

MT. PULASKI COMMUNITY UNIT DISTRICT #23

ATHLETIC CODE

Completed May 9, 1986 Revised on May 19, 1997 Revised in April, 2007 Revised on December 15, 2014

PURPOSE

It is the purpose of the Mt. Pulaski CUD #23 teaching/coaching staff to maintain standards that reflect a spirit of competition and cooperation which support ethical relations and high principles of sportsmanship through the conduct of players, coaches, and observers.

PHILOSOPHY

Interscholastic athletics is an integral part of the total educational program. It is an extra-curricular activity and a field of endeavor which has as its aim, the good development of physically, mentally, emotionally, and socially fit citizens through the medium of interschool athletics. All coaches emphasize and require that all rules and regulations of this code be followed during the entire school year including summer. This policy is in effect for 12 months.

STUDENT INVOLVEMENT

Athletic involvement at Mt. Pulaski CUD #23 schools is considered a student privilege – not a right. In furtherance of supporting involvement in athletics, all students shall be provided the opportunity to participate in district tryouts. Such opportunity shall be provided with the expressed intent of reinforcing the spirit of competition and cooperation. Requirements for athletic participation shall include but not be limited to the following:

1. Students must be physically able to participate.
2. Students must meet scholastic requirements.
3. Students must comply with all rules and regulations of the Athletic Code and assume responsibility for one's own conduct and conditioning throughout the year (both in and out of athletic training seasons).
4. Students must provide proof of insurance and a physical examination.

ATHLETIC CONDUCT

All athletes including cheerleaders and participants in activities must adhere, at all times, to the following minimal athletic training rules and code of conduct.

- A. No student-athlete shall possess, smoke, or chew tobacco products.
- B. No student-athlete shall possess or consume alcoholic/intoxicating substances. (Religious and ethnic responsibilities are exceptions to B.)
- C. No student-athlete shall possess or use illegal drugs, drug paraphernalia, or drug look-a-likes, or improperly possess or use prescription drugs.
- D. No student-athlete shall be guilty of or involved in a criminal or quasi-criminal offense.
- E. The student-athlete shall not knowingly be in attendance where any illegal substance is being used, where a legal substance is being used for illegal activity, where there is underage drinking of alcoholic beverages or where a criminal act is taking place.
- F. No student shall engage in any other incidents of gross misconduct.

DISCIPLINARY ACTION

Junior High violations do not carry over into high school. Any student athlete who violates rules A, B, C, D, E, or F will be subject to the following minimum disciplinary actions:

First Violation: Five game suspension at the highest level of participation including all subsequent games in between, or a 3 game suspension if student-athlete admits to violation upon initial questioning with the building principal or coach. The 3 game-suspension is also at the highest level of participation including all subsequent games in between.

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Second Violation: One-year suspension from all sports or a student option of a 10 game suspension with enrollment and active participation in an approved counseling program at the parent's expense. The 10 game-suspension is at the highest level of participation including all subsequent games in between.

Third Violation: The student-athlete will be banned from participation for their entire junior high or high school athletic careers. Notwithstanding the foregoing, the Board of Education reserves the right to revoke any and all privileges of a student-athlete's participation if the Board of Education, in its discretion, determines that the violation warrants such action.

All student-athletes will be required to receive passing grades in all classes. Academic eligibility will be reviewed on a weekly basis to reinforce a "No Pass-No Play" policy.

- A student-athlete receiving a WF (withdraw-failing) shall be academically ineligible for the remainder of that semester.
- Eligibility check for the beginning of each semester will be done on the first Friday following ten (10) student attendance days.
- Students receiving one or more grades of "F" will be ineligible for the following Monday through Sunday, (Monday-Sunday).

Dress, good grooming and general conduct will follow the student handbook guidelines and be reinforced with the discretion of the coaching staff. Conduct will include those rules and regulations as outlined by the Mt. Pulaski CUD #23 Student Handbook.

- Participants must attend ALL practice sessions, unless excused by the coach.
- The student-athlete is defined as an athletic participant on the first day of practice of the first athletic activity they participate in during their elementary or high school career. Participant status is continuous throughout the calendar year thereafter and will end only when:
 1. Student removes self as an athlete in writing.
 2. Student is excluded for violations of the athletic code.

Violation of the Athletic Code at any time a student is considered a student-athlete, even while the athlete's sport is not in season, may result in disciplinary action. Verification will be by staff or law enforcement.

Any student-athlete who has been excluded for disciplinary reasons from a previous sport shall be required, with parent/guardian, to meet with the coach and building principal prior to resuming participation. All game suspensions are at the highest level of participation including subsequent games in between. All game suspensions not fulfilled within a sport season will be carried over into the next sport season, in which the student-athlete participates.

It is the intent and purpose of the Athletic Code that all student-athletes desiring competition in the name of Mt. Pulaski CUD #23 schools, shall be observant of the training rules on a yearly basis. Any disregard of this code may be reason for exclusion. Reports of violations and any follow-up investigation shall be the building principal's responsibility with cooperation from the respective coach.

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A mandatory meeting between parents, coaches and athletes (stressing parents' attendance) will be held before a specific sport's season begins to explain the athletic code, and answer/clarify the questions by meeting participants. The signing of the code is encouraged to be done at the meeting. Parents' participation permit forms must be returned and signed prior to the student's participation in the first practice session.

ATHLETIC – ELIGIBILITY

Mt. Pulaski CUD #23 schools follow the requirements set forth by the Illinois High School Association (I.H.S.A.) and the Illinois Elementary School Association (I.E.S.A.). Mt. Pulaski CUD #23's extracurricular rules and regulations may supersede the IHSA code. (Each athlete will receive the district extracurricular code prior to participation.) Any student-athlete that is academically ineligible for any four (4) weeks within a given athletic or extracurricular activity will be considered dropped from the team.

ATHLETIC AND EXTRACURRICULAR ACTIVITY GUIDELINES

According to the Illinois Elementary School Association (I.E.S.A.) and the Illinois High School Association (I.H.S.A.) guidelines, a student participating in athletics, music or art must be passing in all subject areas in order to participate in any IESA or IHSA sponsored activity. The following list of guidelines is an attempt to ensure the IESA and IHSA rules are followed.

1. Student eligibility is determined from grades accumulated during the semester grading period and is accumulative.
2. An eligibility report is run every week on Friday at approximately 2:00 pm. Grades 5-8 teachers have grades updated on Teacher Ease by the end of the day on Wednesday. Grades must be updated weekly.
3. Students receiving one or more grades of "F" will be ineligible for the following Monday through Sunday (Monday-Sunday).
4. Students receiving a grade of "F" will be listed on the weekly eligibility sheet.
5. It is the responsibility of the coach to inform the student and parents of the ineligible status of the athlete.
6. It is the student's responsibility to arrange a conference with the teacher to determine the steps necessary to become eligible.
7. When a new semester session begins, so does the period of eligibility.
8. A grade of "F" obtained for the semester carries a minimum of 1 week of ineligibility for the week immediately following the day report cards are issued, (Monday-Sunday).
9. More than one "F" as a semester grade will result in ineligibility for the next semester.

Parents and athletes are urged to retain the training rules listed above. Please complete and detach the applicable forms and return to the head coach. It will be necessary for parents to complete and return forms on an annual basis regardless of how many sports the athlete participates in during the school year.

Athlete Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Coach(es) Signature _____ Date _____

MPHS MEDICAL HISTORY AND RELEASE FORM

This must be completed (legibly) and signed in all areas by both the player and his or her parent/guardian. By signing this form the participant and the parent/guardian affirms having read it. A copy of this form must be carried with the coach for all training and competitions.

Name _____
Last First Birth Date Age Gender

Parent or Guardian:

In case of emergency, contact: (other than parent)

Name _____

Name _____

Address _____

Home Ph # () _____

City _____

Cell Ph # () _____

Home Ph # () _____

Work Ph # () _____

Work Ph # () _____

Insurance Co. _____

Cell Ph # () _____

Group _____ Policy _____

Does policy cover sports related accidents? _

To whom it may concern:

Participant _____ has my permission to participate in training, competition, events, activities, and travel sponsored by the Mt. Pulaski CUD #23. I approve of the coaches who will be in charge of this program. I recognize that the coaches are serving to the best of their ability. I certify that the participant has full medical insurance with the company listed above. I also certify to the best of my knowledge that the participant names herein is physically fit to engage in the activities described above.

Signed _____ Relationship _____ Date _____

Student's Signature _____ Date _____

To the Coaches:

If during the course of my child's activities should he/she become ill or sustain an injury, I hereby authorize you to obtain emergency medical/dental care.

Signed _____ Relationship _____ Date _____

I **DO NOT** authorize emergency medical/dental care for my child.

Signed _____ Relationship _____ Date _____

PARENT'S PARTICIPATION PERMIT

I hereby give my consent for _____ to compete for Mt Pulaski CUD #23 Schools in their respective sports and to go with the coach, or his/her duly appointed assistants on any athletic trip.

- | | | |
|----------------------------------|---------------------------------------|-----------------------------------|
| <input type="radio"/> Golf | <input type="radio"/> Basketball | <input type="radio"/> Baseball |
| <input type="radio"/> Soccer | <input type="radio"/> Cheerleading | <input type="radio"/> Track |
| <input type="radio"/> Volleyball | <input type="radio"/> Scholastic Bowl | <input type="radio"/> Other _____ |

Parent/Guardian Name _____

Student Birth Date _____ County of Birth _____

Address _____
Street City State Zip

Parent/Guardian Signature _____ Date _____

ACKNOWLEDGMENT AND APPROVAL OF MT PULASKI CUD #23 TRAINING RULES

I have received the rules and regulations involving extracurricular sports and agree to abide by the stated rules and the decisions of the supervisors and/or coaching staff. No student athlete will be allowed to participate until the previous statement is acknowledged and accepted by both the athlete and his/her parents.

Athlete's Signature _____ Date _____

Parent's Signature _____ Date _____

STUDENT ACCIDENT INSURANCE WAIVER

_____ desires to participate in one or more
Name of Athlete

extracurricular sports for the _____ school year. As parent(s)/guardian(s), we understand that the Board of Education requires the athlete to have insurance coverage before he/she can be allowed to compete or practice. We have accident or health insurance with:

Name of Insurance Company Policy Number

We agree not to hold the Board of Education or its designated parties responsible for accidents or injuries.

Parent(s)/Guardian(s) Signature _____ Date _____

ATHLETIC FEES

The following fee structure was approved by the Mt Pulaski CUD #23 Board of Education on May 17, 2010. Students wishing to participate in the following activities must pay the indicated fee by the first day of practice. The payment of this fee does not guarantee that the student will participate in a certain amount of actual playing time in any sporting activity.

FEE STRUCTURE:

All High School Sports (including Cheerleading)	\$40.00 per sport
High School Golf	\$70.00
All Elementary Sports (including Cheerleading)	\$35.00

The fees will be used to help offset the costs of salaries, equipment, and supplies for the above areas.

We, the parent(s)/guardian(s) of _____
Name of Student Athlete

have read the above statement and agree to abide by this fee structure and stipulations.

Parent/Guardian Signature

Parent/Guardian Signature



IHSA Performance-Enhancing Substance Testing Policy

In 2008, the IHSA Board of Directors established the association's Performance-Enhancing Substance (PES) Testing Program. Any student who participates in an IHSA-approved or sanctioned athletic event is subject to PES testing. A full copy of the testing program and other related resources can be accessed on the IHSA Sports Medicine website. Additionally, links to the PES Policy and the association's Banned Drug classes are listed below. School administrators are able to access the necessary resources used for program implementation in the IHSA Schools Center.

IHSA PES Testing Program

<http://www.ihsa.org/documents/sportsMedicine/2013-14/2013-14%20PES%20policy%20final.pdf>

IHSA Banned Drug Classes

<http://www.ihsa.org/documents/sportsMedicine/2013-14/2013-14%20IHSA%20Banned%20Drugs.pdf>

IHSA Steroid Testing Policy Consent to Random Testing

As a prerequisite to participation in IHSA athletic activities, we agree that I/our student will not use performance-enhancing substances as defined in the IHSA Performance-Enhancing Substance Testing Program Protocol. We have reviewed the policy and understand that I/our student may be asked to submit to testing for the presence of performance-enhancing substances in my/our student's body either during IHSA state series events or during the school day, and I/our student do/does hereby agree to submit to such testing and analysis by a certified laboratory. We further understand and agree that the results of the performance-enhancing substance testing may be provided to certain individuals in my/our student's high school as specified in the IHSA Performance-Enhancing Substance Testing Program Protocol which is available on the IHSA website at www.IHSA.org. We understand and agree that the results of the performance-enhancing substance testing will be held confidential to the extent required by law. We understand that failure to provide accurate and truthful information could subject me/our student to penalties as determined by IHSA.

A complete list of the current IHSA Banned Substance Classes can be accessed at

http://www.ihsa.org/initiatives/sportsMedicine/files/IHSA_banned_substance_classes.pdf



Acknowledgement and Consent

Student/Parent Consent and Acknowledgements

By signing this form, we acknowledge we have been provided information regarding concussions and the IHSA Performance-Enhancing Testing Policy. We also acknowledge that we are providing consent to be tested in accordance with the procedures outlined in the IHSA Performance-Enhancing Testing Policy.

STUDENT

Student Name (Print): _____ Grade (9-12): _____

Student Signature: _____ Date: _____

PARENT or LEGAL GUARDIAN

Name (Print): _____

Signature: _____ Date: _____

Relationship to student: _____

Consent to Self Administer Asthma Medication

As a patient under my care, _____, is prescribed to self-administer the following asthma medication.

Medication: _____

Purpose: _____

Dosage: _____

Time/Special Circumstances: _____

Printed Name of Physician

Signature of Physician

Date

I, _____, do hereby give my son/daughter,

_____, permission to self-administer his/her asthma medication as prescribed by his/her physician during athletic competition.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date



IHSA Sports Medicine Acknowledgement & Consent Form

CONCUSSION INFORMATION SHEET

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 you 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 or comments |
|---|---|

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 is overly uncoordinated • Answers questions slowly | <ul style="list-style-type: none"> • Slurred speech • Shows behavior or personality changes • Can’t recall events prior to hit • Can’t recall events after hit • Seizures or convulsions • Any change in usual behavior/personality • Loss of consciousness |
|---|--|



Concussion Information Sheet (Cont.)

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. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athletes' safety.

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. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. IHSA policy requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest. In accordance with state law, all IHSA member schools are required to follow this policy.

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to: <http://www.cdc.gov/ConcussionInYouthSports/>