

USD #378 Riley County Falcons Athletic and Activity Handbook

District Office: 204 W. Kansas
High School: 12451 Fairview Church Road
Grade School: 117 N. Remmele
Riley, KS 66531

"All our Children Learning"



Administration

Superintendent: Cliff Williams
High School Principal: Charles Kipp
High School Assistant Principal: Erin Flair
Grade School Principal: Jared Larson
Grade School Assistant Principal: Ben Gordon

Athletic Directors

High School: Erin Flair
Middle School: Ben Gordon

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Activity Program Philosophy (Academics + Activities = Curriculum Partners)

Why have student activities? In the last few years the value of high school activities has been questioned. Let's set the record straight as to what high school activities are all about. First of all, they are not a separate part of our overall education program but an integral part of it. A good, well-rounded education means not only one that is academically oriented, but one that also includes physical, social and emotional development. These are available through a good school activities program.

Activities are a citizenship laboratory—Participation in activities encompasses all races and creeds, and teaches a student that it is a privilege and an honor to represent his or her school. Students learn that activities are important because they show a person how to win, and how to lose. Activities teach self-confidence, poise, respect for the rules and good sportsmanship. Through participation in activities, students learn tolerance and understanding for people and how to control their emotions. They also learn the self-satisfaction of accomplishing a goal. Interscholastic activities constitute a part of the right kind of "growing up" experiences for American boys and girls. Youth are interested in doing things well—in belonging—in displaying loyalty. With a well administered school program, students and spectators become better citizens through participation and observance of activities conducted under established rules impartially administered.

Activities encourage physical and mental excellence—Documented reports and statistics from the high schools of Kansas continue to show the "holding power" of activities programs. Those students engaged in any phase of the extracurricular program show a drop-out rate far below that of the uninvolved student. Over 90 percent of those students who drop out of school at the senior high level have never been involved in any activity as representatives of their school! Grade point averages of students in athletics, speech, music, cheerleading, club programs, etc., rank well above those students who choose not to participate. Interestingly enough, the statistics point out "the more participation the better the GPA!" The loss of school instructional time, documented by reports from member schools, clearly shows students miss more instructional class time for family vacations, medical reasons, parental excuses, vocational activities, etc., than they do for all KSHSAA-sponsored school activities combined.

Activities reach out to the community—Activities in our Kansas schools will be as good and as sound as those who administer and support them. Rules and regulations are valueless unless they are embedded in the "grass roots" of the local school and community. The underlying philosophy of interscholastic activities presupposes these rules and regulations are for the good of the students themselves—just as are the other phases of the educational program—and that is the way the citizens of Kansas want them to be.

*Adopted from Kansas State High School Activities Association

Code of Conduct

Those who represent Riley County in any activity as a coach, sponsor, or student are held to a high standard of conduct. Participation in extra-curricular activities is a privilege, not a right, and should be treated as such. This privilege is available to a student for as long as the student complies with School, District, KSHSAA, Athletic Department, and coach/sponsor policies and rules. The Code of Conduct applies to student behavior that takes place ON or OFF school grounds and at ANY TIME during the student's enrollment during each recognized school calendar year. Riley County expects all coaches, sponsors, and students to demonstrate proper behavior whether they are a participant or coach in-season or a spectator in their off-season.

Objectives of Activities

The objectives of student activities at Riley County USD 378 shall be to develop core values of: accountability, commitment, involvement, leadership, respect, responsibility, self-discipline, sportsmanship, and teamwork. Riley County schools want to provide opportunities for students that will allow them to grow as individuals by: learning to problem solve, improving time management skills, developing positive social and emotional characteristics, and learning to handle situations similar to those encountered in future endeavors.

Admission/Activity Passes

Please see Appendix A. Athletic Pass fees are payable to USD #378 or may be paid online through E-funds on the district website. (Convenience fee will be applied)

Student Athletic Passes (per student, per year)	\$20.00
Adult Athletic Passes (per adult, per year)	\$55.00
Senior/Lifetime Passes (one-time fee)	\$50.00

Attendance Requirements for Participation

A student MUST be in attendance for one half of the school day to participate in practices or activities that evening. If a student is absent on a Friday, or the last regular scheduled day of classes before an activity, he/she will not be permitted to participate/attend the succeeding day's event. Exceptions to this policy must be PRE-APPROVED by the building principal.

Coach Evaluation

Riley County Athletic Director(s) will be responsible for formally evaluating all head coaches annually. Additional evaluations may be utilized when necessary. Head coaches will be responsible for evaluating assistant coaches and providing the Athletic Director(s) with formal evaluations and recommendations annually as part of their end of season procedures.

Crowd Control at School Sponsored Activities

According to Board Policy KGD, disorder and disruption of school activities will not be tolerated, and persons attempting to endanger the safety of students, school personnel or other adults; to damage school property; to interfere with school activities or the educational process; will be asked to leave the premises.

The school administration and staff are responsible for handling any problem caused by adults or students. The final decision for determining if assistance is needed is the responsibility of the school principal. In the absence of the principal, the determination shall be made by the assistant principal or person designated to be in charge of the building or activity. The superintendent shall be notified of any serious problem at the school. For additional and more specific information regarding crowd control at school sponsored activities, please see Sportsmanship on page 8.

Donations/Fundraising

All donations and grants must be approved by the BOE prior to them being accepted. These will be treated as any fundraiser and will require approval before the process begins. Once the donation/grant has been offered, you will need to contact the board clerk to be placed on the agenda for the next board meeting. Riley County Board of Education meets the 2nd Monday of each month.

The purpose of fund raising activities is to support the school. The organization needs to clearly state the purpose of the fund making event and where, how, when, and for what purpose these funds will be spent must be approved by the Athletic Director(s). Any activity sponsored by the school will be solely a school activity and no charge or offering shall be made or taken by any outside group.

The board, by allowing fund raising events and activities, is in no way obligating any school district money to be used on the project selected by the various committees. So that all parties involved, both school district and organizations, are able to maintain their credibility no organization should undertake more than one (1) project at a time. Any funds raised using school facilities should be expended for the express purpose for which those funds were raised.

Employees of the school district should not solicit support nor be actively involved in the formation of special interest groups or committees unless so instructed by the administration. The board shall use discretion to insure one group does not receive favored status.

Dropping a Sport

Whenever a student athlete quits a sport; he/she must obtain a release from that coach before they can participate in another sport during the same season.

Dual Sport

Dual sport participation is allowed on a case by case basis. To be eligible, the student-athlete must declare a primary and secondary sport prior to the start of the season. This is first petitioned by the student-athlete to the coaches of the respective sports. Secondly, it is recommended by coaches to the Athletic Director(s) to review for approval or denial. Lastly, the Athletic Director(s) recommend approval to the Principal for Principal approval. Consideration for approval is focused on the student-athlete's grades, behavior, and attendance. In addition, the number of students participating and sports conflicts will be reviewed prior to the start of the first day of practice. The student will be notified of any approval or denial.

Eligibility for Competition

(7th-8th Grades)

For participation in activities sponsored by the Kansas State High School Activities Association including athletics, pep club, spirit squad, student council, and solo music competition; a student must be academically eligible. Academic eligibility is computed on a weekly basis; grades will not be reported for eligibility the first and last week of each quarter. Any student with cumulative weekly grades resulting in four (4) "D's" or (1) "F" is

either academically on probation or academically ineligible. Eligibility is for the period from Monday to Sunday of the following week.

A student is granted only one week of academic probation per quarter and may practice and participate in a Kansas State High School Activities Association activity. An academically ineligible student is allowed to practice; however, not participate in competitive activity or ride the activity bus. Parents may call school (485-4010) after 2:00 p.m. on Friday for information regarding student eligibility.

(9th-12th Grades)

Eligibility for participation in interscholastic athletics set by the Kansas State High School Activities Association:

- You must be a bona fide undergraduate in good standing.
- You must not reach nineteen (19) years of age on or before September 1st.
- You cannot have completed eight semesters of competition & no more than four seasons in any sport.
- You cannot have completed eight semesters of high school attendance.
- You must have passed five subjects of unit weight in the previous semester.
- You cannot engage in any outside competition during the season in which you represent your high school in any sport.
- You must have passed an adequate physical examination by a physician and have written consent from your parents.
- You must have met the requirements of the transfer rule, if applicable.
- You cannot be a member of a high school fraternity.
- Must have a valid amateur standing.
- Your attendance must be regular and your conduct and standard of sportsmanship satisfactory.

It is also recommended that anyone who uses foul language, is disrespectful to students and faculty, or in any other way brings about an unfavorable opinion of Riley County High School should be barred from competing until proper sportsmanship is displayed.

Emergency Action Plan

Please see Appendix B. Each coach is required to complete the Emergency Action Plan and submit to the Athletic Director(s) prior to the first practice. The Emergency Action Plan will be practiced by athletes and coaches at the beginning of the season.

Emergency Preparedness

District athletic coaches/sponsors are required to have updated First Aid and CPR certifications on file. Every head coach is required to complete the Concussion and Heat Related Illness Education Course when applicable for their sport. Assistant coaches are strongly encouraged to complete these courses as well. Per KSHSAA executive board policy, all coaches, student participants, and school administrators responsible for event coverage must complete a concussion education program and have it on file.

Emergency Treatment Consent Form

Please see Appendix C. By signing, parent/guardians give consent to USD 378 Riley County Schools representative, Emergency Medical Services, Physicians or Hospitals selected to treat and/or transport for emergency treatment as in their judgment is reasonably necessary and in accordance with the provisions of the Kansas Healing Arts Act.

Insurance Information

Please see Appendix F. Be advised that Riley County USD 378 does not provide insurance coverage for students during the school day or athletic competitions. Parent/guardians are responsible for all medical care and treatment, including all expenses incurred for such medical care and treatment provided to the student as a result of participating in extracurricular activities. However, KSHSAA catastrophic coverage is provided for your student, \$25,000 deductible. In the event that you do not have insurance coverage for your student, you may be interested in a purchase through Student Assurance Services. Brochures are available at the High School and Grade School offices as well as included in Appendix F.

Lettering

If participants meet certain qualifications, he/she becomes eligible to receive the emblem of the school. Any person who letters in any team sport may purchase a letter jacket to place the letter on at the conclusion of that activity (provisional letters will be issued at the discretion of the coach). Lettering decisions will be made at the coach's discretion. Coaches may use the sample guidelines outlined in the High School Student Handbook.

Letter Jackets

Letter Jackets can be purchased at <http://www.neffjacketshop.com/jacketshop.asp?password=068940> through Neff Company. Parents/Guardians are responsible for payment, order details, and shipping arrangements. The Athletic Department, along with coaches/sponsors, will assist in ordering team and individual patches regarding accolades and results. If you have any questions, you may contact the High School office.

NCAA Requirements

It is the responsibility of the student athlete and his/her parents to know what is permissible in terms of NCAA recruiting. There are timelines that permit a variety of activities by NCAA coaches and prospective student-athletes. There is a calendar for public use at NCAA.org. If you have questions about national letters of intent visit www.national-letter.org or call (877) 262-1492.

In response to the NCAA membership's concern about amateurism issues related to both international and U.S. students, the eligibility center will determine the amateurism eligibility of all freshmen and transfer college-bound student-athletes for initial participation at an NCAA Division I or II member institution. In Division III, certification of an individual's amateurism status is completed by each institution, not the eligibility center.

A student choosing to participate in intercollegiate athletic at a NCAA Division I or II institution must have academic and amateurism status certified by the eligibility center before representing the institution in competition. For more information go to www.eligibilitycenter.org

Timeline for Eligibility:

- Freshman/Sophomore Year: Visit www.eligibilitycenter.org to obtain a copy of Riley County's approved core courses.
- Junior Year: At the beginning of your junior year register at www.eligibilitycenter.org. Take the ACT/SAT or both and have scores sent to NCAA (code 9999). At the end of junior year have your transcript sent to the Eligibility Center.
- Senior Year: Continue with college-prep classes. Request amateurism certificate by April 1. After graduation have your transcript sent to the Eligibility Center with proof of graduation.

Overnight Trips with Students

There must be an adult sponsor in each student hotel room when students stay overnight on a school sponsored activity or event. Adjoining rooms can count as one room with one adult for both rooms.

Parent/Player Grievance Procedure

Riley County Schools believe it is important that we listen to concerns of stakeholders. If a student, parent, or patron has a concern regarding a school employee or program including athletics or activities, we ask that they follow the below outlined procedure to ensure proper conflict resolution. We want to address concerns at the level that is most closely related to the situation. While this can sometimes be uncomfortable, we want to establish and build a culture of trust, respect, and responsibility.

Unless the concern involves the safety and/or well-being of an activity participant, meetings will not be scheduled until at least 12 to 24 hours have passed after the incident/issue occurred. This will help ensure that rational and productive discussion can take place and the problem may be solved. Coaches/sponsors will NOT be expected to meet with an upset parent/guardian immediately following a practice session or competition.

The recognized Chain of Command for player and parent grievances is listed numerically below: Student → Parent → Coach/Sponsor → Athletic Director(s) → Principal → Superintendent → School Board of Education.

1. The student initiates contact with the coach/sponsor to schedule a meeting between themselves and the coach/sponsor to address student concerns.
2. After the student/coach meeting is held the parent may initiate contact with coach/sponsor to schedule a meeting between the student, parent and coach/sponsor to address additional concerns.
3. After the student/coach meeting and student/parent/coach meetings are held contact may be initiated by the parent and/or coach/sponsor to schedule a meeting with the player, parent, coach/sponsor and Athletic Director(s).
4. If deemed necessary after the first three meetings above have been held, contact can be initiated by the parent, coach/sponsor, and/or Athletic Director(s) to schedule a meeting with the Building Principal.
5. If deemed necessary after the first four meetings above have been held, contact can be initiated by the parent, coach/sponsor, Athletic Director(s), and/or Building Principal to schedule a meeting with the Superintendent.

6. If necessary and all other options have been exhausted, contact can be initiated by the parent, coach/sponsor, Athletic Director(s), Building Principal, or Superintendent to schedule a meeting with a member of the School Board of Education.

Preseason Parent Meetings

All head coaches/sponsors will be required to hold a preseason parent meeting prior to their first practice. The Athletic Director(s) will hold a parent meeting at the beginning of each season; Fall, Winter, and Spring where coaches/sponsors are encouraged to attend and hold their own parent meeting immediately following. If parents do not attend the preseason meeting, there is an increased possibility of frustration from a lack of understanding coach/sponsor expectations. Coaches/sponsors are required to attend seasonal Athletic Director(s) meetings. Administrators will not participate in any parent meetings until after a preseason parent meeting has been held by the coach/sponsor.

Physical Form

Please see Appendix D. Every student athlete that competes in interscholastic athletics is required to have a current, completed, and signed physical on file in the Activity Director's office before he/she is allowed to practice or participate. The physical examination shall not be taken earlier than May 1st proceeding the school year for which it is applicable.

Concussion Awareness

Please see Appendix E. As outlined in Kansas State Law, a Concussion and Head Injury Information Release Form must be signed by each student athlete and parent/guardian before practice is allowed.

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after sustaining a concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO). Close observation of the athlete should continue for several hours. It is recognized that coaches cannot be aware of every incident in which a student has symptoms of a possible concussion or brain injury. As such, students and their parents have a responsibility to honestly report symptoms of a possible concussion or brain injury to the student's coaches in a timely manner. Therefore, you should inform your child's coach if you think that your child may have a concussion. Remember it is better to miss one game than miss the whole season. When in doubt, the athlete sits out!

Heat Illness Education

Each coach should keep in mind the proper technique to follow in the prevention of heat illness. Coaches must work toward the prevention of heat stroke or exhaustion. Proper hydration, conditioning clothing, frequent water breaks, and careful watch during periods of extremely hot weather and high humidity should prevent problems in this area. Coaches need to have plans of modifications for: use of equipment if necessary (removal of excess clothing, pads, helmets, and other like equipment), increased breaks during practice to provide

water/sports drinks and shade where applicable, changing practice times to early morning or evening when heat index levels are dangerous, length and intensity of practices.

Responsibilities of Administration, Coaches, Parents, and Students

<u>Administration</u> <ol style="list-style-type: none">1. Provide adequate and safe equipment and facilities2. Provide trained personnel to supervise the facilities3. Provide contests controlled by qualified officials4. Provide professional development for staff5. Ensure evaluations occur annually6. Support policies set forth by USD #378	<u>Coaching Staff</u> <ol style="list-style-type: none">1. Support the rules of good sportsmanship2. Teach fundamentals that promote student safety3. Insure proper care of district equipment & uniforms4. Communicate team rules to students & parents5. Supervise students before & after practice/events6. Support policies set forth by USD #378
<u>Parents</u> <ol style="list-style-type: none">1. Support the rules of good sportsmanship2. Support your son/daughter in a positive way3. Support the program your son/daughter is a part of4. Support the fundamentals & rules set forth by the coach and school5. Support policies set forth by USD #378	<u>Students</u> <ol style="list-style-type: none">1. Support the rules of good sportsmanship2. Understand participation is a privilege, not a right3. Care for school equipment and uniforms they use4. Abide by the guidelines set forth by the coaches and the school5. Support policies set forth by USD #378

Student Pick-up after Practice/Events

Parents are responsible for picking up their children as soon as possible at the conclusion of a practice and/or event. Students who drive are strongly encouraged to leave the premises at the conclusion of their practice and/or event. Coaches are responsible for making sure all students are supervised until parent pick-up.

Substance Abuse Policy

Please see Appendix G. Students involved in school sponsored extra-curricular activities (athletic programs or non-athletic student organizations/activities) must abide by the school's substance abuse policy. This policy applies to those students at all times during the school year. Consequences will apply to both athletic and non-athletic organizations. This policy may not cover every possible scenario; therefore, some interpretation will be left up to the coach/sponsor and the school administration. Listed in Appendix G are minimum requirements, the coach/sponsor has final discretion in determining the consequence level for their extra-curricular activity.

Violations can be substantiated by credible sources (examples: law enforcement, faculty/staff member, school administration, social-networking sites), or other sources deemed credible by the coach/sponsor, principal, and athletic director.

It is a violation of this policy to be under the influence of, possession of, using, distributing, selling, or attempting to sell any of the substances listed. Violations are subject to disciplinary action and/or legal action as determined by the administration. It is not a violation for a student to be in possession of a drug specifically prescribed for a student's use by her or his own doctor.

Students who are concerned about their substance abuse and voluntarily notify faculty or staff will not be subjected to disciplinary action. Confidentiality will be observed while seeking and finding support for such a student. Self-disclosure may be utilized once to avoid disciplinary action and must be made prior to determination that they have violated this policy.

Summer Workouts

Although summer workouts cannot be mandatory, they are strongly encouraged. Constant and loyal participation by both athletes and coaches is an overwhelming factor in the success of athletics. Information for summer strength and conditioning is available online through the Riley County High School website. All head coaches are required to support other sports programs within our school. In order for all programs to be successful, it is encouraged that all head coaches communicate and coordinate summer schedules with other head coaches to accommodate the needs of multi-sport athletes.

Suspension from Competition

The policies, rules and regulations of USD 378 apply to all activities sponsored by the district, including those held on or off school property and while traveling in school-sponsored transportation. Behavior of students at after school activities also follow school policies when they have provided their own transportation. Students who are on suspension or expulsion are not eligible to participate in or attend any school-sponsored practice, activity, meeting, or event during the duration of the suspension or expulsion. Student eligibility to return to participation resets at midnight of the last day of the suspension. For more information on suspensions or expulsions, please refer to the Student Handbook.

Sportsmanship/Citizenship – Rule 52

The effective American secondary school must support both an academic program and an activities program. We believe that these programs must do more than merely coexist—they must be integrated and support each other in “different” arenas. The concept of “sportsmanship” must be taught, modeled, expected and reinforced in the classroom and in all competitive activities. Therefore, all Kansas State High School Activities Association members stand together in support of the following sportsmanship policy.

Activities are an important aspect of the total education process in the American schools. They provide an arena for participants to grow, to excel, to understand and to value the concepts of sportsmanship and teamwork. They are an opportunity for coaches and school staff to teach and model sportsmanship, to build school pride, and to increase student/community involvement; this ultimately translates into improved academic performance. Activities are also an opportunity for the community to demonstrate its support for the participants and the school, and to model the concepts of sportsmanship for our youth as respected representatives of society. Sportsmanship is good citizenship in action!

It is recommended that anyone who uses foul language, is disrespectful to students and faculty, or in any other way brings about an unfavorable opinion of Riley County High School should be barred from competing until proper sportsmanship is displayed.

Article 1: Sportsmanship policy items are listed below for clarification:

- a. Be courteous to all (participants, coaches, officials, staff and fans).
- b. Know the rules, abide by and respect the official's decisions.

- c. Win with character and lose with dignity.
- d. Display appreciation for good performance regardless of the team.
- e. Exercise self-control and reflect positively upon yourself, team and school.
- f. Permit only positive sportsmanlike behavior to reflect on your school or its activities.

Article 2: Enforcement Procedure:

- a. It is encouraged and recommended by the Kansas State High School Activities Association that local boards of education adopt these regulations and reinforce them as indicated herein.
- b. The Executive Board of the Kansas State High School Activities Association shall be responsible for the interpretation of these regulations, including "desirable and unacceptable behavior" and shall publish them in the Association's Sportsmanship/Citizenship Manual.

Artificial Noisemaker Limitations:

Artificial noisemakers (including megaphones, cow bells, thunder sticks, air horns, sirens, etc.) are not to be used and bands are not to play (including the beating of drums) while the game is in progress, indoors or outdoors.

If the host school administration questions the safety or appropriateness of any noise maker it shall not be permitted. Please refer to the KSHSAA Music Manual, page 21, relating to when bands can play. By policy of the KSHSAA Executive Board, use of fireworks, cannons, air concussion cannons, hand-held explosives, and other devices, is not permitted at any KSHSAA post-season athletic event. Member schools have the authority to determine if they permit such devices at their regular-season events.

Transportation

All school-sponsored trips will be made using school-provided transportation. Participants are required to ride in school-provided transportation to the event. Exceptions to this policy must be PRE-APPROVED by the building principal and/or athletic director(s). Participants are required to ride in school-provided transportation except when an injury may require release to a parent or school official or when a written request signed by a parent is presented to the coach prior to departing from the event. In all cases when an athlete/participant does not ride home on the bus, prior arrangements must be made with the coach or sponsor. Students may only be released to their parent/guardian, and the coach must receive a written permission slip signed by the parent/guardian of the student. This is a privilege granted to those who do not abuse it. The following guidelines must be followed:

- a. A student must be academically eligible to travel on an activity bus to an away event.
- b. All school district bus and applicable classroom rules are in effect.
- c. Head coaches/sponsors are responsible for supervision on all transportation to and from events. Appropriate supervisors include head coaches and unsupervised assistant coaches.
- d. The bus departs from school at the scheduled time. It does not wait.
- e. Only USD #378 students are permitted to ride the bus.
- f. Activity buses pick up and deliver students at a single designated location within the district. The location is at the school which is sponsoring the activity.
- g. No student who has ridden an activity bus is allowed to return home by another means, except when the parents contact the coach/sponsor in person and sign the release form at the event.
- h. Food and drink rules may apply on activity buses.
- i. A cell phone will be available for student use to contact parents of approximate return time.

A student who becomes a discipline problem on the bus will be deprived of the privilege of riding the bus. Violation of these rules will result in pupils being reported to the school principal who can deny privilege of riding the bus. If a student is suspended from the bus, his/her parent(s) will be required to furnish transportation to and from school during the entire period of suspension.

1st Offense: Written warning.

2nd Offense: Thirty minute detention after school.

3rd Offense: Suspension from the bus for two (2) weeks.

4th Offense: Suspension from the bus for one (1) month.

5th Offense: Suspension from the bus for the remainder of the school year.

Uniforms

Student participants are expected to maintain proper care of school issued uniforms. This includes frequent and proper washing of uniforms. School issued uniforms are not to be worn as "every-day" clothing to school, on weekends, or other outings where a school function is not in session. A school employee, for inappropriate wear or care, can confiscate uniforms. Participants will also be required to follow dress code requirements.

Violation of Team Rules

Coaches have the right to establish reasonable rules and regulations, subject to the approval of the Athletic Director(s), for behavior not otherwise specified in the Code of Conduct. It is recommended that anyone who uses foul language, is disrespectful to students and faculty, or in any other way brings about an unfavorable opinion of Riley County High School should be barred from competing until proper sportsmanship is displayed.

Appendix A – Admission/Activity Pass
Riley County Athletic Pass

A Riley County athletic pass may be purchased for students or adults for all Middle School and High School athletic events at Riley County. (Excluding tournaments/post season KSHSAA and away events).

This year students will be charged a \$5.00 entry fee and adults will be charged a \$5.00 entry fee for all regular season sporting events where admission is charged. If you would like to purchase an athletic pass please fill out the information below and return to the office with a payment of your total purchase. The pass will be available at the office of your choice or sent home with your child. The cost is \$20.00 per student and \$55.00 per adult.

Senior/Lifetime passes available. It is a onetime fee of \$50.00 per person. To obtain a senior pass you must be 65 years of age or older.

Below please write the names of those who are to receive the pass and check if they are a student or adult.

Name _____ Student____Adult____

Name _____ Student____Adult____

Name _____ Student____Adult____

Name _____ Student____Adult____

Name _____ Student____Adult____

Name (Sr. Pass) _____

Name (Sr. Pass) _____

____I will pick up my passes from the Middle School office ____ Send home with my student

____I will pick up my passes from the High School office ____ Send home with my student

Total Amount Due \$_____

Appendix B – Emergency Action Plan

SPORT & VENUE:

PRIMARY PHONE:

VENUE ADDRESS:

AMBULANCE ACCESS TO VENUE:

AED ONSITE & AVAILABLE FOR IMMEDIATE ACCESS ☐

AED LOCATION:

STORM SHELTER LOCATION FOR ATHLETES & COACHES:

EMERGENCY RESPONSE PERSONNEL/CONTACTS

Identify personnel who will be involved in an emergency medical response. The person present with the highest level of medical training should be designated to lead and coordinate the emergency response until emergency medical personnel arrive on the scene.

	<u>NAME</u>	<u>PHONE</u>
EMS		911 or
Athletic Trainer	_____	_____
Team Physician	_____	_____
Coach	_____	_____
Coach	_____	_____
Principal	_____	_____
Athletic Director	_____	_____
Other	_____	_____

1. Person(s) responsible to activate EMS (call 911):

PERSON(S) CALLING SHOULD

- Explain the type of emergency
- Provide condition of patient and type of care being administered
- Provide exact location of emergency
- Provide exact location of where ambulance can access the facility
- Provide caller name and contact
- DO NOT HANG UP until instructed by dispatcher

2. Person(s) responsible to retrieve any emergency medical equipment:

Location of emergency/first aid equipment:

Location of the nearest AED:

Person(s) responsible to prepare cold tub:

3. Person(s) responsible to meet/escort EMS to the scene:

PERSON(S) CALLING SHOULD

- Have keys to any locked doors, gates, etc.
- Meet the emergency personnel as they arrive at the site

Emergency Action Plan update on:

EMERGENCY ACTION PLANS SHOULD BE REVIEWED AND REHEARSED ANNUALLY

Appendix C – Emergency Treatment Consent Form

RILEY COUNTY EMERGENCY TREATMENT CONSENT FORM

Student Name (Printed)

Parent Name (Printed)

Address

I/we give consent in advance to USD 378 Riley County Schools representative, Emergency Medical Services, Physicians or Hospitals selected to treat and/or transport for emergency treatment as in their judgment is reasonably necessary and in accordance with the provisions of the Kansas Healing Arts Act, K.S.A.650-2801. I/we understand that a USD 378 Riley County school representative will attempt to contact me, before securing medical treatment. Furthermore, I/we understand that this consent is given in the case where I/We are not available at the time of an emergency.

I/we specifically release USD 378 Riley County Board of Education, Superintendent, Principals, Teachers or staff from any and all claims, loss, cost, damage or expense arising out of or from any accident or other occurrences causing injury to any person or property. Furthermore, I/we understand that the USD 378 Riley County medical insurance plan is considered to be supplemental in coverage.

Health Insurance Company

Insured's Name

Plan Name

Insurance ID #

Group #

Mother's Name

Mother's Work Phone

Mother's Cell Phone

Father's Name

Father's Work Phone

Father's Cell Phone

Emergency Contact Name

Emergency Contact Phone #1

Last Tetanus Shot (Td) _____ Medical Allergies _____

Current Medications w/ dosage information: _____

History of Asthma? Y N History of seizures or loss of consciousness? Y N

History of heart problems? Y N If yes please explain: _____

Other pertinent information or conditions that emergency personnel need to know? Y N If yes please explain: _____

I/we, give permission for this health information to be shared electronically (secure thumb drive or secure email transmission) with hospitals and licensed medical professionals; and will not hold USD 378 Riley County Board of Education or schools and their representatives along with hospitals and their licensed medical professionals liable for electronic failure of any device.

Signature of Parent or Guardian

Date

Appendix D – Physical Form

PRIVATE HEALTH INFORMATION - KEEP CONFIDENTIAL



Kansas State High School Activities Association

PRE-PARTICIPATION PHYSICAL EVALUATION

PPE

PPE is required annually and shall not be taken earlier than May 1 preceding the school year for which it is applicable.

HISTORY FORM (Pages 1 & 2 should be filled out by the student and **parent/guardian** prior to the physical examination)

Name _____	*Sex at Birth _____	Age _____	Date of birth _____
Grade _____	School _____	Sport(s) _____	
Home Address _____		Phone _____	-
Personal physician _____		Parent Email _____	

*In cases of disorder of sexual development (DSD), designation of sex at birth may be delayed for a period of time until medical providers and family can make the appropriate determination.

List past and current medical conditions: _____

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

Medicines and Allergies:

Please list all of the prescription and over-the-counter medicines, inhalers, and supplements (herbal and nutritional) that you are currently taking: _____

☐ No Medications

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.

☐ Medicines _____ ☐ Pollens _____ ☐ Food _____ ☐ Stinging Insects _____

What was the reaction? _____

Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.

GENERAL QUESTIONS:	YES	NO
1. Do you have any concerns that you would like to discuss with your provider?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has a provider ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any ongoing medical issues or recent illness?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever spent the night in the hospital?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOU:	YES	NO
5. Have you ever passed out or nearly passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has a doctor ever told you that you have any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you get light-headed or feel shorter of breath than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY:	YES	NO
12. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?	<input type="checkbox"/>	<input type="checkbox"/>
13. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?	<input type="checkbox"/>	<input type="checkbox"/>
14. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	<input type="checkbox"/>	<input type="checkbox"/>
BONE AND JOINT QUESTIONS:	YES	NO
15. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever had any broken or fractured bones or dislocated joints?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever had an injury that required x-rays, MRI, CT scan, injections or therapy?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you ever had any injuries or conditions involving your spine (cervical, thoracic, lumbar)?	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you regularly use, or have you ever had an injury that required the use of a brace, crutches, cast, orthotics or other assistive device?	<input type="checkbox"/>	<input type="checkbox"/>
20. Do you have a bone, muscle, ligament, or joint injury that bothers you?	<input type="checkbox"/>	<input type="checkbox"/>
21. Do you have any history of juvenile arthritis, other autoimmune disease or other congenital genetic conditions (e.g., Down's Syndrome or Dwarfism)?	<input type="checkbox"/>	<input type="checkbox"/>

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Appendix D – Physical Form (continued)

PRIVATE HEALTH INFORMATION - KEEP CONFIDENTIAL

■ KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

MEDICAL QUESTIONS:	YES	NO
22. Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
23. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>
24. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organs?	<input type="checkbox"/>	<input type="checkbox"/>
25. Do you have groin or testicle pain, a bump, a painful bulge or hernia in the groin area?	<input type="checkbox"/>	<input type="checkbox"/>
26. Have you had infectious mononucleosis (mono)?	<input type="checkbox"/>	<input type="checkbox"/>
27. Do you have any recurring skin rashes or skin infection that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?	<input type="checkbox"/>	<input type="checkbox"/>
28. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many?		
What is the longest time it took for full recovery?		
When were you last released?		
29. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
30. Have you ever had numbness, tingling, weakness in your arms (including stingers/burners) or legs, or been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
31. Have you ever become ill while exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
32. Do you get frequent muscle cramps when exercising?	<input type="checkbox"/>	<input type="checkbox"/>
33. Do you or does someone in your family have sickle cell trait or disease?	<input type="checkbox"/>	<input type="checkbox"/>
34. Have you ever had or do you have any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
35. Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
36. Do you worry about your weight?	<input type="checkbox"/>	<input type="checkbox"/>
37. Are you trying to or has anyone recommended that you gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
38. Are you on a special diet or do you avoid certain types of foods or food groups?	<input type="checkbox"/>	<input type="checkbox"/>
39. Have you ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
40. How do you currently identify your gender?	<input type="checkbox"/> M	<input type="checkbox"/> F
	<input type="checkbox"/> Other _____	
41. Over the last 2 weeks, how often have you been bothered by any of the following problems? (check box)	NOT AT ALL	SEVERAL DAYS
Feeling nervous, anxious, or on edge	0 <input type="checkbox"/>	1 <input type="checkbox"/>
Not being able to stop or control worrying	0 <input type="checkbox"/>	1 <input type="checkbox"/>
Little interest or pleasure in doing things	0 <input type="checkbox"/>	1 <input type="checkbox"/>
Feeling down, depressed, or hopeless	0 <input type="checkbox"/>	1 <input type="checkbox"/>
(A sum of 3 or more is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes) Patient Health Questionnaire Version 4 (PHQ-4)		
42. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
43. If yes, are you experiencing any problems or changes with athletic participation (i.e., irregularity, pain, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
44. How old were you when you had your first menstrual period?		
45. When was your most recent menstrual period?		
46. How many menstrual periods have you had in the past 12 months?		

Explain all Yes answers here
from the previous two
pages.

By signing below, I certify that all information provided on pages 1-2 is accurate and true. I understand that any false or misleading information provided as part of this exam could result in disqualification from activity participation for my child and my child's teams.

Signature of parent/guardian _____ Date _____
 Signature of student-athlete _____ Date _____

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Appendix D – Physical Form (continued)

PRIVATE HEALTH INFORMATION - KEEP CONFIDENTIAL

■ KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name _____					Date of birth _____
Date of recent immunizations:	Td	Tdap	Hep B	Varicella	HPV
					Meningococcal

PHYSICIAN REMINDERS

1. Consider additional questions on more sensitive issues

- | | |
|--|--|
| <ul style="list-style-type: none"> - Do you feel stressed out or under a lot of pressure? - Do you ever feel sad, hopeless, depressed, or anxious? - Do you feel safe at your home or residence? - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip? - During the past 30 days, did you use chewing tobacco, snuff, or dip? | <ul style="list-style-type: none"> - Do you drink alcohol or use any other drugs? - Have you ever taken anabolic steroids or used any other performance enhancing supplement? - Have you ever taken any supplements to help you gain or lose weight or improve your performance? - Do you wear a seat belt, use a helmet and adhere to safe sex practices? |
|--|--|

2. Consider reviewing questions on cardiovascular symptoms (questions 5-14 of History Form).

3. Per Kansas statute, any school athlete who has sustained a concussion shall not return to competition or practice until the athlete is evaluated by a healthcare provider and the healthcare provider (MD or DO only) provides such athlete a written clearance to return to play or practice.

4. Per Kansas Statute, students indicated as biological male at birth may not participate on girls teams.

EXAMINATION		
Height _____	Weight _____	Male <input type="checkbox"/> Female <input type="checkbox"/> BP (reference gender/height/age chart)**** / (/) Pulse _____
Vision R 20/ _____	L 20/ _____	Corrected: Yes <input type="checkbox"/> No <input type="checkbox"/>
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance - Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes/ears/nose/throat - Pupils equal, Gross Hearing		
Lymph nodes		
Heart * - Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Pulses - Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Skin - Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis		
Neurological***		
Genitourinary (optional-males only)**		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional - e.g. double-leg squat test, single-leg squat test, and box drop or step drop test		

*Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those. **Consider GU exam if in appropriate medical setting. Having third party present is recommended. ***Consider cognitive evaluation or baseline neuropsychiatric testing if a significant history of concussion. ****Flynn JT, Kaelber DC, Baker-Smith CM, et al. Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents. Pediatrics. 2017;140(3):e20171904.

I acknowledge I have reviewed the preceding patient history pages and have performed the above physical examination on the student named on this form.

Name of healthcare provider (print/type) _____ Date _____

K

Signature of healthcare provider _____, MD, DO, DC, PA-C, APRN
(please circle one)

Address _____ Phone _____

Healthcare Providers: You must complete the Medical Eligibility Form on the following page

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Appendix D – Physical Form (continued)

KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name _____ Date of birth _____

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of _____

☐ Medically eligible for certain sports _____

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form, except as indicated above. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of healthcare provider (print or type): _____ Date: _____

 Signature of healthcare provider: _____ MD, DO, DC, or PA-C, APRN

Address: _____ Phone: _____

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

Parent or Guardian Consent

To be eligible for participation in interscholastic athletics/sports groups, a student must have on file with the superintendent/principal, a signed statement by a physician, chiropractor, physician's assistant who has been authorized to perform the examination by a Kansas licensed supervising physician or an advanced practice registered nurse who has been authorized to perform this examination by a Kansas licensed supervising physician, certifying the student has passed an adequate physical examination and is physically fit to participate (See KSHSAA Handbook, Rule 7). A complete history and physical examination must be performed annually before a student participates in KSHSAA interscholastic athletics/cheerleading.

I do not know of any existing physical or any additional health reasons that would preclude participation in activities. I certify that the answers to the questions in the HISTORY part of the Preparticipation Physical Examination (PPE), are true and accurate. I understand that any false or misleading information provided as part of this exam could result in disqualification from activity participation for my child and my child's teams. I approve participation in activities. I hereby authorize release to the KSHSAA, school nurse, certified athletic trainer (whether employee or independent contractor of the school), school administrators, coach and medical provider of information contained in this document. Upon written request, I may receive a copy of this document for my own personal health care records.

I acknowledge that there are risks of participating, including the possibility of catastrophic injury. I hereby give my consent for the above student to compete in KSHSAA approved activities, and to accompany school representatives on school trips and receive emergency medical treatment when necessary. It is understood that neither the KSHSAA nor the school assumes any responsibility in case of accident. The undersigned agrees to be responsible for the safe return of all equipment issued by the school to the student.

 Signature of parent/guardian: _____ Date: _____

Parent/guardian phone: _____

The parties to this document agree that an electronic signature is intended to make this writing effective and binding and to have the same force and effect as the use of a manual signature.

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Appendix D – Physical Form (continued)

■ ATTENTION PARENTS AND STUDENTS: KSHSAA ELIGIBILITY CHECKLIST

Student's Name _____ (PLEASE PRINT CLEARLY)

NOTE: Transfer Rule 18 states in part, a student is eligible transfer-wise if:

BEGINNING SEVENTH GRADER—A seventh grader, at the beginning of his or her seventh grade year, is eligible under the Transfer Rule at any school he or she may choose to attend. In addition, age and academic eligibility requirements must also be met.

BEGINNING NINTH GRADERS IN A THREE-YEAR JUNIOR HIGH SCHOOL—So that ninth graders of a three-year junior high are treated equally to ninth graders of a four-year senior high school, a student who has successfully completed the eighth grade of a two-year junior high/middle school, may transfer to the ninth grade of a three-year junior high school at the beginning of the school year and be eligible immediately under the Transfer Rule. Such a ninth grader must then, as a tenth grader, attend the feeder senior high school of their school system. Should they attend a different school as a tenth grader, they would be ineligible for eighteen weeks.

ENTERING HIGH SCHOOL FOR THE FIRST TIME—A senior high school student is eligible under the Transfer Rule at any senior high school he or she may choose to attend when senior high is entered for the first time at the beginning of the school year. In addition, age and academic eligibility requirements must also be met.

For Middle/Junior High and Senior High School Students to Retain Eligibility

Schools may have stricter rules than those pertaining to the questions above or listed below. Contact the principal or coach on any matter of eligibility. A student eligible to participate in interscholastic activities must be certified by the school principal as meeting all eligibility standards.

All KSHSAA rules and regulations are published in the official *KSHSAA Handbook* which is distributed annually to schools and is available at www.kshsaa.org.

Below Are Brief Summaries Of Selected Rules. Please See Your Principal For Complete Information.

- Rule 7 Physical Evaluation - Parental Consent**—Students shall have passed the **attached evaluation** and have the written consent of their parents or legal guardian.
- Rule 14 Bona Fide Student**—Eligible students shall be a **bona fide undergraduate member** of his/her school in good standing.
- Rule 15 Enrollment/Attendance**—Students must be regularly **enrolled and in attendance** not later than Monday of the fourth week of the semester in which they participate.
- Rule 16 Semester Requirements**—A student shall not have more than two semesters of possible eligibility in grade seven and two semesters in grade eight. A student shall not have more than eight consecutive semesters of possible eligibility in grades nine through twelve, regardless of whether the ninth grade is included in junior high or in a senior high school.
NOTE: If a student does not participate or is ineligible due to transfer, scholarship, etc., the semester(s) during that period shall be counted toward the total number of semesters possible.
- Rule 17 Age Requirements**—Students are eligible if they are not 19 years of **age** (16, 15 or 14 for junior high or middle school student) on or before August 1 of the school year in which they compete.
- Rule 19 Undue Influence**—The use of **undue influence** by any person to secure or retain a student shall cause ineligibility. If tuition is charged or reduced, it shall meet the requirements of the KSHSAA.
- Rules 20/21 Amateur and Awards Rules**—Students are eligible if they have not **competed under a false name** or for money or merchandise of intrinsic value, and have observed all other provisions of the Amateur and Awards Rules.
- Rule 22 Outside Competition**—Students may not engage in **outside competition** in the same sport during a season in which they are representing their school.
NOTE: Consult the coach, athletic director or principal before participating individually or on a team in any game, training session, contest, or tryout conducted by an outside organization.
- Rule 25 Anti-Fraternity**—Students are eligible if they are not members of any **fraternity** or other organization prohibited by law or by the rules of the KSHSAA.
- Rule 26 Anti-Tryout and Private Instruction**—Students are eligible if they have not participated in **training sessions or tryouts** held by colleges or other outside agencies or organizations in the same sport while a member of a school athletic team.
- Rule 30 Seasons of Sport**—Students are not eligible for more than **four seasons** in one sport in a four-year high school, three seasons in a three-year high school or two seasons in a two-year high school.

For Middle/Junior High and Senior High School Students to Determine Eligibility When Enrolling

If a **negative** response is given to any of the following questions, this enrollee should contact his/her administrator in charge of evaluating eligibility. This should be done before the student is allowed to attend his/her first class and prior to the first activity practice. If questions still exist, the school administrator should telephone the KSHSAA for a final determination of eligibility. (Schools shall process a Certificate of Transfer Form T-E on **all** transfer students.)

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Are you a bona fide student in good standing in school? (If there is a question, your principal will make that determination.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Did you pass at least five new subjects (those not previously passed) last semester? (The KSHSAA has a minimum regulation which requires you to pass at least five subjects of unit weight in your last semester of attendance.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Are you planning to enroll in at least five new subjects (those not previously passed) of unit weight this coming semester? (The KSHSAA has a minimum regulation which requires you to enroll and be in attendance in at least five subjects of unit weight.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did you attend this school or a feeder school in your district last semester? (If the answer is "no" to this question, please answer Sections a and b.) |
| <input type="checkbox"/> | <input type="checkbox"/> | a. Do you reside with your parents? |
| <input type="checkbox"/> | <input type="checkbox"/> | b. If you reside with your parents, have they made a permanent and bona fide move into your school's attendance center? |

The above named student and I have read the KSHSAA Eligibility Checklist and how to retain eligibility information listed in this form. The student/parent authorizes the school to release to the KSHSAA student records and other pertinent documents and information for the purpose of determining student eligibility. The student/parent also authorizes the school and the KSHSAA to publish the name and picture of student as a result of participating in or attending extra-curricular activities, school events and KSHSAA activities or events.

 Signature of parent/guardian _____ Date _____
 Signature of student _____ Birth Date _____ Grade _____ Date _____

The parties to this document agree that an electronic signature is intended to make this writing effective and binding and to have the same force and effect as the use of a manual signature.

**KSHSAA RECOMMENDED CONCUSSION & HEAD INJURY INFORMATION RELEASE
FORM
2023-2024**

This form must be signed by all student athletes and parent/guardians before the student participates in any athletic or spirit practice or contest each school year.

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:	
<ul style="list-style-type: none"> • Headaches • “Pressure in head” • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns 	<ul style="list-style-type: none"> • Amnesia • “Don’t feel right” • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/comment

Signs observed by teammates, parents, and coaches include:	
<ul style="list-style-type: none"> • Appears dazed • Vacant facial expression • Confused about assignment • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily or displays incoordination • Answers questions slowly • Slurred speech 	<ul style="list-style-type: none"> • Shows behavior or personality changes • Can’t recall events prior to hit • Can’t recall events after hit • Seizures or convulsions • Any change in typical behavior or personality • Loses consciousness

Adapted from the CDC and the 3rd International Conference in Sport

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one (second impact syndrome). This can lead to prolonged recovery, or even to severe brain swelling with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.

Appendix E – Concussion Form (continued)

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately and an urgent referral to a health care provider should be arranged (if not already onsite). No athlete may return to activity after sustaining a concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO). Close observation of the athlete should continue for several hours. You should also inform your child's coach if you think that your child may have a concussion. Remember it is better to miss one game than miss the whole season. **When in doubt, the athlete sits out!**

Cognitive Rest & Return to Learn

The first step to concussion recovery is cognitive rest. This is essential for the brain to heal. Activities that require concentration and attention such as trying to meet academic requirements, the use of electronic devices (computers, tablets, video games, texting, etc.), and exposure to loud noises may worsen symptoms and delay recovery. Students may need their academic workload modified while they are initially recovering from a concussion. Decreasing stress on the brain early on after a concussion may lessen symptoms and shorten the recovery time. This may involve staying home from school for a few days, followed by a lightened school schedule, gradually increasing to normal. Any academic modifications should be coordinated jointly between the student's medical providers and school personnel. After the initial 24-48 hours from the injury, under direction from their health care provider, patients can be encouraged to become gradually and progressively more active while staying below their cognitive and physical symptom-exacerbation thresholds (i.e., the physical activity should never bring on or worsen their symptoms). No consideration should be given to returning to full sport activity until the student is fully integrated back into the classroom setting and is symptom free. Occasionally, a student will be diagnosed with post-concussive syndrome and have symptoms that last weeks to months. In these cases, a student may be recommended to start a non-contact physical activity regimen, but this will only be done under the direct supervision of a healthcare provider.

Return to Practice and Competition

The Kansas School Sports Head Injury Prevention Act provides that if an athlete suffers, or is suspected of having suffered, a concussion or head injury during a competition or practice, the athlete must be immediately removed from the competition or practice and cannot return to practice or competition until a Health Care Professional has evaluated the athlete and provided a written authorization to return to practice and competition. The KSHSAA recommends that an athlete not return to practice or competition the same day the athlete suffers or is suspected of suffering a concussion. The KSHSAA also recommends that an athlete's return to practice and competition should follow a graduated protocol under the supervision of the health care provider (MD or DO).

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/concussion/HeadsUp/index.html>

<http://www.kansasconcussion.org/>

For concussion information and educational resources collected by the KSHSAA, go to:

<http://www.kshsaa.org/Public/General/ConcussionGuidelines.cfm>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

The parties to this document agree that an electronic signature is intended to make this writing effective and binding and to have the same force and effect as the use of a manual signature.

Revised by KSHSAA SMAC, 04/18
Revised 04/14

Appendix F – Student Assurance Form

PROOF OF CLAIM

This form should be completed and submitted to the Company within 90 days from date of injury.

Mail completed form to:
STUDENT ASSURANCE SERVICES, INC.
P.O. BOX 196
STILLWATER, MINNESOTA 55082

NOTICE: Anyone who knowingly misrepresents or falsifies essential information requested by this form may upon conviction be subject to fine or imprisonment.

CLAIM PROCEDURE:

1. A school official must complete PART A*.
2. The Insured's parents or guardian must complete PART B.
3. If dental charges — have statement completed on Page 2.
4. See Page 2 for important claim procedures.

TO BE COMPLETED BY A SCHOOL OFFICIAL

PART A: NOTICE OF INJURY

1. Name of School Riley County High School School District Name USD 378 Riley County
 School Address 12451 Fairview Church Road Riley KS 66531
(City) (State) (Zip)
 2. Name of Insured _____ Grade _____
 3. Date of Injury _____ ☐ AM ☐ PM
 4. Under whose supervision? _____ Was he/she a witness? _____
 5. The accident was incurred while the Insured was participating in:

INTERSCHOLASTIC SPORTS

☐ Practice What sport? _____

☐ Game _____

☐ Travel _____

NON-INTERSCHOLASTIC SPORTS

☐ Travel to/from school ☐ Non-school activity

☐ In classroom ☐ Other – Activity? _____

☐ Physical Education _____

☐ On school grounds _____
 6. Part of the body injured _____ ☐ R ☐ L
 7. Describe in detail how and where the injury occurred _____

- Reported by _____
(Signature of School Official) (Title) (Date)

(*Part A may be completed by the parent if Full-Time Coverage was purchased.)
IMPORTANT INFORMATION ON Page 2

TO BE COMPLETED BY A PARENT OR GUARDIAN

PART B: PARENT STATEMENT

1. Student's Name _____ Birthdate _____
 Student's Social Security # _____
 Parents Name _____ Relationship to Insured _____
 Mailing Address _____
(Street, Route, or Box) (City) (State) (Zip)
2. Home phone number _____
3. Father's Occupation _____ Employer _____
 Mother's Occupation _____ Employer _____
4. List your family or group coverage, please.
 Name of Insurance Company _____ ☐ Group ☐ Individual ☐ Policy No. _____
 Address _____
(Street) (City) (State) (Zip)

I hereby authorize any physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance company, or other organization, institution, or person that has any records or knowledge of the claimant's physical or mental health, to give the information to STUDENT ASSURANCE SERVICES, INC. To facilitate rapid submission of such information, I authorize all said sources, to give such records or knowledge to any agency employed by the insurance company to collect and transmit such information. A photocopy of this authorization shall be as valid as the original. This authorization expires one year from the date signed.
For electronic filing - By entering my name below I am indicating my intent to electronically sign this claim form and warrant that all of the information provided is true, complete, and accurate.

(Date) (Print Name of Student/Patient) (Signature of Parent or Guardian)

Appendix F – Student Assurance Form (continued)

TO: Parent or Guardian

STEPS TO FOLLOW WHEN FILING A CLAIM:

1. Only one claim form for each accident needs to be submitted.
2. The claim form and benefit summary are available at our website: www.sas-mn.com. However, this is not a guarantee of benefits but only an explanation that is subject to all applicable terms, conditions, limitations and exclusions of the plan.
3. A school official **must** complete Part A for all school related accidents. The parent or guardian must complete **all** questions in Part B – Parent Statement. If the accident is not school related, parent or guardian **may** complete Part A. **Print a copy of the claim form to present to the treating physician or facility so they might understand what is needed from them to process your claim. Do NOT depend on the medical provider to submit the claim form. You should submit the claim directly to claims office within 90 days from date of injury.**
4. You will need to send copies of **itemized bills**. These are the original billings you receive, not monthly statements. **These itemized bills often called UB04 or CMS 1500 provide the Address, Procedure Code, Diagnosis Code, and the Provider's Tax ID Number.**
5. You will need to submit copies of all bills to your family and/or group insurance, even if you have a large deductible. This plan is supplemental to all other valid coverage. You must file a claim with your other insurance first. This plan does not cover penalties imposed for failure to use providers preferred or designated by your primary coverage. After you have received payment or copies of "Explanation of Benefits" (EOB) from your family insurance company or insurance administrator (Blue Cross, Group Health, Prudential Insurance, etc.), **send copies of itemized bills and your other insurance E.O.B.'s to: (Does not apply to our primary plans)**

STUDENT ASSURANCE SERVICES, INC.
P.O. BOX 196
STILLWATER, MN 55082-0196

NO CLAIM CAN BE PROCESSED UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN PROVIDED BY YOU OR THE MEDICAL PROVIDER.

1. Completed Claim Form
2. Itemized Bills (UB04) (CMS 1500)
3. Explanation of Benefits from primary insurance (EOB)

TO FILE A CLAIM FORM ON-LINE

Please complete the form fully and follow all steps explained above. When you are satisfied that the claim form is ready to be submitted to SAS, make a copy of the completed claim form to present to the physician or facility as explained above, then either:

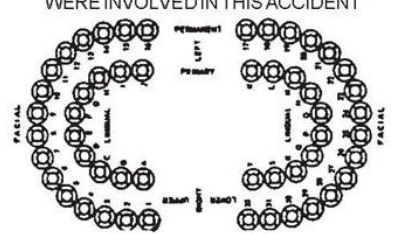
- a. Mail the claim form with any necessary supporting information, to Student Assurance Services, Inc., P.O. Box 196, Stillwater, MN 55082. Please keep a copy of the claim form your records; OR
- b. Click on "Submit Form" in the upper right hand corner of the claim form to electronically send the claim form to SAS. If you have any additional or supporting information mail it to Student Assurance Services, Inc., P.O. Box 196, Stillwater, MN 55082.

PLEASE REFER TO THE MASTER POLICY ISSUED TO THE SCHOOL/SCHOOL DISTRICT FOR SPECIFIC DETAILS.

ATTENDING DENTIST'S STATEMENT

(1) DATE OF ACCIDENT _____ (2) IF PROTHESIS, IS THIS INITIAL PLACEMENT? <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>	(3) WERE THE TEETH SOUND OR NATURAL PRIOR TO THE CURRENT TREATMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO (4) ARE ANY SERVICES COVERED BY ANOTHER PLAN? IF SO, NAME PLAN <input type="checkbox"/> YES <input type="checkbox"/> NO
--	---

IDENTIFY ALL TEETH WITH AN "X" THAT WERE INVOLVED IN THIS ACCIDENT



TOOTH NO.	DESCRIPTION OF SERVICE	DATE OF SERVICE	FEE
TOTAL FEE			

PROVIDER'S NAME _____ STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____ <div style="border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div>	<div style="text-align: center; margin-bottom: 10px;"> X </div> SIGNATURE _____ DEGREE _____ DATE _____ () TELEPHONE _____
--	---

Federal ID Number — No benefits can be paid until we have your ID number.

CERTIFICATE OF COVERAGE

Policy Form GH-159-SP-KS(95)

PART A

COVERAGE

INFORCE COVERAGE - coverage is in force for each Insured person while the Insured is:

1. Practicing for or competing in an interscholastic activity which is exclusively Sponsored and Supervised by the School as a representative of the Policyholder and is under the direct and immediate supervision of an employee of the Policyholder; and
2. Traveling directly to or from such practice or competition in a vehicle provided by the Policyholder and under the direct supervision of an employee of the Policyholder.

PART B

BENEFITS

All benefits are subject to a \$10,000 cash deductible per injury. When injury covered by this policy results in treatment by a Licensed Physician within sixty (60) days from the date of accident, the Company will pay the Usual and Customary charges incurred for necessary services and supplies as listed below, for charges actually incurred within one year from the date of injury up to a maximum benefit of \$15,000. This policy will pay benefits regardless of Other Valid Group Coverage, if the covered claim expense is less than \$50.00. If the covered claim expense exceeds \$50.00, and if there be Other Valid Group Coverage not with this insurer, providing benefits for the same loss on a provision of service basis or on an expense incurred basis, benefits shall be paid first by the company or service contract whose policy or service contract has been in effect, with respect to the insured, for the longer period of time at the date of such loss. This plan does not cover penalties imposed for failure to use providers preferred or designated by your primary coverage.

BENEFITS AND LIMITATIONS

1. Physician's Services
 - (a) for surgical operations (fractures, dislocations or repair of lacerations) - the Usual and Customary charges incurred.
 - (b) for nonsurgical care (except Physical Therapy Treatments) - the Usual and Customary charges incurred.
2. Hospital Care - (except Physical Therapy Treatments)
 - (a) Inpatient Care - the Usual and Customary charges incurred.
 - (b) Outpatient Care - the Usual and Customary charges incurred.
3. Radiology Services - the Usual and Customary charges incurred.
4. Dental Treatment - the Usual and Customary charges incurred for repair and/or replacement of each sound and natural tooth.
5. Orthopedic Appliances - the Usual and Customary charges incurred.
6. Ambulance Services - the Usual and Customary charges incurred.
7. Physical Therapy Treatments - shall include any form of diathermy, ultrasonic, whirlpool or heat treatments, EMS, adjustments, manipulation or massage - benefits will be limited to \$50.00 for each treatment and/or office visit connected therewith, not to exceed ten (10) treatments per injury.
8. Prescription Drugs (take home) - Up to \$200.
9. Eyeglasses and Hearing Aids (replacement when broken as the result of a covered injury when medical treatment is required) - Up to \$200.
10. Motor Vehicle Injury Expenses - up to \$1,000.00 per injury as scheduled in Part B above.

PART C

EXCLUSIONS

No benefits will be allowed for:

1. Any sickness, disease, infection (unless caused by an open cut or wound), aggravation of a congenital condition, blisters, headaches, hernia of any kind, mental or physical infirmity, Osgood-Schlatter disease, osteochondritis, osteochondritis dissecans, osteomyelitis, spondylolysis, slipped femoral capital epiphysis, or orthodontics.
2. Injuries for which benefits are payable under Workmen's Compensation or Employer's Liability Laws.
3. Replacement of contact lenses.
4. The services of a second or subsequent Licensed Physician when not requested in writing by the attending Physician.
5. Any injury involving a two or three wheeled motor vehicle or snowmobile.
6. Accidental injuries as a result of a motor vehicle accident where benefits may be payable under any medical expense provision of any automobile insurance policy under which the insured may be covered, to the extent payable under the automobile policy.

PART D

DEFINITIONS

1. The term "School-Sponsored and Supervised Activity" means any activity which is exclusively sponsored by the Policyholder and which is under the immediate supervision of an employee of the Policyholder.
2. "Hospital" means an institution licensed by the State (if required), which is operated for the care of resident inpatients and has a graduate nurse on duty, has a laboratory and operating room where major surgery is performed, has a staff of one or more Licensed Physicians available at all times, and is not primarily a clinic, sanitarium, nursing home, or rest home.

Appendix F – Student Assurance Form (continued)

3. "Licensed Physician" means any medical practitioner, other than a member of the Insured's immediate family, licensed to practice medicine in the State in which he practices.
4. The term "Residence" means the building and grounds where the Insured resides.
5. "Accident" means an unexpected, external and sudden event that is independent of any other cause.
6. "Injury" means an injury to the body of the Insured directly caused by specific accidental contact with another body or object during the Insured's term of coverage under the Master Policy. It is unrelated to any pathological, functional, or structural disorder. The accident must result in a loss beginning during the Insured's term of coverage under the Master Policy.

The term "Injury" also means a reinjury incurred while the policy is in force with respect to the Insured, for which the Insured has remained treatment free for a period of 180 days prior to the effective date of the Master Policy.

If benefits have been paid under the Master Policy for an injury incurred while the Master Policy is in force with respect to the Insured, a reinjury will be considered a new injury if:

- a. the reinjury occurs while the Master Policy is in force with respect to the Insured; and
- b. the Insured remains treatment free for a period of 180 days between the date of last treatment for the original injury and the date of the reinjury.

A reinjury that is incurred within 180 days of the original injury, will be considered a continuation of the original injury.

PART E

GENERAL POLICY PROVISIONS

ENTIRE CONTRACT; CHANGES: This policy, including the endorsements and a copy of the application, if any, of the policyholder and persons insured shall constitute the entire contract between the parties, and that any statement made by the policyholder or by a person insured shall in the absence of fraud, be deemed a representation and not a warranty, and that no such statements shall be used in defense to a claim under the policy, unless contained in a written application. Such person, his or her beneficiary, or assignee, shall have the right to make written request to the insurer for a copy of such application and the insurer shall, within fifteen (15) days after the receipt of such request at its home office or any branch office of the insurer, deliver or mail to the person making such request a copy of such application. If such copy shall not be so delivered or mailed, the insurer shall be precluded from introducing such application as evidence in any action based upon or involving any statement contained therein.

NOTICE OF CLAIM: Written notice of claim must be given to the Company within thirty (30) days after the occurrence or commencement of any loss covered by the Policy, or as soon thereafter as is reasonably possible. Notice given in behalf of the Insured or the beneficiary to the Company at its Home Office, in Minnetonka, Minnesota, or to any authorized agent of the Company, with information sufficient to identify the Insured, shall be deemed notice to the Company.

CLAIM FORMS: The Company, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within fifteen (15) days after the giving of such notice, the claimant shall be deemed to have complied with the requirements of the Policy as to proof of loss upon submitting, within the time fixed in the Policy for filing proofs of loss, written proofs covering the occurrence, the character and the extent of loss for which claim is made.

PROOFS OF LOSS: Written proof of loss must be furnished to The Company within ninety (90) days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

TIME PAYMENT OF CLAIMS: Indemnities payable under this policy will be paid as they accrue immediately upon receipt of due written proof of such loss.

PAYMENT OF CLAIMS: All benefits under the policy shall be payable to the person insured, or to his designated beneficiary or beneficiaries, or to his estate, except that if the person insured be a minor, such benefits may be made payable to his parents, guardian, or other person actually supporting him. Unless the Company is requested otherwise in writing not later than the time of filing proofs of loss, such indemnities may be paid directly to the hospital or person rendering such services; but it is not required that the services be rendered by a particular hospital or person. Payment so made shall discharge the Company's liability with respect to the amount of insurance so paid.

PHYSICAL EXAMINATION AND AUTOPSY: The Company at its own expense shall have the right and opportunity to examine the person of the Insured when and so often as it may reasonably require during the pendency of claim hereunder and also the right and opportunity to make an autopsy in case of death, where it is not prohibited by law.

OTHER INSURANCE WITH THIS COMPANY: Insurance effective at any time on the Insured under a like policy or policies in this Company is limited to the one such policy elected by the Insured, his beneficiary or his estate, as the case may be.

LEGAL ACTIONS: No action at law or in equity shall be brought to recover on this policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this policy and no such action shall be brought after the expiration of five (5) years after the time written proof of loss is required to be furnished.

CONFORMITY WITH STATE STATUTES: Any provision of this policy which, on its effective date, is in conflict with the statutes of the state in which the Policyholder is located on such date is hereby amended to conform to the minimum requirements.

PART F

ADDITIONAL POLICY PROVISIONS

EFFECTIVE DATE: The insurance with respect to each Insured person shall become effective on the later of the following dates:

- (a) the date on which the required premium is actually received by the Policyholder, the Company or its authorized agent; or
- (b) the Master Policy effective date.

EXPIRATION DATE: The insurance with respect to each Insured person shall expire on the earlier of the following dates:

- (a) the date at the close of the period for which the premium is paid; or
- (b) the Master Policy expiration date.

NON-INTERRUPTION OF COVERAGE: Notwithstanding any provision contained in this policy to the contrary, each Insured under this Policy, who would be eligible for coverage under a new policy at the commencement of the new school term, shall be protected by this policy without interruption of coverage until ten (10) days after the new term commences or until the premium for the new policy is paid, whichever is earlier.

FACILITY OF PAYMENT: If Other Valid Coverage makes benefit payments that should have been made by the Company pursuant to the Master Policy, the Company may make payment to the Other Valid Coverage to satisfy its obligation under the Master Policy.

RIGHT OF RECOVERY: If the amount of any benefit payment made by the Company is more than the amount needed to satisfy its obligation under the Master Policy, the Company may exercise its right to recover such excess payment from: any person(s) to or for whom or with respect to whom the payments were made; or any organization providing Other Valid Coverage.

SECURITY LIFE INSURANCE CO. OF AMERICA

Appendix G – Substance Abuse Policy

FIRST OFFENSE CONSEQUENCES – LEVEL 1 SUBSTANCE ABUSE

Tobacco and Alternative Smoking (Electronic Cigarettes, Vape Pens, Juuls)

Sport	Consequence
HS Football	1 Game
HS Volleyball	3 matches
HS Cross Country	1 meet
HS Basketball	2 games
HS Wrestling	3 matches*
HS Track	1 meet
HS Baseball/Softball	2 games
HS Golf	1 meet
HS Cheerleading**	3 events ***

Sport	Consequence
JH Football	1 day of games
JH Volleyball	1 day of matches
JH Cross Country	1 meet
JH Basketball	2 games
JH Wrestling	2 matches
JH Track	1 meet
Non-athlete: next major event scheduled by school or organization.	

*	Wrestling dependent upon the number of matches in the next scheduled event
**	Cheerleading is classified by KSHSAA as a sport during an athletic season and an organization when no cheering sports are in season.
***	A cheering event is one day of cheering regardless of how many games are included.

FIRST OFFENSE CONSEQUENCES – LEVEL 2 SUBSTANCE ABUSE

Repetitive Level 1 Consumption, Alcohol, Marijuana, Nonprescription Medication Overuse

Suspension from all student activities for the duration of any suspension from school or for a period up to 20 school days. A student placed on a long-term suspension under this policy may be readmitted on probationary status if the student completes a drug and alcohol rehabilitation program at an acceptable program, with proof of program admittance.

During this period of ineligibility, when violations occur outside of the school day and activity function or off-campus, the student will be able to practice and participate in team activities and meetings. The student may attend competitions only at the coach/sponsor's requests but will not dress out. During this time, the student will attend organizational meetings and participate in the fund-raising events.

When violations occur during school hours, any involvement with extra-curricular activities will be postponed or forfeited through the duration of the suspension.

Students not involved with school sponsored activities will miss the next major social event, such as Homecoming, Prom, or other school dances. Officers of an organization, who violate the policy, will be removed from office but not from the organization. In the event that more than one organization is involved, the sponsors will meet to determine consequences. The organization's sponsors will be responsible for determining "major events."

SECOND OFFENSE CONSEQUENCES – LEVEL 3 SUBSTANCE ABUSE

Repeat of Level 1 or 2 Offense or first time use of Narcotics (Cocaine, Meth, Heroin)

The student will not be allowed to participate in athletics or organizations for the remainder of the school year and will not be allowed to attend all remaining social events.