the result of repeated extension of the wrist. Injury to the shoulder generally occurs as a result of the service motion. “Tennis shoulder” is a drooped shoulder caused by stretching the large shoulder muscles, often occurring in players who have competed for many years. Nerve stretching in the neck can occur when performing the backhand stroke. Miscellaneous tennis injuries may occur from striking net standards or sliding on debris on the court.



Tennis injuries can result from the correct or incorrect performance of playing techniques used in tryouts, practices, warm-ups, games, meets, drills, exercises, matches, or other similar undertakings. Injuries to the head and mouth, nose, teeth, eyes, ears, and other parts of the body can result from contact with the ball, other participants, the playing surface, racket, and other solid objects in and around the playing courts, and can occur during tryouts, warm-ups, practice, and matches.

### **\*\*VOLLEYBALL\*\***

Volleyball is a competitive net and power ball sport. Common injuries sustained as a result of participation in volleyball include, but are not limited to, the arms, hands, legs, feet, ankles, knees, lower back, shoulders, and elbows. Concussions, sudden cardiac arrest, contusions, abrasions, strains, sprains, fractures, ligament and/or cartilage damage, concussions, paralysis and/or death are also possible.

Volleyball injuries can result from correct or incorrect performance of playing techniques used in tryouts, practices, warm-ups, games, drills, exercises, or matches. Injury to the head and mouth, nose, teeth, eyes, ears, and other parts of the body can result from contact with the ball, players, the playing surface, and other solid objects in and around the playing area.

### **\*\*WRESTLING\*\***

Wrestling is a strenuous, physical, **CONTACT** sport. Because it is a contact sport and, as a result of the athlete's participation, there is a risk of serious injury to virtually every part of the human anatomy. Injuries include, but are not limited to, concussions, sudden cardiac arrest, dislocations, fractures, knee and ankle sprains, torn cartilage, hands and wrists, back sprains, elbow injuries, rib injuries, contusions, abrasions, and skin infections. Catastrophic injuries may affect the head, neck, and spinal cord, resulting in eye damage, dental loss, hearing loss, paralysis, brain damage, and/or death.

Wrestling injuries can result from correct or incorrect performance of playing techniques used in tryouts, practices, warm-ups, games, drills, exercises, or matches. Injury to the head or other parts of the body can result from contact with other competitors, bystanders, the wrestling surface, training equipment, and other solid objects in and around the playing and/or practice area.

## ACTIVITY ELIGIBILITY INFORMATION

**TO: CANDIDATES FOR BEAVERHEAD COUNTY HIGH SCHOOL ACTIVITIES, TEAMS, CHEERLEADERS, AND THEIR PARENTS AND GUARDIANS.**

This bulletin contains basic regulations from the Montana High School Association (MHSA) and Beaverhead County High School (BCHS) which students, parents/guardians should read and understand. The MHSA official handbook is available at the high school activities office. BCHS school board policy and/or administrative directives set other rules and regulations.

Beaverhead County High School Interscholastic Activities Program is subject to all current rules and regulations of the Montana High School Association concerning eligibility, age rule, transfers, residence, awards, and student recruitment.

### **Board Policy 3512, Revised 6/12/2017**

The following competitive Montana High School Association-sanctioned activities are provided at Beaverhead County High School: football, basketball, cross country, volleyball, wrestling, track, tennis, golf, music, softball, and speech and drama.

Activities not governed by MHSA but subject to the terms of this policy include, but are not limited to: extra-curricular field trips, attendance at dances, participation in school plays, participation in student organizations and their activities, and participation in commencement exercises.

All rules and regulations of the Montana High School Association may be found in the MHSA Handbook for the current year. Listed below are summaries of the regulations dealt with most often.

#### **Academic Eligibility – Enrollment (New to 2021-2022 School Year)**

Academic eligibility for participation in activities. A student must be enrolled in twenty hours per week and in regular attendance in ten hours per week at the school where the student participates. Regular attendance is defined as actual physical presence in the building (bricks and mortar). ~~A home school student is not eligible to participate for an MHSA member school.~~

Exception: students who are enrolled and participating in a transformational learning program in their school that meets a district's proficiency-based learning requirements pursuant to the adopted policies of the local school board is exempt from the ten hours per week bricks and mortar requirement.

***Exception – Non-public or home school students who meet the requirements of 20-5-109 can participate in MHSA member school extra-curricular activities with the following stipulations:***

- 1) The same standards for participation must be met as those required of full-time students enrolled in the school (besides enrollment).***
- 2) The same rules of the MHSA apply including age, semesters, academics (see #3) and transfer. Only enrollment is waived.***
- 3) The academic eligibility for extracurricular participation for a student attending a nonpublic school must be attested by the head administrator of the nonpublic school. The academic eligibility for extracurricular participation for students attending a home school must be attested in writing by the educator providing the student instruction with verification by the MHSA school principal. Academic eligibility includes provisions 2.2, 2.3 and 2.4.***
- 4) The student may only participate in the school in the student's attendance area***

#### **Academic Eligibility – Passing:**

Student participants must pass five (5) solid subjects the preceding semester (a "solid subject" is a class that meets five (5) days a week and generates 1 credit). All other eligibility qualifications follow MHSA rules. Coaches of various sports and directors of other activities may have specific regulations concerning their sport/activity. Correspondence coursework, under the guidelines of Policy 2167, will be allowed for one (1) solid subject area should a student become academically ineligible for participation in extracurricular activities, but it is only approved and can be used to complete a fifth credit. Except for students that are fully enrolled at the University of Montana-Western, whose eligibility will consist of passing four (4) solid subjects, which is in accordance with the Montana High School Association. Students wishing to pursue that tract must formally apply and be

approved by the B.C.H.S. administration to be eligible for the academic fifth credit waiver. Twenty semester hours (4 Solid Subjects must be passed, per MHSA rule and correspondence course work cannot be used for those credits. Once the coursework is complete, and written documentation of a passing grade is produced to administration, the student will immediately become academically eligible for extracurricular participation. Skills lab classes only receive a half of a credit and therefore only count towards a half of credit.

If a student is assigned an "incomplete" or a "condition" in a subject, he/she has not received a passing grade in this subject. The record at the end of the semester is final. Per MHSA rule Article II Eligibility 2.5

A grading period is defined as one semester. A semester is defined as one half of a school year (approximately 18 school weeks or 90 school days). This definition is applicable to all schools regardless of the type of class scheduling format utilized (i.e. block, traditional, trimester etc.).

#### Participation:

Any student interested in a particular activity may try out by reporting to the coach or sponsor of that activity when notice is issued and all required participation forms are completed.

No student will be allowed to participate in extra-curricular activities until he/she completes and returns the following on Dragonfly: (Forms can be filled out by paper if it is the only option but must be entered in Dragonfly at some point.)

- Page 27 Concussion Statement Acknowledgement
- Page 29 Consent for Impact Cognitive Testing
- Page 31 Chemical Use/Behavior Policy Acknowledgement
- Page 33 Handbook Activity Code Acknowledgement
- Page 35 Medical Consent Form
- Page 37 Acknowledgement of Risks Form
- For athletics, a physical examination (pages 41-42)
- For all MHSA activities, students must purchase an Activity Ticket from the office prior to the first day of competition.

#### Travel:

Participants must travel to and from contests in transportation provided by the school. Coaches are not allowed to release a student to anyone other than a legal parent and/or guardian. The only exceptions are: (1) injury to/illness of a participant which requires alternate transportation, (2) prior arrangement in writing between the participant's parent/guardian and the AD/Administration.

#### Curfew:

Athletes/participants must adhere to the following curfew during their participation season:

- Night Before Game or Meet: 10:00 PM
- Weekends: 12:00 midnight
- Sundays: 10:00 PM
- Weekdays: 10:00 PM
- After Games: 30 minutes

#### Attendance Requirements:

Students must be in school the half (1/2) day preceding an activity in order to participate in practice or competition. An unavoidable absence from school such as a medical appointment voids the preceding attendance requirement. **Student participation in activities on Saturday is not determined by Friday attendance in school.** Students participating in activities on weeknights are expected to attend ALL classes the following day. Failure to do so will result in the participant being declared ineligible for participation in all or part of the next scheduled competition or activity. Medical appointments will void this requirement.

### Alcohol/Drugs:

1. No use or possession of alcoholic beverages.
2. No use or possession of illegal drugs.
3. No remaining at a location where illegal drugs or alcohol are being used or are in possession of persons under the age of 21, or where evidence of such activity is present.

Note 1: For the purpose of this policy, an “illegal drug” is defined as by law as a “controlled substance” or “dangerous drug.” This includes prescription medication not prescribed for the person in possession of the substance. This also includes the possession of drug paraphernalia.

Note 2: Discretion will be used by school authorities in enforcing rule #3 above. Students WILL NOT be found in violation of rule #3 if they are with their parent/guardian and their parent/guardian possesses or consumes alcohol or is at an establishment which sells alcohol, and it can reasonably be assumed that the staff of the establishment does not sell alcohol to underage persons and no underage drinkers are present. However, the presence of students at locations where alcohol is possessed or being consumed by underage persons will be subject to this policy regardless of the presence of other adults. Other situations which arise under this policy will be considered on an individual basis.

Note 3: The term “no remaining at” means that students MUST make every effort to leave a location where underage persons are in possession of or are consuming drugs or alcohol, or where evidence of such activity is present. The Board has established this portion of the policy to deter student athletic/activity participants from being present where individuals are in possession of or consuming dangerous drugs, and/or individuals under the age of twenty-one (21) are in possession of and/or consuming alcohol.

### Disciplinary Action:

Violations confirmed either by admission of guilt (self-reporting) or by investigation by school officials' investigations will result in:

**FIRST VIOLATION:** Suspension from all activities, offices, and organizations for a period of 22 calendar days or one-third (1/3) of the regular season scheduled games—whichever is longer—when the violation occurs during the season. If the suspension is conclusive of the last regular season contest, the student is dismissed from the team. If the violation occurs out of the season, the suspension is twenty-two (22) days. If the offense occurs during the spring, the suspension will be continued the following fall semester. The fall semester will be considered to begin on the first (1<sup>st</sup>) day of practice for fall activities. Students will be held accountable for their actions beginning on this date through the last day of school.

**SECOND VIOLATION:** Suspension from all activities, offices, organizations for a period of 45 calendar days AND DISMISSAL FROM THE TEAM OR ACTIVITY IF THE VIOLATION OCCURS DURING THE SEASON. If the violation occurs out of the season, the suspension is forty-five (45) days. If the offense occurs during the spring, the suspension will be continued the following fall semester. The fall semester will be considered to begin on the first (1<sup>st</sup>) day of practice for fall activities, and all registered, enrolled, and pre-enrolled students will be held accountable for their actions beginning on this date through the last day of school. In addition to the previously mentioned sanctions, the student, at the student's expense, must receive an assessment for chemical dependency through the Southwest Montana Chemical Dependency Program and follow treatment recommendations made by the chemical dependency counselor.

**THIRD VIOLATION:** Suspension from all activities for the remainder of the student's high school career. A student may be reinstated by agreeing to further assessment for chemical dependency, at the student's expense, and following treatment recommendations made by the chemical dependency counselor. The student must provide to the vice principal/activities director the results of the assessment and a record of an ongoing or completed treatment program. The vice principal/activities director will then meet with the student and the student's parents/guardian to determine the appropriate action. Students deemed eligible for reinstatement will be suspended a minimum of ninety (90) days. If the offense occurs during the spring, the ninety- (90-) day suspension will be continued the following fall semester.

### Tobacco Use/E-Cigarettes, Vapor Pens and/or Other Inhalant Devices:

1. No use or possession of tobacco in any form, including but not limited to chewing tobacco and cigarettes.
2. No use or possession of e-cigarettes, vapor pens and/or other inhalant devices.

### Disciplinary Action:

Violations confirmed either by admission of guilt (self-reporting) or by investigation by school officials' investigations will result in:

**FIRST VIOLATION:** Suspension from all activities, offices, and organizations for a period of ten (10) calendar days when the violation occurs during the season. If the suspension is conclusive of the last regular season contest, the student is dismissed from the team. If the violation occurs out of the season, the suspension is ten calendar (10) days. If the offense occurs during the spring, the suspension will be continued the following fall semester. The fall semester will be considered to begin on the first (1st) day of practice for fall activities. Students will be held accountable for their actions beginning on this date through the last day of school.

**SECOND VIOLATION:** Suspension from all activities, offices, and organizations for a period of forty-five (45) calendar days and dismissal from the team or activity if the violation occurs during the season. If the violation occurs out of the season, the suspension is forty-five (45) days. If the offense occurs during the spring, the suspension will be continued the following fall semester. The fall semester will be considered to begin on the first (1st) day of practice for fall activities, and all registered, enrolled, and pre-enrolled students will be held accountable for their actions beginning on this date through the last day of school. In addition to the previously mentioned sanctions, the student, at the student's expense, must receive an assessment for chemical dependency through the Southwest Montana Chemical Dependency Program and follow treatment recommendations made by the chemical dependency counselor.

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**DUE PROCESS:** A parent/guardian or student who is aggrieved by the imposition of discipline under this policy shall have the right to an appeal to the Superintendent/Principal. The appeal must be requested no more than three (3) days after notice of the violation and disciplinary consequence. At the appeal, the student and parent/guardian shall be subject to questioning by the Superintendent/Principal and shall be entitled to question staff involved in the matter appealed. If the parent/guardian wishes to appeal the decision of the Superintendent/Principal, the parent/guardian must request an appeal before the Board within one (1) day of the decision by the Superintendent/Principal.

### Conduct:

- No unsportsmanlike conduct toward an opponent or official and no use of profanity during a practice or contest.
- Other team rules as explained by the coach/sponsor must be obeyed.
- Overall attitude toward programs and the rules and regulations of the programs may be a key factor in warranting dismissal from the program.
- No stealing or malicious destruction of any public or private equipment or property.



### **Conduct Disciplinary Action:**

An infraction of conduct rules by a student, which is determined by the coach/advisor to be detrimental to the program, may result in extra workouts and/or suspension. Rumors about participants are not grounds for disciplinary action. However, rumors will be investigated, and disciplinary action will be considered upon report of a violation to the coach/advisor, or vice principal/activities director. No student should be reported unless the student can be identified and a valid report of the circumstances given. It is the responsibility of the coach/advisor, vice principal/activities director to determine whether there are grounds for disciplinary action. Before any suspension shall take effect, the student will have an opportunity to explain or justify his/her actions. If after such conference, the coach/advisor, vice principal/activities director determines that a suspension is justified, the student and parents shall be notified of the suspension.

Students have a right to due process and they or their parents may request an appeal hearing with the superintendent/principal if they do not agree with the ruling.

**FELONY OFFENSE:** Any person involved in extra-curricular activities who is convicted of or pleads no contest to a felony will be declared ineligible for activities, offices, and organizations for the remainder of his/her high school career. A student declared ineligible under this policy retains his/her due process rights and is entitled to a hearing before the Board, at which time the Board may decide to modify the declaration of ineligibility.

Board Policy #3512 revised on 6/12/2017

## **Board Policy 3226**

### **Hazing/Harassment**

Hazing, harassment, intimidation, and bullying are all forms of unacceptable behaviors that are not to be tolerated in any setting. There is a zero tolerance policy for these types of behaviors and any and all incidents need to be dealt with immediately by the coaching staff and are to be reported to the Superintendent/Principal and/or Assistant Principal/AD as soon as possible. Coaches are responsible for providing adequate supervision in all areas, such as, but not limited to only the locker rooms, practice facilities, busses on travel trips, and shower facilities to ensure these types of behaviors are not being practiced by our students.

“Hazing” includes but is not limited to any act that recklessly or intentionally endangers the mental or physical health or safety of a student for the purpose of initiation or as a condition or precondition of attaining membership in or affiliation with any District-sponsored activity or grade-level attainment, including but not limited to forced consumption of any drink, alcoholic beverage, drug, or controlled substance, forced exposure to the elements, forced prolonged exclusion from social contact, sleep deprivation, or any other forced activity that could adversely affect the mental or physical health or safety of a student; requires, encourages, authorizes, or permits another to be subject to wearing or carrying any obscene or physically burdensome article, assignment of pranks to be performed, or other such activities intended to degrade or humiliate.

“Harassment, intimidation, or bullying” means any act that substantially interferes with a student’s educational benefits, opportunities, or performance, that takes place on or immediately adjacent to school grounds, at any school-sponsored activity, on school-provided transportation, at any official school bus stop, or anywhere conduct may reasonably be considered to be a threat or an attempted intimidation of a student or staff member or an interference with school purposes or an educational function, and that has the effect of:

- Physically harming a student or damaging a student’s property.
- Knowingly placing a student in reasonable fear of physical harm to the student or damage to the student’s property. Creating a hostile educational environment.
- “Electronic communication device” means any mode of electronic communication, including, but not limited to, computers, cell phones, PDAs, or the internet.

### **Board Policy #3226--Bullying/Harassment/Intimidation/Hazing**

The Board will strive to provide a positive and productive learning and working environment. Bullying, harassment, intimidation, or hazing, by students, staff, or third parties, is strictly prohibited and shall not be tolerated. This includes bullying, harassment, or intimidation via electronic communication devices ("cyberbullying").

#### **Definitions:**

1. "Third parties" include but are not limited to coaches, school volunteers, parents, school visitors, service contractors or others engaged in District business, such as employees of businesses or organizations participating in cooperative work programs with the District, and others not directly subject to District control at inter-district and intra-District athletic competitions or other school events.
2. "District" includes District facilities, District premises, and non-District property if the student or employee is at any District-sponsored, District-approved, or District-related activity or function, such as field trips or athletic events, where students are under the control of the District or where the employee is engaged in District business.
3. "Hazing" includes but is not limited to any act that recklessly or intentionally endangers the mental or physical health or safety of a student for the purpose of initiation or as a condition or precondition of attaining membership in or affiliation with any District-sponsored activity or grade-level attainment, including but not limited to forced consumption of any drink, alcoholic beverage, drug, or controlled substance, forced exposure to the elements, forced prolonged exclusion from social contact, sleep deprivation, or any other forced activity that could adversely affect the mental or physical health or safety of a student; requires, encourages, authorizes, or permits another to be subject to wearing or carrying any obscene or physically burdensome article, assignment of pranks to be performed, or other such activities intended to degrade or humiliate.
4. "Harassment, intimidation, or bullying" means any act that substantially interferes with a student's educational benefits, opportunities, or performance, that takes place on or immediately adjacent to school grounds, at any school-sponsored activity, on school-provided transportation, at any official school bus stop, or anywhere conduct may reasonably be considered to be a threat or an attempted intimidation of a student or staff member or an interference with school purposes or an educational function, and that has the effect of:
  - Physically harming a student or damaging a student's property;
  - Knowingly placing a student in reasonable fear of physical harm to the student or damage to the student's property.
  - Creating a hostile educational environment
  - "Electronic communication device" means any mode of electronic communication, including, but not limited to, computers, cell phones, PDAs, or the internet.

#### **Reporting:**

All complaints about behavior that may violate this policy shall be promptly investigated. Any student, employee, or third party who has knowledge of conduct in violation of this policy or feels he/she has been a victim of hazing, harassment, intimidation, bullying, in violation of this policy is encouraged to immediately report his/her concerns to the assistant principal/activities director or the Superintendent/Principal, who have overall responsibility for such investigations. A student may also report concerns to a teacher or counselor, who will be responsible for notifying the appropriate District official. Complaints against the vice principal/activities director shall be filed with the Superintendent/Principal. Complaints against the Superintendent/Principal/ Principal shall be filed with the Board.

The complainant shall be notified of the findings of the investigation and, as appropriate, that remedial action has been taken.

#### **Responsibilities:**

The District Administrator shall be responsible for ensuring notice of this policy is provided to students, staff, and third parties and for the development of administrative regulations, including reporting and investigative procedures, as needed.

**Consequences:**

Students whose behavior is found to be in violation of this policy will be subject to discipline up to and including expulsion. Staff whose behavior is found to be in violation of this policy will be subject to discipline up to and including dismissal. Third parties whose behavior is found to be in violation of this policy shall be subject to appropriate sanctions as determined and imposed by the Superintendent/Principal or the Board. Individuals may also be referred to law enforcement officials.

**Retaliation and Reprisal:**

Retaliation is prohibited against any person who reports or is thought to have reported a violation, files a complaint, or otherwise participates in an investigation or inquiry. Such retaliation shall be considered a serious violation of Board policy, whether or not a complaint is substantiated. False charges shall also be regarded as a serious offense and will result in disciplinary action or other appropriate sanctions.

Board Policy #3226 revised on 8/11/14

## OTHER INFORMATION

**Cell Phone Policy for Travel Activity Trips:**

Students will be allowed to take their cell phones with them on activity trips under the following guidelines:

- Coaches have the discretion to collect cell phones during the trip when they deem necessary.
- All coaches will be required to collect cell phones at bed check on all overnight trips.

**Activities Consequences for Travel Rule Violations:**

All school rules are in effect 24 hours a day while students are traveling with a BCHS team or group. Students have a special obligation to represent their school in an appropriate manner and conduct themselves appropriately while on the bus. Students who violate the rules concerning drugs, alcohol, tobacco, and theft or coaches curfew while traveling will be disciplined severely. Please note that travel and route busses are equipped and protected by video surveillance. If violations occur, students can expect:

- The parent will be contacted, and will have the responsibility to provide transportation back to Dillon.
- To be turned over to local authorities, if possession or use of alcohol, drugs, tobacco or theft is involved.
- To forfeit all awards, letter, etc. earned during the current season for that activity.
- Disciplinary action in accordance with the school disciplinary policy.

**Meal Policy:**

Students are responsible to pay for their own meals on away trips. Except during all post season events, in which the district allows and pays \$10.00 per meal. Tips are not included, athletes should be reminded to bring money for a tip.



# RECOMMENDATIONS FOR HYDRATION TO PREVENT HEAT ILLNESS



## TYPES OF SPORTS DRINKS

### 💧 Fluid Replacers

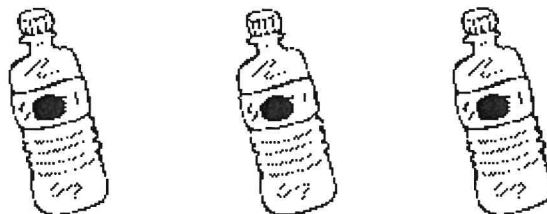
- Examples: Water, Gatorade, 10K, Quickkick, Max
- These drinks are absorbed as quickly as water and typically are used for activities lasting less than 2 hours.

### 💧 Carbohydrate Loaders

- Examples: Gatorlode, Exceed High, Carboplex
- These drinks replace more muscle glycogen to enhance greater endurance.
- They should be used after ultra-endurance events to increase muscle glycogen resynthesis after exercise.

### 💧 Nutrition Supplements

- Examples: Gatorpro, Exceed Sports, Ultra Energy
- These supplements are fortified with vitamins and minerals and they help athletes maintain a balanced diet.
- They can be used as a meal replacement supplement for athletes who wish to skip a high fat meal, or as extra calories for athletes who wish to gain weight.

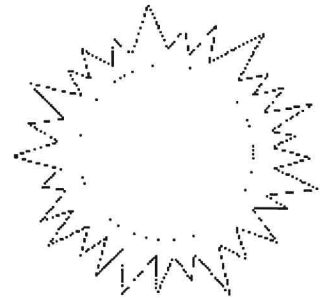


## WHAT NOT TO DRINK

- 💧 Drinks with Carbohydrate (CHO) concentrations of greater than eight percent should be avoided.
- 💧 Fruit juices, CHO gels, sodas, and sports drinks that have a CHO greater than six to eight percent are not recommended during exercise as sole beverages.
- 💧 Beverages containing caffeine, alcohol, and carbonation are not to be used because of the high risk of dehydration associated with excess urine production, or decreased voluntary fluid intake.

# HYDRATION TIPS AND FLUID GUIDELINES

- ◆ Drink according to a schedule based on individual fluid needs.
- ◆ Drink before, during and after practices and games.
- ◆ Drink 17-20 ounces of water or sports drinks with six to eight percent CHO, two to three hours before exercise.
- ◆ Drink another 7-10 ounces of water or sport drink 10 to 20 minutes before exercise.
- ◆ Drink early — By the time you're thirsty, you're already dehydrated.
- ◆ In general, every 10-20 minutes drink at least 7-10 ounces of water or sports drink to maintain hydration, and remember to drink beyond your thirst.
- ◆ Drink fluids based on the amount of sweat and urine loss.
- ◆ Within two hours, drink enough to replace any weight loss from exercise.
- ◆ Drink approximately 20-24 ounces of sports drink per pound of weight loss.
- ◆ Dehydration usually occurs with a weight loss of two percent of body weight or more.



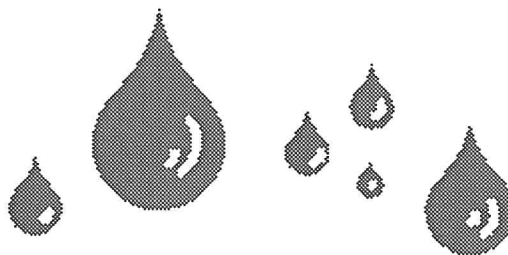
## WHAT TO DRINK DURING EXERCISE

- ◆ If exercise lasts more than 45-50 minutes or is intense, a sports drink should be provided during the session.
- ◆ The carbohydrate concentration in the ideal fluid replacement solution should be in the range of six to eight percent CHO.
- ◆ During events when a high rate of fluid intake is necessary to sustain hydration, sports drinks with less than seven percent CHO should be used to optimize fluid delivery. These sports drinks have a faster gastric emptying rate and thus aid in hydration.
- ◆ Sports drinks with a CHO content of 10 percent have a slow gastric emptying rate and contribute to dehydration and should be avoided during exercise.
- ◆ Fluids with salt (sodium chloride) are beneficial to increasing thirst and voluntary fluid intake as well as offsetting the amount of fluid lost with sweat.
- ◆ Salt should never be added to drinks, and salt tablets should be avoided.
- ◆ Cool beverages at temperatures between 50 to 59 degrees Fahrenheit are recommended for best results with fluid replacement.



# DEHYDRATION, ITS EFFECTS ON PERFORMANCE, AND ITS RELATIONSHIP TO HEAT ILLNESS

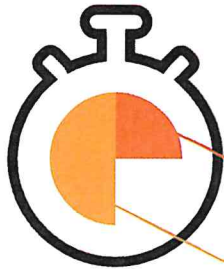
- ◆ Dehydration can affect an athlete's performance in less than an hour of exercise — sooner if the athlete begins the session dehydrated.
- ◆ Dehydration of just one to two percent of body weight (only 1.5-3 lb.. for a 150-pound athlete) can negatively influence performance.
- ◆ Dehydration of greater than three percent of body weight increases an athlete's risk of heat illness (heat cramps, heat exhaustion, heat stroke).
- ◆ High-body-fat athletes can have a harder time with exercise and can become dehydrated faster than lower-body-fat athletes working out under the same environmental conditions.
- ◆ Poor acclimatization/fitness levels can greatly contribute to an athlete's dehydration problems.
- ◆ Medications/fevers greatly affect an athlete's dehydration problems.
- ◆ Environmental temperature and humidity both contribute to dehydration and heat illnesses.
- ◆ Clothing, such as dark, bulky, or rubber protective equipment can drastically increase the chance of heat illness and dehydration.
- ◆ Wet bulb temperature measurements should be taken 10-15 minutes before practice, and the results should be used with a heat index to determine if practices or contests should be started, modified or stopped.
- ◆ Even dry climates can have high humidity if sprinkler systems are scheduled to run before early morning practices start. This collection of water does not evaporate until environmental temperatures increase and dew points lower. Dry climate areas should take wet bulb and temperature readings 10 to 15 minutes before practice or contests.
- ◆ A Heat Index chart should be followed to determine if practice/contests should be held.
- ◆ A Heat Index chart should come from a reputable source like the National Oceanic and Atmospheric Association.
- ◆ A relative humidity of 35 percent and a temperature of 95 degrees Fahrenheit are likely to cause heat illness, with heat stroke likely.
- ◆ A relative humidity of 70 percent and a temperature of 95 degrees Fahrenheit are very likely to cause heat illness, with heat stroke very likely.



# BEAT THE HEAT

Summer's high temperatures put student athletes at increased risk of heat illness. There are several types of heat illness. They range in severity, from heat cramps and heat exhaustion, which are common but not severe, to heat stroke, which can be deadly. Although heat illnesses can be fatal, death is preventable if they're quickly recognized and properly treated.

## DEHYDRATION AND HEAT ILLNESSES



As a rule-of-thumb, most athletes should consume 200 to 300 milliliters of fluid every

**15 MINUTES**  
OF EXERCISE.

It takes only **30 MINUTES** for cell damage to occur with a core body temperature of 105 degrees.



Currently, 13 states have heat-acclimatization policies, for secondary school athletics with New Jersey being the first.



Exertional heat stroke is one of the top three killers of athletes and soldiers in training.

- From 2010-15, 20 athletic heat stroke fatalities were reported.
- It takes seven to 14 days for a body to adapt to exercising in the heat.
- Dehydration at levels of 3 to 4 percent body mass loss can reduce muscle strength by an estimated 2 percent.

### SAFETY TIPS

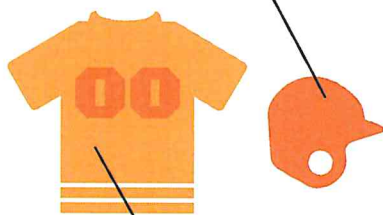


Have sports drinks on hand for workout sessions lasting longer than an hour.

Keep beverages cold – cold beverages are consumed 50 percent more than warm beverages.

Hydrate before, during and after activity.

Remove unnecessary equipment, such as helmets and padding, when environmental conditions become extreme.



Clothing worn by athletes should be light colored, lightweight and protect against the sun.

- For the first week or so, hold shorter practices with lighter equipment so players can acclimate to the heat.
- Follow a work-to-rest ratio, such as 10-minute breaks after 40 minutes of exercise.
- Get an accurate measurement of heat stress using a wet-bulb globe temperature, which accounts for ambient temperature, relative humidity and radiation from the sun.
- If someone is suffering from exertional heat stroke, remember to cool first and transport second.
- Have large cold tubs ready before all practices and games in case cold water immersion is needed to treat exertional heat stroke.

## SIGNS OF MINOR HEAT ILLNESS



Dizziness

Cramps, muscular tightening and spasms



Lightheadedness, when not associated with other symptoms

### EARLY WARNING SIGNS OF EXERTIONAL HEAT STROKE

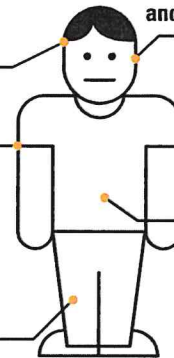
Headache, dizziness, confusion and disorientation

Excessive sweating and/or flushing

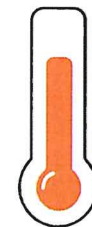
Fatigue

Nausea and/or vomiting

Chills and/or goose bumps



## SIGNS OF EXERTIONAL HEAT STROKE



Core body temperature of more than 105 degrees



Signs of nervous system dysfunction, such as confusion, aggression and loss of consciousness



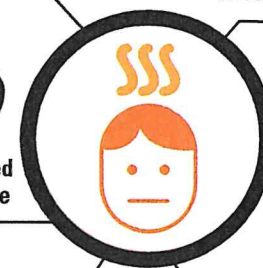
Increased heart rate

Rapid breathing



Low blood pressure

Seizures



Sources: Korey Stringer Institute, American Medical Society for Sports Medicine, NATA





**Headstrong is an excess accident plan. What does that mean?**

1. *The Insurance will pay for covered charges after the primary insurance has been exhausted.*
2. *Also referred to as "secondary policy" - in that it will pay secondary to any primary insurance in place.*
3. *The insurance will also pay for any covered charges the primary insurance will not cover (including deductibles, co-pays, any other out-of-pocket charges).*

**How do I submit a claim?**

*Full details are provided in the Program Guide. You will need to fill out and submit a claim form (incident report), and Other Insurance Questionnaire to:*

*K&K Insurance/Specialty Benefits*

*1712 Magnavox Way - Ft. Wayne, IN 46804*

*Fax: (312) 381-9077*

*Phone: (800) 237-2917*

*Email: [kk.newpaclaims@kandkinsurance.com](mailto:kk.newpaclaims@kandkinsurance.com)*

**I have primary insurance, what policy should I give to the provider?**

*It is best to give the provider BOTH: primary insurance information and the K&K information for the concussion program. The provider should then work directly with K&K to bill primary insurance first, and the Headstrong Concussion Insurance second.*

**On the claim form: Insured Representative. Who is a Member School Administrator?**

*This can be a school administrator, athletic trainer, coach or another school representative. It is best to have the school representative be a person who was present at the time of the accident.*

**Do I need a referral to see a concussion specialist?**

*There are no restrictions on specific doctors, and no referral is needed.*

**What is the policy deductible?**

*The policy deductible is \$0. The insurance offers first dollar coverage for concussion assessment and treatment. The insurance will pay for out-of-pocket costs remaining from the student's primary insurance (co-pay, deductible, treatment not covered), or will become the primary payor, if no other insurance is available.*

**I already paid the provider out-of-pocket, will the insurance reimburse me directly?**

*Yes. Please submit claim form, other insurance questionnaire, along with Bills and Explanation of Benefits to K&K Insurance. It is recommended to contact K&K Insurance prior to paying for services out of pocket.*

**What events are "covered events?"**

*Participating in practice or play of sports governed and/or sponsored by the MHSA.*

# Program Resources

## Accompanying Information



### HeadStrong Concussion Insurance Policy Information

Montana High School Association  
Broker: Dissinger Reed

Third Party Administrator (TPA): K&K Insurance

Insurance Carrier: Nationwide Life Insurance Company – AM Best Rated A+XV

Policy #: 6A-JXS-00000308409-00

Coverage Period: July 1, 2019 – July 1, 2020

Deductible: \$0 per claim

Eligible Person: All athletes participating in a Covered Activity

Covered Activities: Participating in practice or play of sports governed and/or sponsored by the MHSAA

\$25,000 per injury medical maximum

1-year benefit period (Benefits will be payable for 1 year from the injury date)

Usual and Customary 100%

Accidental Death & Dismemberment \$5,000

AD&D Aggregate \$250,000



The HeadStrong Concussion Insurance Program was developed by Dissinger Reed to specifically insure student athletes from the high cost of concussion treatment and neurological follow up.

The student athlete has 'first dollar' coverage (zero deductible) for concussion assessment and treatment.

Coverage is secondary/excess to any other valid and collectable Insurance but will become the primary payor, if no other insurance is available.

Program Highlights Include:

- \$0 deductible and no Co-pays
- Tele-med Services, when needed
- No restrictions on specific doctors
- No referrals needed for treatment
- No specific procedure maximums

#### Contact for Claims:

[kk.newpaclaims@kandkinsurance.com](mailto:kk.newpaclaims@kandkinsurance.com)

Fax: (312) 381-9077

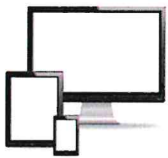
Phone: (800) 237-2917

K&K Insurance/Specialty Benefits

1712 Magnavox Way

Ft. Wayne, IN 46804

Please submit the completed and signed claim form along with itemized bills and EOB's from the primary insurance carrier. The more information you can provide upfront, the better. Claims payments are expedited with CLEAN submissions



### HOW TO SUBMIT A CLAIM UNDER THE CONCUSSION PROGRAM

- 1) Submit the incident report within 30 days of the injury, or as quickly as possible.
- 2) Make certain that the incident report is completed in its entirety, including the policy number (6A-JXS-00000308409-00), with accurate and detailed injury information and how the accident happened.
- 3) The incident report MUST BE SIGNED by a representative of the school. INCIDENT REPORTS WHICH ARE NOT SIGNED, WILL DELAY THE CLAIM.
- 4) Physician billings on CMS1500 forms and hospital/facility billings on UB04 forms would be preferred as these forms contain all the necessary coding required to process a claim. See bullets #5 & 6 for additional instruction regarding bills.
- 5) If the injured participant has primary insurance, each bill should be submitted with the primary insurance Explanation of Benefits or denial.
- 6) If the injured participant has primary insurance, all providers should be informed of the primary insurance information, so they are billed first, and the K&K information for the concussion program insurance billed second.
- 7) When an injured participant does not have primary insurance, we have agreements through PPO networks that allow many bills to be reduced with contractual discounts. We encourage injured participants NOT to pay claims in advance of submitting them to us, so these discounts can be used.



## A Fact Sheet for **ATHLETES**

### **WHAT IS A CONCUSSION?**

A concussion is a brain injury that:

- Is caused by a bump or blow to the head
- Can change the way your brain normally works
- Can occur during practices or games in any sport
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been "dinged"

### **WHAT ARE THE SYMPTOMS OF A CONCUSSION?**

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not "feel right"

### **WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?**

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates might have a concussion.

- **Get a medical checkup.** A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.
- **Give yourself time to get better.** If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

### **HOW CAN I PREVENT A CONCUSSION?**

Every sport is different, but there are steps you can take to protect yourself.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Use the proper sports equipment, including personal protective equipment (such as helmets, padding, shin guards, and eye and mouth guards). In order for equipment to protect you, it must be:

- > The right equipment for the game, position, or activity
- > Worn correctly and fit well
- > Used every time you play

**Remember, when in doubt, sit them out!**





## A Fact Sheet for PARENTS

### WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

### WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

#### Signs Observed by Parents or Guardians

*If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:*

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily • Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

#### Symptoms Reported by Athlete

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"

### HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

Every sport is different, but there are steps your children can take to protect themselves from concussion.

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

### WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

**1. Seek medical attention right away.** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.

**2. Keep your child out of play.** Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

**3. Tell your child's coach about any recent concussion.** Coaches should know if your child had a recent concussion in ANY sport. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

**Remember, when in doubt, sit them out!**

## Be Prepared

A concussion is a type of traumatic brain injury, or TBI, caused by a bump, blow, or jolt to the head that can change the way your brain normally works. Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be mild bump or blow to the head can be serious. Concussions can occur in any sport or recreation activity. So, all coaches, parents, and athletes need to learn concussion signs and symptoms and what to do if a concussion occurs.

### SIGNS AND SYMPTOMS OF A CONCUSSION

SIGNS OBSERVED BY PARENTS OR GUARDIANS	SYMPTOMS REPORTED BY YOUR CHILD OR TEEN	
<ul style="list-style-type: none"><li>•Appears dazed or stunned</li><li>•Is confused about events</li><li>•Answers questions slowly</li><li>•Repeats questions</li><li>•Can’t recall events prior to the hit, bump, or fall</li><li>•Can’t recall events after the hit, bump, or fall</li><li>•Loses consciousness (even briefly)</li><li>•Shows behavior or personality changes</li><li>•Forgets class schedule or assignments</li></ul>	<p><b><u>Thinking/Remembering:</u></b></p> <ul style="list-style-type: none"><li>•Difficulty thinking clearly</li><li>•Difficulty concentrating or remembering</li><li>•Feeling more slowed down</li><li>•Feeling sluggish, hazy, foggy, or groggy</li></ul> <p><b><u>Physical:</u></b></p> <ul style="list-style-type: none"><li>•Headache or “pressure” in head</li><li>•Nausea or vomiting</li><li>•Balance problems or dizziness</li><li>•Fatigue or feeling tired</li><li>•Blurry or double vision</li><li>•Sensitivity to light or noise</li><li>•Numbness or tingling</li><li>•Does not “feel right”</li></ul>	<p><b><u>Emotional:</u></b></p> <ul style="list-style-type: none"><li>•Irritable</li><li>•Sad</li><li>•More emotional than usual</li><li>•Nervous</li></ul> <p><b><u>Sleep*:</u></b></p> <ul style="list-style-type: none"><li>•Drowsy</li><li>•Sleeps less than usual</li><li>•Sleeps more than usual</li><li>•Has trouble falling asleep</li></ul> <p><i>*Only ask about sleep symptoms if the injury occurred on a prior day.</i></p>

### LINKS TO OTHER RESOURCES

- CDC –Concussion in Sports
  - <http://www.cdc.gov/concussion/sports/index.html>
- National Federation of State High School Association/ Concussion in Sports
  - [www.nfhslearn.com](http://www.nfhslearn.com)
- Montana High School Association – Sports Medicine Page
  - <http://www.mhsa.org/SportsMedicine/SportsMed.htm>

Beaverhead County High School  
104 North Pacific  
Dillon, Montana 59725



Dear Parent/Guardian,

Beaverhead County High School is currently implementing an innovative program for our student-athletes. This program will assist our team physicians/athletic trainers in evaluating and treating head injuries (e.g., concussion). In order to better manage concussions sustained by our student-athletes, we have acquired a software tool called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing). ImPACT is a computerized exam utilized in many professional, collegiate, and high school sports programs across the country to successfully diagnose and manage concussions. If an athlete is believed to have suffered a head injury during competition, ImPACT is used to help determine the severity of head injury and when the injury has fully healed.

The computerized exam is given to athletes before beginning contact sport practice or competition. This non-invasive test is set up in "video-game" type format and takes about 15-20 minutes to complete. It is simple, and actually many athletes enjoy the challenge of taking the test. Essentially, the ImPACT test is a preseason physical of the brain. It tracks information such as memory, reaction time, speed, and concentration. It, however, is not an IQ test.

If a concussion is suspected, the athlete will be required to re-take the test. Both the preseason and post-injury test data is given to a local doctor or, to help evaluate the injury. The information gathered can also be shared with your family doctor. The test data will enable these health professionals to determine when return-to-play is appropriate and safe for the injured athlete. If an injury of this nature occurs to your child, you will be promptly contacted with all the details.

I wish to stress that the ImPACT testing procedures are non-invasive, and they pose no risks to your student-athlete. We are excited to implement this program given that it provides us the best available information for managing concussions and preventing potential brain damage that can occur with multiple concussions. The Beaverhead County High School administration, coaching, and athletic training staffs are striving to keep your child's health and safety at the forefront of the student athletic experience. Please return the attached page with the appropriate signatures. If you have any further questions regarding this program please feel free to contact me at 683-2361.

Sincerely,

Brock Myllymaki, Activities Director



## Student-Athlete & Parent/Legal Guardian Concussion Statement

Because of the passage of the Dylan Steigers' Protection of Youth Athletes Act, schools are required to distribute information sheets for the purpose of informing and educating student-athletes and their parents of the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury. Montana law requires that each year, before beginning practice for an organized activity, a student-athlete and the student-athlete's parent(s)/legal guardian(s) must be given an information sheet, and both parties must sign and return a form acknowledging receipt of the information to an official designated by the school or school district prior to the student-athletes participation during the designated school year. The law further states that a student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from play at the time of injury and may not return to play until the student-athlete has received a written clearance from a licensed health care provider.

Student-Athlete Name: \_\_\_\_\_

*This form must be completed for each student-athlete, even if there are multiple student-athletes in each household.*

Parent/Legal Guardian Name(s): \_\_\_\_\_

☐ We have read the *Student-Athlete & Parent/Legal Guardian Concussion Information Sheet*.

*If true, please check box*

After reading the information sheet, I am aware of the following information:

Student-Athlete Initials		Parent/Legal Guardian Initials
	A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	N/A
	If I think a teammate has a concussion, I should tell my coach(es), parents, or licensed health care professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a licensed health care professional to return to play or practice after a concussion.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms on the Concussion fact sheet.	

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date





\_\_\_\_\_  
PRINT Student's Last Name, First Name

Consent for Cognitive Testing and Release of Information

I give my permission for (name of child) \_\_\_\_\_

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

to have a post-concussion ImPACT (Immediate Post-Concussion Assessment and Cognitive Testing) administered at Beaverhead County High School. I understand that my child may need to be tested more than once, depending upon the results of the test, as compared to my child's baseline test, which is on file at BCHS. I understand there is no charge for the testing.

Beaverhead County High School may release the ImPACT (Immediate Post-Concussion Assessment and Cognitive Testing) results to my child's primary care physician, neurologist, or other treating physician, as indicated below.

I understand that general information about the test data may be provided to my child's guidance counselor and teachers, for the purposes of providing temporary academic modifications, if necessary.

Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

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

PLEASE PRINT THE FOLLOWING INFORMATION:

Name of Doctor: \_\_\_\_\_

Name of Practice or Group: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Student's Home Address: \_\_\_\_\_

Parent or guardian phone numbers (please indicate preferred contact number & time if necessary):

(Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_ (Cell) \_\_\_\_\_



\_\_\_\_\_  
PRINT Student's Last Name, First Name

2021-2022 Extra-Curricular Activity Chemical Use and Behavior Board Policy #3512  
(Revised 6/12/17)

*I/We have read, understand, and agree to abide by the 2021-2022 Extra-Curricular Activity Chemical Use and Behavior Board Policy #3512, revised on 6/12/17 and found on pages 10-14 of this booklet. I have furnished a copy to my parents or guardian and have secured my parent or guardian's signature hereon, which acknowledges reading of this copy.*

The following signatures indicate that the parent/guardian and student/athlete have read and reviewed pages 10-14 of the Beaverhead County High School Activity Handbook. Signatures below indicate the parent/guardian and student-athlete agree to participate under the guidelines, policies, rules, and procedures set forth by Beaverhead County High School, Board Policy 3512, revised on 6/12/17 and found on pages 10-14 of this booklet, and the Montana High School Association.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student/Athlete Signature

\_\_\_\_\_  
Date





---

PRINT Student's Last Name, First Name

**2021-2022 Physical Exam:** A physical examination is required for each student in order for him/her to be considered eligible for participation in an association contest. Physical examinations must be completed, turned in, and recorded prior to the first practice. A physician, a physician's assistant (PA), or nurse practitioner (NP) must certify this examination. This certification is valid for a period of one school year.

*Whenever the association's Rules and Regulations specify that physical examinations shall be required or that doctors shall be present at certain events or that reports or physical examinations or certificates of physical fitness shall be furnished to an official of the Association, the rules and regulations shall be deemed complied with if the services are performed within the scope and limitations of his/her practice. This complies with Section 33-22-111 of the Laws of Montana, which provide for freedom of choice of practitioners.*

**Insurance:** Beaverhead County High School, no longer provides supplemental insurance. There is an MHSA Concussion insurance that is provided to athletes in MHSA sponsored activities at no cost. Please see the forms on pages 34 and 35 of this handout or call Mr. Myllymaki if you have questions or wish to make a claim.

***No student will be allowed to participate in extra-curricular activities until he/she completes and returns the following:***

- Page 27 Concussion Statement Acknowledgement
- Page 29 Consent for Impact Cognitive Testing
- Page 31 Chemical Use/Behavior Policy Acknowledgement
- Page 33 Handbook Activity Code Acknowledgement
- Page 35 Medical Consent Form
- Page 37 Acknowledgement of Risks Form
- For athletics, a physical examination (pages 41-42)
- For all MHSA activities, purchase an Activity Ticket prior to the first day of competition

***The following signatures indicate that the parent/guardian and student/athlete have read and reviewed pages 10-14 of the Beaverhead County High School Activity Handbook. Signatures below indicate the parent/guardian and student-athlete agree to participate under the guidelines, policies, rules, and procedures set forth by Beaverhead County High School, Board Policy 3512, revised on 6/12/17, and the Montana High School Association.***

---

Parent or Guardian Signature

---

Date

---

Student/Athlete Signature

---

Date



\_\_\_\_\_  
PRINT Student's Last Name, First Name

2021-2022 Medical Consent Form

ATHLETE'S FULL NAME:

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Last

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
Place of Birth

\_\_\_\_\_  
State

THIS FORM IS TO BE USED FOR ALL MHSA APPROVED SPORTS/ACTIVITIES IN WHICH THE ABOVE STUDENT PARTICIPATES DURING THE 2021-2022 ACADEMIC YEAR.

If emergency service involving medical action or treatment is required and the parent(s) or guardian(s) cannot be contacted, I/we authorize Beaverhead County High School, the team physician, the athletic trainer, faculty members, coaches, or other qualified personnel in charge of the athlete to obtain or give all necessary emergency medical care or first-aid treatment to the above-named student at an athletic even in the case of injury. I/We also authorize the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations, and immunizations for the above-named student. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious manner possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above-named student may be given.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PARENT EMERGENCY INFORMATION:** In the event of an emergency, the following two people can be notified (please include parent's work phone numbers, also):

1. Name \_\_\_\_\_ Relation To Athlete \_\_\_\_\_  
Phone (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

2. Name \_\_\_\_\_ Relation To Athlete \_\_\_\_\_  
Phone (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Allergies and Other Pertinent Medical Information: \_\_\_\_\_

3. Insurance (Company Name) \_\_\_\_\_  
Insurance Policy # \_\_\_\_\_





\_\_\_\_\_  
PRINT Student's Last Name, First Name

### 2021-2022 Acknowledgement of Risks

I/We hereby certify that I/we have read the foregoing **ATHLETIC/ACTIVITY PARTICIPATION INFORMATION AND THE WARNINGS ABOUT THE RISKS OF INJURY INHERENT IN EACH ACTIVITY/SPORT**. I/We hereby give permission for my/our son/daughter named in this booklet to engage in approved athletic activities as a representative of his/her school, except in those activities indicated by the licensed medical professional who signed the physical exam form. I/We realize that all activities/sports involve the potential for injuries which are inherent in all activities/sports. I/We acknowledge that even with competent coaching, the use of appropriate protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be severe, resulting in total disability, paralysis, quadriplegia, or death. Because of the dangers of participating in the activities/sports outlined in this booklet, I/we recognize the importance of following the coaches' instructions regarding playing techniques, training, other team rules, etc., and I/we agree to obey such instructions. I/we also understand that it may be necessary for students to provide their own transportation to some competition events and/or practices. In these isolated situations and with the pre-approval of the Activities Director and/or administration, the parent or guardian and the student are responsible for safe travel.

In consideration of the Beaverhead County High School District permitting my son/daughter or ward to participate in its athletic/activities/sports program and engage in all activities relating to those activities/sports, I/we recognize and assume the risks of injuries outlined, but not limited to, in this booklet that are inherent to the activities/sports in which my son/daughter may choose to participate.

*I/we also hereby certify that we **HAVE READ THE MEDICAL ASSISTANCE FORM, AND ACTIVITY/ELIGIBILITY INFORMATION** (transfer rules, enrollment/attendance requirements, age rule, physical exam, academic eligibility policy, chemical policy, transfer rule, activity ticket policy, parents permit, insurance policy, etc.)*

***I/WE HEREBY CERTIFY THAT ALL INFORMATION IN THE REQUIRED SIGNED DOCUMENTS IS TRUE AND CORRECT.***

***BOTH PARENTS OR LEGAL GUARDIANS MUST SIGN*** this form and all other required signature forms prior to their son/daughter participating in his/her first practice.

If only one parent/guardian is living or has sole legal custody, then only one person need sign. The signing parent/guardian, however, is ***OBLIGATED TO NOTIFY*** the noncustodial parent/guardian of the contents of this document.

\_\_\_\_\_  
STUDENT'S SIGNATURE

\_\_\_\_\_  
1) PARENT/LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_  
2) PARENT/LEGAL GUARDIAN SIGNATURE

HOME PHONE: \_\_\_\_\_





# Montana High School Association

1 South Dakota Avenue ♦ Helena, MT 59601 ♦ (406) 442-6010 ♦ Fax: (406) 442-8250 ♦ [www.mhsa.org](http://www.mhsa.org)

May 2021

**TO: PARENTS OF MHSA SPORTS PARTICIPANTS  
LICENSED MEDICAL PROFESSIONALS**

**FROM: MARK BECKMAN, EXECUTIVE DIRECTOR**

**RE: NEW MHSA PRE-PARTICIPATION PHYSICAL EXAM FORM**

Article II, Section (3) of the MHSA Handbook requires that a physical exam must be performed for each student in order for that student to be considered eligible for participation in an Association Contest. Physical exams must be completed prior to the first practice. This examination must be certified by a licensed medical professional acting within the scope and limitations of his/her practice. This certification is valid for a period of one school year. A physical examination conducted before May 1<sup>st</sup> is not valid for participation for the following school year.

The MHSA Executive Board approved some important additions to this form several years ago. Specifically, questions concerning the cardiac history and cardiac health of the student have been added (questions 6-15). The MHSA Medical Advisory Committee strongly recommends that if any of those questions are answered affirmatively the student be referred to the appropriate medical professional for further screening. **Also new this year is an updated section on vaccinations to be completed, which serves as a reminder to parents about the recommended vaccinations for their child. This addition was recommended by the State of Montana Health Department.**

The MHSA pre-participation form is the only form that will be allowed for the student's exam (no other forms will be accepted). The following process should be followed:

- Parent(s)/Legal Guardian(s) and each student should fill out the questionnaire and history portion of the form together, which is the front page of the MHSA pre-participation physical examination form.
- The form goes to the medical provider for use during the examination.
- The medical provider reviews the form with the student and parent/guardian, performs the exam and makes the decision on whether to clear the student for participation. A signature from the medical provider is required.
- The student must sign this form confirming that he/she was involved in the completion process. **This signature was moved to the last page with other signatures.**
- The physical exam form is given to the parent/guardian. He/she must sign the permission and release section of the form for final clearance.
- The completed pre-participation physical exam form is given to the appropriate school administrator.

The MHSA is committed to the safety and health of our student activity participants and believes this new form will facilitate that objective.

If you have any questions regarding the new pre-participation examination form please contact me or Brian Michelotti, MHSA Assistant Director.





# MHSA CONFIDENTIAL ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

See Montana High School Association, Article II, Section (3), Physical Exam. A physical examination is required for each student in order to be considered eligible for participation in an Association contest. Physical examinations must be completed prior to the first practice. This examination must be certified by a licensed medical professional acting within the scope and limitations of his/her practice. This certification is valid for a period of one school year. **A physical examination conducted before May 1<sup>st</sup> is not valid for participation for the following school year.** All information is to remain confidential.

**HISTORY – To be completed by the student and parent(s).**

## QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (PLEASE PRINT)

Name _____	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Grade _____	Date of Birth _____
Home Address _____	Phone Number _____			
Parent's Name _____	Family Physician _____			
Current School _____	Date _____			

**Explain "Yes" answers below. Circle questions to which you don't know the answer.**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have an ongoing medical condition (like diabetes or asthma)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you taking medicine for ADHD?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have allergies to medicines, pollens, foods, or stinging insects?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever passed out or nearly passed out DURING exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever passed out or nearly passed out AFTER exercise?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever had discomfort, pain, or pressure in your chest during exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does your heart race or skip beats during exercise?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Has a doctor ever told you that you have (circle all that apply):<br>High blood pressure      A heart murmur<br>High cholesterol        A heart infection                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Has anyone in your family died for no apparent reason?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Does anyone in your family have a heart problem?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Has any family member or relative died of heart problems or of sudden death before age 50?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Does anyone in your family have Marfan syndrome?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever spent the night in a hospital?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you ever had surgery?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you ever had an injury, like a sprain, muscle or ligament tear or tendonitis that caused you to miss a practice or game: If yes, circle affected area below:             | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Have you had any broken or fractured bones, or dislocated joints? If yes, circle below:   | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: | <input type="checkbox"/> | <input type="checkbox"/> |
- |            |            |          |           |       |           |                |             |
|------------|------------|----------|-----------|-------|-----------|----------------|-------------|
| Head       | Neck       | Shoulder | Upper arm | Elbow | Forearm   | Hand / fingers | Chest       |
| Upper back | Lower back | Hip      | Thigh     | Knee  | Calf/shin | Ankle          | Foot / toes |
- |  |                          |                          |
|--|--------------------------|--------------------------|
| 21. Have you ever had a stress fracture?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Do you regularly use a brace or assistive device?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Has a doctor ever told you that you have asthma or allergies?                                  | <input type="checkbox"/> | <input type="checkbox"/> |

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 25. Do you cough, wheeze, or have difficulty breathing during or after exercise?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Is there anyone in your family who has asthma?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Have you ever used an inhaler or taken asthma medicine?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?             | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Have you had infectious mononucleosis (mono) within the last month?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Do you have any rashes, pressure sores, or other skin problems?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Have you had a herpes skin infection?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Have you ever had a head injury or concussion?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Have you been hit in the head and been confused or lost your memory?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Have you ever had a seizure?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Do you have headaches with exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?     | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Have you ever been unable to move your arms or legs after being hit or falling?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. When exercising in the heat, do you have severe muscle cramps or become ill?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Have you had any problems with your eyes or vision?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Do you wear glasses or contact lenses?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Do you wear protective eyewear, such as goggles or a face shield?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Are you happy with your weight?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Are you trying to gain or lose weight?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. Have anyone recommended you change your weight or eating habits?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Do you limit or carefully control what you eat?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. Do you have any concerns that you would like to discuss with a doctor?                                 | <input type="checkbox"/> | <input type="checkbox"/> |

### COVID-19 ADDENDUM

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 48. Have you ever been diagnosed with or suspected you had COVID-19? If yes, did you have 4 or more days of fever (greater than 100.4°F), and/or 1 or more week of myalgia, chills, or lethargy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. Have you ever been hospitalized due to COVID-19 or diagnosed with MIS-C?   | <input type="checkbox"/> | <input type="checkbox"/> |

### FEMALES ONLY

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 50. Have you ever had a menstrual period?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 51. How old were you when you had your first menstrual period? | _____                    |                          |
| 52. How many periods have you had in the last year?            | _____                    |                          |

**Explain "Yes" answers here:**

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**Allergies:** \_\_\_\_\_

**Required for School\* and Recommended Immunizations:** (please check if student is up-to-date): ☐ Hepatitis A; ☐ Hepatitis B; ☐ Human Papillomavirus (HPV);

☐ Influenza; ☐ Measles, Mumps, Rubella (MMR)\*; ☐ Meningococcal; ☐ Polio\*; ☐ Tetanus/Diphtheria/Pertussis (Tdap)\*; ☐ Varicella (Chickenpox)\*

Date of last known tetanus shot (Tdap): \_\_\_\_\_

**PROVIDER'S PHYSICAL EXAMINATION FORM**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ BP: Left Arm \_\_\_\_\_ / \_\_\_\_\_ Right Arm \_\_\_\_\_ / \_\_\_\_\_  
Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Y N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

	NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>			
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Hernia			
Skin			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hands/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

\*Multiple examiner set-up only.

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CLEARANCE**

Typed or printed name of Student \_\_\_\_\_ Signature of Student \_\_\_\_\_

☐ Cleared without restriction

☐ Cleared with recommendations for further evaluation or treatment for: \_\_\_\_\_

☐ Not cleared for ☐ All sports ☐ Certain sports \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of physician/medical provider [print or type] \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician/medical provider \_\_\_\_\_

**PARENT'S OR GUARDIAN'S PERMISSION AND RELEASE**

I certify that the information provided by the student/parent(s) is accurate to the best of my knowledge. I hereby give my consent for the above student to engage in approved athletic activities as a representative of his/her school, except those indicated above by the licensed professional. I also give my permission for the team physician, athletic trainer, or other qualified personnel to have access to information provided here as well as to give first aid treatment to this student at an athletic event in case of injury. If emergency service involving medical action or treatment is required and the parents(s) or guardian(s) cannot be contacted, I hereby consent for the student named above to be given medical care by the doctor or hospital selected by the school.

Typed or printed name of parent or guardian \_\_\_\_\_ Signature of parent or guardian \_\_\_\_\_

Date \_\_\_\_\_ Address \_\_\_\_\_ Insurance (Company name) \_\_\_\_\_

Parent's Home Phone \_\_\_\_\_ Parent's Work Phone \_\_\_\_\_ Parent's Cell Phone \_\_\_\_\_ Additional Phone (if any-specify) \_\_\_\_\_

**ALL INFORMATION IS TO REMAIN CONFIDENTIAL**

(Updated 4/21)