

# Parent/Student Co-Curricular and Extracurricular Activities Handbook



## Overview

Only students in grades three through eight may participate in co-curricular and/or extra-curricular activities. The activities offered at Lolo School are: Co-Ed Soccer, Girls Basketball, Boys Basketball, Girls Volleyball, Co-Ed Track, Band, Close Up, MathCounts and Robotics.

## Games and Contests

### Co-Ed Soccer (6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> Grade)

September- October

### Girls' Volleyball (7<sup>th</sup> and 8<sup>th</sup> Grade)

September- October

### Girls Basketball (7<sup>th</sup> and 8<sup>th</sup> Grade)

February- March

### Boys' Basketball (7<sup>th</sup> and 8<sup>th</sup> Grade)

December- February

### Co-ed Track (6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> Grade)

April- May

### Band (5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> Grade)

September- June

### MathCounts (7<sup>th</sup> and 8<sup>th</sup> Grade)

September- May

### Close Up (8<sup>th</sup> Grade)

September- June

### Robotics (4<sup>th</sup>, 5<sup>th</sup>, & 6<sup>th</sup> grade)

September – June

**In order to qualify for public school participation, a student must meet the following requirements:**

### Academics

Participants must be in grades six through eight, and must be considered to be in “good” standing in *all* of their academic courses. In order to be in “good” standing the following criteria must be met:

- Students are required to have a 3 or higher in all participation marks
- Students must be making appropriate gains in their academic skills as determined by the classroom teacher
- Students must have all assigned work turned in

Each week teachers will complete a weekly grade check for students who participate in extra-curricular activities. If at that time a student is determined to be ineligible due to academic standing the student will not participate in the activity (practice or contests) until the next grade check. At the next grade check

eligibility will then be re-determined. At any time, administrative discretion can be used to remove a student from participating in practice and/or contests.

### **Participant Conduct**

As a participant, you are asked to read and agree to the following guidelines.

1. I will always be on time and prepared for practice, games, and/or performances.
2. As a member of the team, I will be courteous, respectful, and practice good sportsmanship to teammates, opponents, spectators, teachers/coaches/directors, and officials.
3. I understand it is a privilege to represent Lolo School and proper behavior is required in class, practice, and contests.
4. I will use appropriate language at all times.
5. I understand good sportsmanship is a must. Criticizing, blaming or disputing with my teammates, coaches, directors, opponents, spectators, or referees will not be tolerated.
6. I will be respectful of other schools' staff members and facilities; this is proper behavior as a representative of Lolo School.
7. I will be alcohol, drug, and tobacco free. These violations will result in immediate dismissal from the team.
8. I understand commitment to practice, performances, or games is required. Students should communicate any scheduling conflicts, in advance, with the coaches or directors.
9. I understand all team members are required to support their team(s) for the entire contest(s).

\*Violation of statements 1-9 will be handled in following manner depending on the severity of the offense.

First violation = warning and conference with coach

Second violation = conference with athlete/parent/coach/principal

Third violation = review with the principal

In the event of major offenses (as described in the student handbook), administrative discretion will always be used to assign the appropriate disciplinary action.

Being a team member is a privilege. If an individual student is willing to put the needed effort into their activity, he/she will be rewarded for those efforts.

It is a goal of our schools to have excellent community, school, co-curricular, and extra-curricular programs of which we can be proud. Consequently, violation of the school rules is not acceptable. The following actions will be taken when the student receives any of the following:

Two Minor Behavioral Referrals (Per Season)

1. Warning and conference with coach/director.
2. Conference with student/ parents/coach/director.

- Three or more Minor Behavioral Referrals (Per Season) or one or more Major Offense Behavior Referrals
1. No games/performances for the next two contests (except for track and field in which the students will miss the next track meet).
  2. Conference with student/parents/coach/director.
  3. Review with student/parents/principal/coach/director for possible removal from the team.

Coaches will directly oversee the conduct of their players at all times when at contests. Appropriate referrals will need to be made to administration if a student displays a pattern of inappropriate conduct and/or partakes in committing a major offense while at or outside the contest. Appropriate conduct expectations of students while at the contest/performance are the same as that expected during the school day as well as the Athletic Code of Conduct list above. Students are to follow these expectations and if these expectations are violated disciplinary action per the Lolo School Parent/Student Handbook may be followed and expulsion from the activity can occur. If a disciplinary issue occurs at a contest/performance the coach is to handle the situation and obtain assistance from administration as needed.

### **Spectator Conduct**

Students and adults who attend athletic activities sponsored by the Lolo School District will act in an appropriate manner that encourages good sportsmanship.

Spectators who display behavior that detracts from the positive aspects of the event will be counseled by the Lolo SD supervisor. If the negative behavior continues, they will be requested to leave, and depending on the infraction, can face further disciplinary actions by the school up to and including expulsion from that or future activities. The following school day the district supervisor handling the situation will complete the appropriate disciplinary referral and administration follow up will occur.

### **Attendance**

A student must, at any time of any contest in which he or she participates, be a regularly enrolled member of the school's student body. The day of a contest the student must be in full attendance of their academic course at school (a minimum of four consecutive class periods). If a contest is held on Saturday or Sunday then the student must be "regularly enrolled" on Friday. For example: if a student is sick and absent from school on Thursday they will not participate in the contest held Thursday evening.

### **Participation Fee**

In order for students to participate in extracurricular activities students are required to pay a one-time, non-refundable fee of \$35.00 prior to each season. These fees are collected to help defray the actual cost of the program, or the actual cost of breakage and/or supplies (District Policy #3530).

If participation fees have been collected and other monies are not available to conduct the actual activity, participation fees shall be refunded. Participations fees shall be collected before a student is permitted to take a physical for those activities that require one, or before they can begin participation in any extra-curricular activity (District Policy #3530).

## **Residence**

The student must be enrolled with Lolo School District, i.e. meet the residence criteria set forth in District Policy #3141. The student may participate only at the school to which the student is assigned by the Local Education Agency.

## **Sports Pre-participation and Medical Examination Form**

In order to be eligible for practice or participation in interscholastic athletic contests, the student must receive a medical examination certified by a licensed medical professional acting within the scope and limitations of his/her practice. This certification is valid for a period of one school year. A physical examination conducted before May 1<sup>st</sup> is not valid for participation for the following school year.

The Pre-participation Medical Examination Form can be found at: [www.loloschools.org](http://www.loloschools.org) within the 'Extra Curricular' tab.

Students absent from athletic practice for five or more consecutive days due to illness or injury must receive a medical release from a physician licensed to practice medicine before re-admittance to practice or contests. Students with potential head injuries must receive a medical release by a physician licensed to practice medicine before re-admittance to practices or contests.

It is recommended players be covered by adequate medical and accident insurance and that medical aid be immediately available at all times. Accident coverage and/or insurance is not provided by the school. However, forms for accident insurance from independent companies can be obtained through the Lolo Middle School office.

## **Eligibility Lists**

Initial eligibility lists (indicating all required forms have been completed and turned into the school) shall be certified with the signature of the principal prior to the first contest. One copy shall be kept on file in the office of the principal. All eligible students shall be included and all information must be complete and accurate when certified by the principal. It is recommended to keep these lists on file for at least three years.

Student eligibility grade/discipline checks are done weekly. The lists are compiled and distributed to the principal, coaches, and the superintendent and students whom are deemed ineligible will be contacted.

## **Insurance**

Lolo School District does not assume financial liability for medical bills. Students participating in the Lolo School Athletic Program must have insurance coverage. Participants must have their parents or legal guardian indicate the private insurance is provided. Accident coverage and/or insurance is not provided by the school. However, forms for accident insurance from independent companies can be obtained through the Lolo Middle School office.

## Conforming Rules

### Co-ed Soccer

Soccer is currently not part of Copper League athletics and therefore does not have the same formal bylaws or conforming rules. The schools of this ad-hoc soccer league have agreed to follow the NFHS soccer rules to the greatest extent possible. Changes to the rules are as minimal as possible, bearing in mind that all participants are middle schools and may not have the ability to conform in every aspect. Conflicts are resolved by coaches in collaboration with referee staff and each school's athletic coordinator (when applicable).

### Girl's and Boy's Basketball

- There will be an A and a B league at each grade level if participation warrants the need. These leagues will be determined by the coaches at the beginning of the season.
- 7<sup>th</sup> graders play at 4:00 and 8<sup>th</sup> graders play at 5:00. If coaches decide to change for some reason, coaches will notify students and parents/guardians of these changes.
- Games consist of two (2) 20 minute halves; clock keeps running (even during free throws) except the last 2 minutes of each half. Visiting teams will only bring team members only + manager(s).
- Home teams will provide the basketballs. If you bring your own basketballs, the home school is not responsible for them.
- 7<sup>th</sup> and 8<sup>th</sup> grade teams will play by all high school rules except the following:
  - 8<sup>th</sup> grade teams are allowed to full-court press at any time unless they are winning by 10 points or more "C no press then! 7<sup>th</sup> grade teams can only press during the last 2 minutes of each half.
  - In order to prevent "running up the score", the team that is in the lead will not be allowed to be ahead by more than 20 points even if they actually score more points after that. Once the score differential becomes less than 20, then the team in the lead can add to their score until it is 20 points ahead. (If one team is winning 50-30 and they score another basket, the score is still 50-30. If the losing team scores, the score becomes 50-32. The winning team can score again to make it 52-32.)
  - When the real score becomes more than 30 points between the winning and losing team, there will be an automatic running clock except for time-outs and the end of the quarter. The losing coach can override this "running clock" rule if he/she desires.
  - 3 full time outs and 2 30 second time outs will be allowed each team in a game.
  - 7<sup>th</sup> grade players should not be allowed to play in an 8<sup>th</sup> grade game unless there are extenuating circumstances: there are less than five 8<sup>th</sup> graders eligible to play and 7<sup>th</sup> graders are needed to make a team of 5, the 8<sup>th</sup> grade team has no subs (only 1 or 2 would be necessary). 7<sup>th</sup> grade subs should only play when 8<sup>th</sup> graders foul out, an injury occurs, or cases of extreme exhaustion. 8<sup>th</sup> graders should have priority in playing time in the 8<sup>th</sup> grade game. 7<sup>th</sup> graders should only be used in the above situations. 7<sup>th</sup> grade playing time should be VERY limited.
- There will be a post-season tournament at the end of pool play. The league manager will set up the tournament and determine the tournament sites.
- In the tournament, 7<sup>th</sup> grade teams get to play in the first round playoff games against the same opponent as the 8<sup>th</sup> grade team.
- Regular basketball rules apply during the tournament.

## Girl's Volleyball

- There will be an A and a B league at each grade level if participation warrants the need. These leagues will be determined by the coaches at the beginning of the season.
- Teams will play two games to 25 points (cap of 30) and one to 15 (cap of 20) using the rally scoring system (must win by two points). During the regular season, three games will be played even if one team wins the first two games.
- The 7<sup>th</sup> grade serving line will be moved in 6 feet.
- There will be an eight consecutive serve rule in effect: once a server has put eight consecutive serves in, there will be an automatic side-out to the other team. This rule does not apply in the tournament.
- Once the referee blows the whistle for a serve, players or fans must not make noises to distract the server. The referee may automatically award the point to the server if this becomes a factor.
- 7<sup>th</sup> grade players should not be allowed to play in an 8<sup>th</sup> grade game unless there are extenuating circumstances: there are less than six 8<sup>th</sup> graders eligible to play and 7<sup>th</sup> graders are needed to make a team of 6, the 8<sup>th</sup> grade team has no subs (only 1 or 2 would be necessary). 7<sup>th</sup> grade subs should only play when an injury occurs or in cases of extreme exhaustion. 8<sup>th</sup> graders should have priority in playing time in the 8<sup>th</sup> grade game. 7<sup>th</sup> graders should only be used in the above situations. 7<sup>th</sup> grade playing time should be VERY limited.
- There will be a post-season tournament with seeding based on the regular season records. The league manager will set up the tournament and determine tournament sites.

## Co-ed Track and Field

Team Descriptor: A-team (8<sup>th</sup> grade), B-team (7<sup>th</sup> grade), C-team (6<sup>th</sup> grade)

Track Meet field events will start at 9:00 a.m. and the running events will begin at 9:30 a.m. All run-throughs and practices must be completed by the time the event begins. If an athlete is late, there are NO practice runs.

- *Field events: no more than 7 entrants per event, per school*
- *Sprints: no more than 5 entrants per event, per school (100, 200, 400)*
- *Relay Limitations: no more than 4 teams per classification (A, B, C)*
- *Distance: no limitations on entrants (800, 1600)*
- *Athletes can be in 5 events total "C including relays!*
- *Athletes may wear eighth inch pyramid spikes except at the Meet of Champions.*
- The Flying Finn training Jav has been adopted as the official Javelin of the Copper League (500 gram for both boys and girls)
- *The shot put must either be 8 lbs or 4 kilos ( remember, the 4 kilo shot is a little bit over 8 lbs)*
- *The discus must be 1 kilo*
- *Opening heights for high jump: 8<sup>th</sup> grade girls (3'10"), 8<sup>th</sup> grade boys (4'8"), 7<sup>th</sup> grade girls (3'8"), 7<sup>th</sup> grade boys (4'0"), 5<sup>th</sup>/6<sup>th</sup> grade girls (3'2"), and 5<sup>th</sup>/6<sup>th</sup> grade boys (3'6")*

Coaches are responsible for scheduling their own meets at the scheduling meeting, except for the County Track Meet

## **Practice Schedules**

Athletic practice parameters are determined by the coaches. Practices will be carefully planned in the best interests of the health and welfare of all participants. Weekday practices will continue through the entire season.

Team practice in any sport is prohibited after the sports season ends until the first day following the final day of the school year.

Evening contests and/or games shall start by no later than 6:00 p.m. when followed by a school day. The exception is for tournaments.

There shall be no Sunday practice or contest in any sport. This regulation includes the assembling of members of athletic squads for purposes of viewing films, chalk talks, or other matters pertaining to coaching.

## **Volunteers**

Persons not under a current contract with Lolo School District must complete a Volunteer form and return it to the school's office. These forms are forwarded to the school office for administrative approval.

Under no circumstance shall any person be directly involved in athletic programs without a current volunteer form on file. It is necessary that a new application be completed at the school each year. Name based background checks will be performed by the District on all school volunteers.

All volunteers must complete online concussion training through NFHS.org and present their current certification to the District office where it will be kept on file.

## **Off District Locations**

When we are visiting another facility it is our team's responsibility to make certain all clothing and/or valuable items are secure during the game. In addition, it is our team's responsibility to make certain the locker room is clean prior to departing. *Coaches will NOT allow players into academic wings/facilities at other schools.*

## **Meals**

Meals will not be provided when traveling to compete/perform at a location off district grounds.

## **Administration and Supervision of Games**

The school administration and coaches are responsible for adequate supervision of athletic contests to secure safety and proper conduct of athletes, coaches, fans, and officials.



## **Funding of Student Activities**

When dollars have not been included in the general fund budget for the operation for student activities such as soccer, volleyball, track, boys' and girls' basketball, etc. the board of trustees may allow the student activity to continue if the dollars necessary to conduct a particular activity have been given to the school business manager fourteen (14) days prior to the scheduled start of the that activity. If there are booster club corporate sponsors, or individuals who wish to supply the necessary monies to conduct the student activity the board may accept such monies and donations.

These activities will continue as a school function regardless of the source of funding. These activities will be under the supervision of the school district and existing collective bargaining agreements will be followed. The activities will be conducted as if funded by the school district (District Policy #3540).

## **Fundraising**

Students must have prior approval from the principal and coaches to conduct any fundraising. Coaches must have prior approval by the principal for all fundraising activities using the school districts name and activity.

All fund raising activities must meet the requirements of the law, including Lolo School District procedures. Monies raised in fund raising activities must be kept in the school accounts.

## **Budgets**

Each sport operates within a prepared budget. Coaches will operate their assigned activity within the limits of the budget. Budgets are established and authorized by the principal/designee and superintendent. The status of budget expenditures by schools will be distributed by the supervisor of the principal.

## **Equipment Records**

Equipment records will be kept for each student to whom equipment is issued. The signature of the student is required. Athletic equipment will not be worn except for practice and/or games with the exception of game jerseys on special occasions. Athletic equipment belongs to the District and is not to be given away or sold to students. Proper care and washing instructions for student apparel will be disseminated and need to be followed for the longevity of the school apparel.

A list of athletes who have failed to return equipment must be submitted to the building principal and the administration office within one week following the completion of the inventory. Students will be billed for missing school equipment/apparel that has been checked out to them.

## **Game Cancellations Due to Inclement Weather**

When the District has cancelled school due to weather conditions, there will be no athletic contests or activities taking place on that day/evening.

The "procedure" to be followed when the District has cancelled school will be that no athletic contests and activities will take place on that day/evening.

*When canceling an athletic event, the coach will work with the school office to inform the students, parent/guardians of the schedule change.*

### **Risk of Injury to Participants**

No matter the activity, there is always risk of injury, minor or serious, to participants. Some activities are more prone to injury than others – especially those with physical contact involved in the participation. Soccer, basketball, track, volleyball – all have chance of such injury occurrences, including but not limited to falling and colliding, which can potentially result in injuries ranging from muscle strains and sprains to broken bones, concussions . . . even possibly death. For that reason coaches and administration review the rules and risks of activities with student participants and parents/guardians – whether at meetings or via written information – and encourage students and parents/guardians to ask questions. We all want kids to have fun, learn, and perform/compete well, but also in a safe manner. By signing the participation permission form, you acknowledge the risk of injury to your student while participating in the activity or activities.

### **Injuries to the Athlete**

*The coach or designated representative is responsible for:*

- Giving immediate care.
- Notifying the parent/guardian
- Arranging for transportation to a medical facility if necessary.
- Notifying building administration.

If the parent/guardian cannot be reached, the coach or a designated school official will act on behalf of the parent/guardian.

State law prohibits school personnel from administering any internal medicine.

The coach is responsible for processing all injury reports. When an injury occurs, the coach will complete the accident report form. If the injury occurs during off-hours, or requires immediate attention, the coach will complete the report as soon as possible when he/she returns to school. If the athlete is under the care of a physician, a medical release is required for the athlete to resume participation.

### **Concussions**

In accordance to House Bill 112 “Dylan Steigers Protection of Youth Athletes Act” All coaches are training in responding to and recognizing signs of concussions and students who have exhibited signs of a concussion or been found to have had a concussion are not to be participating in practice or game and may not resume to sports until:

1. Student no longer exhibits signs, symptoms, behaviors (CI admits to confusion, disorientation, irritability, headache, and dizziness)
2. Student receives an evaluation by a licensed health care professional and receives written clearance

to return to play from the licensed health care professional. The written clearance must state:

- a. That the licensed health care professional has evaluated him; and
- b. That in the licensed health care professional's opinion; the student is capable of safely resuming participation in organized youth athletic activities.

\*\*\*A mandatory concussion awareness sign-off form and helpful informational page is included in the Appendix of this manual.

### **Blood borne Pathogens**

*Coaches and first responders must follow the district guidelines in dealing with blood.* Rubber gloves must be used when administering first aide to an injured student if contact with blood is a possibility. All contracted personnel involved with athletes will attend a blood pathogen training provided by the District.

### **First Aid/CPR/AED Certification**

Principals, coaches, volunteers and first responders are required to have current First Aid/CPR/AED certification. Training sessions are provided by the school district

# Appendix

**TO: PARENTS/GUARDIANS OF SPORTS PARTICIPANTS  
LICENSED MEDICAL PROFESSIONALS**  
**FROM: LOLO SCHOOL DISTRICT**  
**RE: PRE-PARTICIPATION PHYSICAL EXAM FORM**

District Policy #3041 requires that a physical exam must be performed for each student in order for that student to be considered eligible for participation in an Association Contest. Physical exams must be completed prior to the first practice. This examination must be certified by a licensed medical professional acting within the scope and limitations of his/her practice. This certification is valid for a period of one school year. A physical examination conducted before May 1<sup>st</sup> is not valid for participation for the following school year.

The following form is the same form used for the Montana High School Association (MHSA). This form has recently been updated and approved by the MHSA Executive Board approved on the recommendation of the MHSA Medical Advisory Committee. The form is more detailed and this format has been approved by a variety of medical professional groups. **Specifically, questions concerning the cardiac history and cardiac health of the student have been added (questions 6-15). The MHSA Medical Advisory Committee strongly recommends that if any of those questions are answered affirmatively the student be referred to the appropriate medical professional for further screening.**

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

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

Lolo School District is committed to the safety and health of our student activity participants and believes using the MHSA new form will facilitate that objective.

If you have any questions regarding the pre-participation examination form please contact Lolo School Administration Office (406) 273-0451.

## A Fact Sheet for **ATHLETES**



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

A concussion is a brain injury that:

- Is caused by a bump or blow to the head
- Can change the way your brain normally works

normally works

- Can occur during practices or games in any sport
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been "dinged"

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

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

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

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even

if you feel fine. Also, tell your coach if one of your teammates might have a concussion.

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

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

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

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Use the proper sports equipment, including personal protective equipment (such as helmets, padding, shin guards, and eye and mouth guards). In order for equipment to protect you, it must be:
  - The right equipment for the game, position, or activity
  - Worn correctly and fit well Used every time you play

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



## A Fact Sheet for PARENTS

### WHAT IS A CONCUSSION?

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

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

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

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

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

### Symptoms Reported by Athlete

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy

- Concentration or memory problems
- Confusion
- Does not “feel right”

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

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

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

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

- 1. Seek medical attention right away.** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
- 2. Keep your child out of play.** Concussions take time to heal. Don’t let your child return to play until a health care professional says it’s OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
- 3. Tell your child’s coach about any recent concussion.** Coaches should know if your child had a recent concussion in ANY sport. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

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

## Be Prepared

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

### SIGNS AND SYMPTOMS OF A CONCUSSION

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

### LINKS TO OTHER RESOURCES

CDC –Concussion in Sports <http://www.cdc.gov/concussion/sports/index.html>

National Federation of State High School Association/ Concussion in Sports [www.nfhslearn.com](http://www.nfhslearn.com)

Montana High School Association Sports Medicine Page  
<http://www.mhsa.org/SportsMedicine/SportsMed.htm>



## Extra-Curricular Weekly Eligibility Check

Please complete the following form and submit it before fourth period on Tuesday! Thank you :)

\* Required

### Students Name \*

Please type the students full name e.g. John Doe

This is a required question

### Effort Marks \*

Does the student have a 3 or higher in all effort marks this week?

- Yes
- No

### Academic Skills \*

Has the student been making appropriate gains in his/her academic skills this week?

- Yes
- No

### Assignments \*

Has the student turned in all assignments this week?

- Yes
- No

### Parent/Guardian Contact \*

Has the student's parent/guardian been contacted regarding their missing work or misconduct/ineligibility?

- Yes
- No

Comments:

Submit



## Participant Code of Conduct

As a participant, you are asked to read and agree to the following guidelines.

1. I will always be on time and prepared for practice, games, and/or performances.
2. As a member of the team, I will be courteous, respectful, and practice good sportsmanship to teammates, opponents, spectators, teachers/coaches/directors, and officials.
3. I understand it is a privilege to represent Lolo School and proper behavior is required in class, practice, and contests.
4. I will use appropriate language at all times.
5. I understand good sportsmanship is a must. Criticizing, blaming or disputing with my teammates, coaches, directors, opponents, spectators, or referees will not be tolerated.
6. I will be respectful of other schools' staff members and facilities; this is proper behavior as a representative of Lolo School.
7. I will be alcohol, drug, and tobacco free at school. These violations may result in immediate dismissal from the activity.
8. I understand commitment to practice, performances, or games is required. Students should communicate any scheduling conflicts, in advance, with the coaches or directors.
9. I understand all team members are required to support their team(s) for the entire contest(s).

Violation of any above statement(s) will be handled in following manner depending on the severity of the offense.

First violation = warning and conference with coach

Second violation = conference with athlete/parent/coach/principal

Third violation = review with the principal

In the event of major offenses (as described in the student handbook), administrative discretion will always be used to assign the appropriate disciplinary action.

Being a team member is a privilege. If an individual student is willing to put the needed effort into their activity, he/she will be rewarded for those efforts.

It is a goal of our schools to have an excellent community, school, co-curricular, and extra-curricular programs of which we can be proud. Consequently, violation of the school rules is

not acceptable. The following actions will be taken when the student receives any of the following:

Two Minor Behavioral Referrals (Per Season):

1. Warning and conference with coach/director.
2. Conference with student/ parents/coach/director.

Three or more Minor Behavioral Referrals (Per Season) or one or more Major Offense Behavior Referrals:

1. No games/performances for the next two contests (except for track and field in which the students will miss the next track meet).
2. Conference with student/parents/coach/director.
3. Review with student/parents/principal/coach/director for possible removal from the team.

# **MANDATORY FORMS FOR PARTICIPATION**

**ALL FORMS MUST BE COMPLETED AND  
SUBMITTED TO THE MIDDLE SCHOOL  
OFFICE BEFORE PARTICIPATION**

# Code of Conduct acknowledgment

I/we have received and reviewed the Participant Code of Conduct. I/we understand the policies, procedures, responsibilities and expectations.

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Complete this page and turn it into your coach before you start to participate in your activity.

Thank you!



# Handbook receipt acknowledgment

I/we have received and reviewed the current extracurricular handbook. I/we understand the policies, procedures, responsibilities and expectations.

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Complete this page and turn it into your coach before you start to participate in your activity.

Thank you!





## 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



## Application of Interest in Participating in School

### Co-Curricular and Extra-Curricular Activities

\_\_\_\_\_  
Student Last Name

\_\_\_\_\_  
Student First Name

I am interested in the following activities this school year.  
(Below please mark all that apply)

\_\_\_\_\_ Soccer\*

\_\_\_\_\_ Girls Volleyball\*

\_\_\_\_\_ Girls' Basketball\*

\_\_\_\_\_ Co-ed Track\*

\_\_\_\_\_ Boys' Basketball\*

\_\_\_\_\_ Band

\_\_\_\_\_ Close-Up

\_\_\_\_\_ Math Counts

\*I understand that there is a \$35.00 fee for each activity in which I participate.

I have played/participated in this activity or an activity similar to this before   Yes     No  

If you answered **Yes** above, what activity have you played/participated in and when? \_\_\_\_\_

\_\_\_\_\_

I verify that my student has and will have throughout the season medical insurance coverage \_\_\_\_\_

Parent/Guardian Initials

#### ***Emergency Contact***

In the event of an emergency please contact the following people in this order if you are unable to contact the one previously listed.

\_\_\_\_\_  
Name (first and last)

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

\_\_\_\_\_  
Relation to Student

\_\_\_\_\_  
Name (first and last)

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

\_\_\_\_\_  
Relation to Student

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date





**MHSA CONFIDENTIAL ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION**

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

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

| <b>QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (PLEASE PRINT)</b> |                               |                                 |                                 |
|--|-------------------------------|---------------------------------|---------------------------------|
| Name _____   | Male <input type="checkbox"/> | Female <input type="checkbox"/> | Grade _____ Date of Birth _____ |
| Home Address _____   | Phone Number _____            |                                 |                                 |
| Parent's Name _____  | Family Physician _____        |                                 |                                 |
| Current School _____   | Date _____                    |                                 |                                 |

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

- |   |                          | Yes                      | No |   | Yes                      | No                       |
|---|--------------------------|--------------------------|----|---|--------------------------|--------------------------|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason?  | <input type="checkbox"/> | <input type="checkbox"/> |    | 25. Do you cough, wheeze, or have difficulty breathing during or after exercise?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have an ongoing medical condition (like diabetes or asthma)?  | <input type="checkbox"/> | <input type="checkbox"/> |    | 26. Is there anyone in your family who has asthma?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?  | <input type="checkbox"/> | <input type="checkbox"/> |    | 27. Have you ever used an inhaler or taken asthma medicine?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you taking medicine for ADHD?  | <input type="checkbox"/> | <input type="checkbox"/> |    | 28. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?              | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have allergies to medicines, pollens, foods, or stinging insects?   | <input type="checkbox"/> | <input type="checkbox"/> |    | 29. Have you had infectious mononucleosis (mono) within the last month?                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever passed out or nearly passed out DURING exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |    | 30. Do you have any rashes, pressure sores, or other skin problems?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever passed out or nearly passed out AFTER exercise?  | <input type="checkbox"/> | <input type="checkbox"/> |    | 31. Have you had a herpes skin infection?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever had discomfort, pain, or pressure in your chest during exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |    | 32. Have you ever had a head injury or concussion?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does your heart race or skip beats during exercise?  | <input type="checkbox"/> | <input type="checkbox"/> |    | 33. Have you been hit in the head and been confused or lost your memory?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Has a doctor ever told you that you have (circle all that apply):<br>High blood pressure      A heart murmur<br>High cholesterol        A heart infection                     | <input type="checkbox"/> | <input type="checkbox"/> |    | 34. Have you ever had a seizure?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram)   | <input type="checkbox"/> | <input type="checkbox"/> |    | 35. Do you have headaches with exercise?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Has anyone in your family died for no apparent reason?  | <input type="checkbox"/> | <input type="checkbox"/> |    | 36. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?      | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Does anyone in your family have a heart problem?  | <input type="checkbox"/> | <input type="checkbox"/> |    | 37. Have you ever been unable to move your arms or legs after being hit or falling?                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Has any family member or relative died of heart problems or of sudden death before age 50?  | <input type="checkbox"/> | <input type="checkbox"/> |    | 38. When exercising in the heat, do you have severe muscle cramps or become ill?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Does anyone in your family have Marfan syndrome?  | <input type="checkbox"/> | <input type="checkbox"/> |    | 39. Has a doctor told you that your or someone in your family has sickle cell trait or sickle cell disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever spent the night in a hospital?  | <input type="checkbox"/> | <input type="checkbox"/> |    | 40. Have you had any problems with your eyes or vision?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you ever had surgery?  | <input type="checkbox"/> | <input type="checkbox"/> |    | 41. Do you wear glasses or contact lenses?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you ever had an injury, like a sprain, muscle or ligament tear or tendonitis that caused you to miss a practice or game: If yes, circle affected area below:             | <input type="checkbox"/> | <input type="checkbox"/> |    | 42. Do you wear protective eyewear, such as goggles or a face shield?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Have you had any broken or fractured bones, or dislocated joints? If yes, circle below:   | <input type="checkbox"/> | <input type="checkbox"/> |    | 43. Are you happy with your weight?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: | <input type="checkbox"/> | <input type="checkbox"/> |    | 44. Are you trying to gain or lose weight?  | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                          |                          |    | 45. Have anyone recommended you change your weight or eating habits?  | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                          |                          |    | 46. Do you limit or carefully control what you eat?   | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                          |                          |    | 47. Do you have any concerns that you would like to discuss with a doctor?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                          |                          |    | <b>FEMALES ONLY</b>   |                          |                          |
|   |                          |                          |    | 48. Have you ever had a menstrual period?   | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                          |                          |    | 49. How old were you when you had your first menstrual period?  | _____                    |                          |
|   |                          |                          |    | 50. How many periods have you had in the last year?   | _____                    |                          |
|   |                          |                          |    | <b>Explain "Yes" answers here:</b>  |                          |                          |
|   |                          |                          |    | _____   |                          |                          |
|   |                          |                          |    | _____   |                          |                          |
|   |                          |                          |    | _____   |                          |                          |
|   |                          |                          |    | _____   |                          |                          |
|   |                          |                          |    | _____   |                          |                          |
|   |                          |                          |    | _____   |                          |                          |

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

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

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

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

**PROVIDER'S PHYSICAL EXAMINATION FORM**

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

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ BP: Left Arm \_\_\_\_\_ / \_\_\_\_\_ Right Arm \_\_\_\_\_ / \_\_\_\_\_

Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Y N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

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

\*Multiple examiner set-up only.

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

**CLEARANCE**

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

\_\_\_\_\_  
 Signature of Student

- Cleared without restriction  
 Cleared with recommendations for further evaluation or treatment for: \_\_\_\_\_

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

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

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

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

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

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

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

\_\_\_\_\_  
 Signature of parent or guardian

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Insurance (Company name)

\_\_\_\_\_  
 Parent's Home Phone

\_\_\_\_\_  
 Parent's Work Phone

\_\_\_\_\_  
 Parent's Cell Phone

\_\_\_\_\_  
 Additional Phone (if any-specify)

**ALL INFORMATION IS TO REMAIN CONFIDENTIAL**

(Updated 4/19)

