

Big Sky School District Miner and Bighorn Student/Parent Pledge

Student Pledge: As a student participating in extracurricular activities, I am a role model. I will refrain from engaging in all types of disrespectful behavior, including inappropriate language, taunting, trash talking, and unnecessary physical contact. I know the district, conference, and state expectations; and I accept the responsibility and privilege of representing this school and community as a student.

Student Code of Conduct

- I will strive for academic excellence
- I will arrive on time for all practices, meetings, and contests
- I will show respect for authority, other athletes, and students
- I will conduct myself in a manner that fosters an environment free from intimidation, harassment, discrimination, and bullying, including cyberbullying
- I will set a good example in school and within the community
- I will refrain from the use of any tobacco products or alcoholic beverages
- I will refrain from the use of performance enhancing or mind altering drugs
- I will comply with all school/team rules and policies
- I will demonstrate and encourage good sportsmanship on and off the playing field
- I will report any injury to the coach

Parent Pledge: As a parent, I acknowledge that I am a role model. I will remember that school activities are an extension of the classroom, offering learning experiences for the students. I must show respect for all players, coaches, spectators, and support groups. I understand the spirit of fair play and good sportsmanship is expected by our district, conference, and state. I accept my responsibility to be a model of good sportsmanship that comes with being the parent of a student.

Parent Code of Conduct

- I will cheer in a positive manner and display appropriate game behavior
- I will focus on performance and effort of the student athlete, not on the outcome. Winning or losing does not define success
- I will never approach a coach, athlete, referee or school official regarding a ruling on the field of play, directly after or during the contest.
- I will encourage my child to talk with the coaches. If I have a concern about my child, I will discuss my concerns with the coach only after my child has expressed this same concern with the coach, at an appropriate time, not directly after or during a contest.
- I will avoid making derogatory remarks while in a public place and support the program while in the presence of my athlete and other fans.
- **I will supervise my other children at all times at home and away games.**

The above is the Big Sky School District Activities Pledge, we ask that you and your child abide to this Pledge during his or her participation in any District activity. By signing this, I agree to abide by the Pledge, and accept any consequences for violating the Pledge.

Student's Signature

Date

Parent's Signature

Date

**BIG SKY SCHOOL DISTRICT #72 ATHLETIC/ACTIVITIES PARTICIPATION
WARNING AND EQUIPMENT RESPONSIBILITY FORM B**

SPORT(S):

STUDENTNAME

PARENT/GUARDIAN

PLEASE READ CAREFULLY BEFORE SIGNING

Participation in athletics/intramurals is voluntary. The District recognizes that participation in activities can bring the student many rewards. These activities require that the student make a commitment to the activity, submit to the discipline of the coach, and develop self-discipline to be able to successfully participate. Participation in these activities often requires considerable physical exertion, physical conditioning, and adherence to training rules and regimens.

The rewards for participation are obvious. Learning to function in a team effort teaches a student important lessons for life. Participation in individual sports teaches self-reliance and commitment. All such activities develop in the student an appreciation for his or her physical abilities and enthusiasm and school spirit. Competition is fun and everyone must learn how to deal with both victory and defeat.

Interscholastic activities and intramurals tend to keep the student involved in a constructive endeavor. The District's experience has been that its athletes and members of other extra-curricular activities tend to be good citizens and good students. The District believes that you should encourage your child to participate in these activities and support and encourage him or her during the ups and downs of the particular endeavor.

Participation Warning

The School District will provide supervisors, safe equipment and facilities, and make reasonable efforts to see that the interscholastic and intramural program is safe for your child. Nevertheless, because athletic activity can involve injury to the participants, we must warn you of such dangers. Athletic injuries can impair the student's general physical and mental health and the student's ability to earn a living and engage in social or recreational activities and general enjoyment of life. Such injuries can include death or serious physical injury and a possibility of emotional injury. Injury can arise from training room procedures, the administration of first aid, or failure to follow game, training, safety, or other team rules.

The purpose of this warning is to aid you in making an informed decision as to whether the student should participate in the athletic/interscholastic/intramural activity. In addition, its purpose is to make you aware that as a student-athlete and parent/guardian, it is your responsibility to learn about the sport involved and to inquire of coaches, physicians, and other knowledgeable persons about any concerns you might have regarding athletic safety and the School District's athletic/intramural program.

Equipment Responsibility

We (parent and student-athlete) agree to be responsible for the safe return or replacement of all athletic and/or activity equipment issued by the Big Sky School District #72.

Student Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____

**BIG SKY SCHOOL DISTRICT #72 – ATHLETICS AND ACTIVITIES EMERGENCY
INFORMATION AND RISK ACKNOWLEDGEMENT FORM C**

I. PERSONAL INFORMATION

Student's Last Name: _____ First Name: _____

Grade Level in 2023-24: _____ Date of Birth: _____

Parent/Guardian email (s): _____

Name of Father or Guardian: _____ Cell Phone or Home Phone: _____

Name of Mother or Guardian: _____ Cell Phone or Home Phone: _____

II. EMERGENCY INFORMATION-In the event of an emergency, the following two people can be notified.

NAME _____ RELATIONSHIP _____ (PHONE #) _____

NAME _____ RELATIONSHIP _____ (PHONE #) _____

III. DRIVER INFORMATION

Big Sky School District #72 provides transportation to and from all Activities/Events/Games for all interscholastic participants. All students are required to ride school district transportation to these events. Only Parents/Guardians may sign out their child/children following an interscholastic sponsored event or activity. Students will not be released by their coach or supervisor to anyone else unless prior written approval is granted from the Activities/Athletic Director or Principal using the School District's Pre-Authorization Travel Release Form. This form can be obtained from the Activities/Athletic Director and must be returned prior to departure for the event or activity.

IV. PHYSICIAN- The name, phone, and address of the student's doctor is:

NAME _____ PHONE _____

ADDRESS _____

V. INSURANCE-The Big Sky School District #72 DOES NOT provide medical insurance benefits for students who choose to participate in the interscholastic and/or intramural program. Medical insurance must be provided in order for the student to participate. For those students who have no medical insurance, the school district can provide information on affordable and seasonal insurance from (SMIC) Special Markets Insurance Consultants. The athlete is covered with the following health insurance:

NAME OF THE INSURANCE CO. _____
POLICY # _____

VI. PARENTAL AUTHORITY FOR MEDICAL CARE AND ACKNOWLEDGEMENT OF RISKS - We authorize Big Sky School District #72 and all administrators, faculty members, coaches, or supervisors in charge of the student to obtain all necessary emergency medical care and authorize any licensed physician and/or medical personnel to render necessary emergency medical treatment to the athlete/student.

We have read the athletic/activities participation handbook and all forms and understand the warning about the risks of injury or death. In consideration of the Big Sky School District's permitting my child or ward to participate in its athletic/interscholastic/intramural programs and to engage in all activities relating to the event, we recognize and assume the risks which are inherent in the sport or activity.

BOTH PARENTS OR LEGAL GUARDIANS MUST SIGN THIS FORM. IF ONLY ONE PARENT/GUARDIAN IS LIVING OR HAS SOLE CUSTODY, THEN ONLY THAT PERSON NEED SIGN. THE SIGNING PARENT/GUARDIAN, HOWEVER, IS OBLIGATED TO NOTIFY ANY NON-CUSTODIAL PARENT/GUARDIAN OF THE CONTENTS OF THIS DOCUMENT.

PARENT/GUARDIAN'S SIGNATURE _____ DATE _____

2023-24 ATHLETIC AND ACTIVITIES REGISTRATION FORM D

Student Name _____ Grade _____

Parent/Guardian Name(s) _____ Email _____

Home Phone _____ Cell Phone _____

Home Address _____

Every athlete must have a pre-participation physical form, pay the required activity fee, and fill out all required forms before he/she can practice or participate.

Participation Fees are \$175.00 per LPHS Sport, \$125.00 per Ophir Middle School Sport, and \$30.00 per Intramural Activity

Interscholastic Sports:

- LPHS Football (9-12)
- LPHS Volleyball (9-12)
- LPHS Boys Soccer(9-12)
- LPHS Girls Soccer (9-12)
- LPHS Girls Cross Country (9-12)

- LPHS Girls' Basketball (9-12)
- LPHS Boys' Basketball (9-12)

- LPHS Boys/ Girls Track
- LPHS Boys/ Girls Cross Country
- LPHS Girls' Golf (9-12)
- LPHS Boys' Golf (9-12)
- LPHS Girls' Tennis (9-12)
- LPHS Boys' Tennis (9-12)
- LPHS Boy's Baseball (9-12)

- OMS Football (6-8)
- OMS Volleyball (5-8)

- OMS Girls' Basketball (5-8)
- OMS Boys' Basketball (5-8)

*Activity fee payments can be made in the main office and checks can be written out to Big Sky School District #72 or credit card payment and online form completion on Infinite Campus

ACKNOWLEDGEMENT OF RECEIPT AND READING OF THE ATHLETIC AND ACTIVITIES HANDBOOK AND ALL REQUIRED FORMS
(Concussion Forms and Information Sheets, Forms A, B, C, D, E, and Physical Form)

We have read this Athletic Handbook and are familiar with its contents. We understand that it is our responsibility to follow the guidelines set for athletic success. Both parents/guardians are required to sign this form. If only one parent/guardian is living or has sole custody, then only that person need sign. The signing parent/guardian, however, is obligated to notify the non-custodial parent/guardian of the contents of this acknowledgement. One parent/guardian must sign this form in the MAIN OFFICE with a school district representative present.

Parent/Guardian Name (PRINT) _____
Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (PRINT) _____
Parent/Guardian Signature: _____ Date: _____

Student Name (PRINT) _____
Student Signature: _____ Date: _____

School District Representative (Witness) Signature _____ Date: _____



Student-Athlete & Parent/Legal Guardian Concussion Statement

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

Student-Athlete Name: _____

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

Parent/Legal Guardian Name(s): _____

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

If true, please check box

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

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

Signature of Student-Athlete Date

+ _____
Signature of Parent/Legal Guardian Date

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