

CANTON SCHOOL DISTRICT 41-1

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Canton School District

Athletic Handbook

Revised May 2014

"Helping Each Student Achieve Success"

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Introduction and Role of Education Based Athletics

The Canton School District encourages all students to involve themselves in extracurricular activities. There are many opportunities for students within the athletics and fine arts departments. Research shows students involved in one or more extracurricular activities have better school attendance as well as better academic grades. The activities also teach students the importance of teamwork and self-discipline. This handbook should serve as a guide to questions a parent may have regarding specific situations as well as a reference to the role of the activities department at the Canton School District.

The National Federation of State High School Associations (NFHS) classifies education based athletics as an extension of classroom education and fosters success later in life. Activities are fundamentally educational by providing real-life situations inside the school environment. Students learn self-discipline, build confidence, and develop skills to handle competitive situations. Students must nurture and utilize those qualities to become a responsible adult, productive citizen, and skilled professional; which are what classroom teachers strive to achieve for their students as well. All school-sponsored athletic teams within the Canton School District share common goals. Those goals include, but are not limited to, competing for a state championship or tournament, building on previous team successes, and creating a team environment in which many students want to participate. The activities department has two main goals. One, all students within the Canton School District participate in a school-sponsored extra-curricular activity. Two, all school-sponsored activities compete at a high level and represent the Canton community with pride by achieving success justly and fairly. Achievement of both goals will enhance a students' educational experience and help build quality character in preparation for experiences after graduating from Canton High School.

Eligibility Standards for Athletes

To participate in any extracurricular activity at Canton Middle School, students must maintain proper academic performance. Faculty utilizes the ICU program for all students in grades 6-12. The goal of this program is that every student completes and turns in every assignment. The ICU program will begin at the start of the 2013-2014 school year. If a student is missing an assignment, the instructor will input the student and assignment into a database where the entry will remain until the assignment is completed and turned in satisfactory. When

the entry is made, an e-mail will also be sent to the parent/guardian of the student detailing the missing assignment.

If a student accumulates a large number of missing assignments, he/she may be held out of practice and or games until a portion or all of the assignments are turned in. This decision shall be made in part or wholly by the teacher, coach, activities director, and principal.

Chain-of-Command for Questions or Concerns

If a parent has a question or concern they should first contact the coach of the particular sport. However, please encourage the student-athlete to voice their concern with the coach first. If a concern arises regarding a coach, talk to the coach in a respectful manner by a phone call or email. Remember, sometimes emails can be taken out of context, so voice the concern in a calm, respectful manner. If the issue is not resolved, please contact the activities director or principal. Items neither the coach nor the activities director will discuss are playing time and other athletes. Please wait 24 hours after a game to pose the concern or contact the coach.

Sportsmanship Standards for Athletes & Spectators; Code of Conduct

Sportsmanship is a top priority for the Canton School District as well as the South Dakota High School Activities Association. Players, coaches, and spectators are expected to display conduct which contributes to good sportsmanship. Please cheer on the players and team in a positive manner that sets a good example for all young people. Below are some things to keep in mind before, during, and after attending a sporting event. Before the game, know the athlete's goals and their role on the team as well as sharing their expectations. During the game, remember that many team sports like football, basketball, and volleyball are subjective sports and officiating decisions are made quickly. Athletes should hear one instructional voice, the coach, during game. Please take the role of the positive spectator and not the role of player, coach, or official. After the game, give athletes space to recover physically and mentally.

Social Media

The use of social media for informational purposes is up to the head coach of the specific sport. Community members, parents, students, and other athletes shall not use this medium as a place to belittle, harass, or bully. Social media should only be used to inform and or positively encourage the team. Failure to adhere to this will result in expulsion from the social media group.

Risks Involved in Athletic Participation

One of the annual forms parents/guardians must complete is the Annual Parent and Student Consent Form. This form must be kept on file and be available for inspection during the course of the school year. The Consent Form states: participation in athletic activity may involve injury of some type. The severity of such injuries can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries such as injuries to the body's bones, joints, ligaments, tendons, or muscles. Catastrophic injuries to the head, neck, and spinal cord may also occur. On rare occasions, injuries so severe as to result in total disability, paralysis, and death; and even with the best coaching, use of the best protective equipment, and strict observance of the rules, injuries are still a possibility. A recent study conducted by the Colorado School of Public Health, Pediatric Injury Prevention, Education, and Research (PIPER) program and The Research Institute at Nationwide Children's Hospital, Center for Injury Research and Policy identified an injury rate of 1.80 injuries per 1,000 athletic exposures (participants). The injuries required the athlete to miss at least one day of practice or event in the particular sport.

Procedures for Reporting and Treating Injuries

The risk of injuries in athletics, especially contact sports, is prevalent. Avera Sports Medicine is teaming up with CORE Orthopedics and the Canton School District contracts them to facilitate an athletic trainer to assess sports injuries on school grounds. The athletic trainer's office is down stairs in the women's coaching office. A certified athletic trainer is at school every day after school, all home varsity events, as well as, home and away varsity football games. If an injury occurs to a student-athlete, the individual must first report the injury to their coach. All coaches must complete a sports injury certification class once every three years and are qualified to assist the student-athlete with small injuries. If the injury is beyond the treatment

of the coach, the coach will then refer the student-athlete to the trainer. If necessary, the trainer may refer the individual to a medical doctor after calling the parent/guardian to inform them of the injury.

Team Travel

It is recommended that athletes ride the team bus after athletic events. This helps foster team chemistry and growth. However, especially for younger athletes, it is realized not riding home on the team bus cuts down on extra driving for parents. If an athlete is not riding back to school on the team bus, a parent must sign out the athlete after completion of the event. A student will not be allowed to ride home with anyone else unless prior communicated between the coach and parent of the athlete before departing for the event.

All athletes are expected to ride the team bus to the event. If, under extenuating circumstances, a student cannot ride the team bus to the event, alternate travel plans must be approved by the coach as well as administration.

Booster Club

The Canton Athletic Booster Club is an association to promote school spirit and unity through the support of all athletic activities sponsored by the Canton School District. It promotes projects that improve facilities and equipment necessary to provide adequate athletic programs for the Canton School District. However, the Booster Club does not seek to influence or direct the technical activities or policies of the school administration or the school officials who are charged with the responsibility of conducting the athletic program of the school. The membership includes any and all interested adults, businesses, and/or organizations. Each sport has a representative(s) on the Executive Board as well as a community member and non-voting representative of the Canton School District.

Schedules & Schedule Changes

At the end of each summer school calendars are printed and distributed with all scheduled activities listed on the corresponding dates. However, these dates can change because of weather and other unforeseen conflicts. Therefore, for the most up-to-date schedule please refer to the

school's website calendar link. Or go to www.bigsiouxconference.org and click on the Canton C-Hawks link located on the right side of the page.

Purpose of Sub-Varsity Teams Including Middle School

Sub-varsity teams are vital for a program to have success. However, winning is not the only measure of a sub-varsity team's success. The purpose of these teams is to teach fundamentals and expose younger athletes to the sport. Sub-varsity teams are a feeder program for the specific varsity team. Mastery of fundamentals is a cornerstone for success and is the primary goal of all sub-varsity teams. Winning is a byproduct of the mastery.

Practice Sessions & Expectations of Coaches and Athletes

Team practice is a crucial part of sports. Students learn self-discipline, teamwork, and build competitive qualities for life during practice time. Also, coaches develop the skills of athletes and plan for competition during practice; therefore, it is critical athletes be at practice and on time. Coaches have an expectation to convey practice session locations and times in an appropriate manner. Coaches are also expected to maintain a safe learning environment for all athletes.

In order to participate in practice/competition, the student-athlete must be in attendance at school the day of said practice/competition. Exceptions will be made in the event of a funeral or scheduled medical appointment.

Substance Abuse & Penalties for Occurrence (Activity Rules)

Adopted January 2007

School Activity Rules

Definitions:

School activities: School activities include, but are not limited to, athletics, band, cheerleading, clubs, dance, debate, drama, drill team, National Honor Society, oral interpretation, orchestra, royalty candidates, student council, vocal, FFA, FCCLA, and any other student activities.

School Activity Event: A public presentation, performance, competition, or trip associated with participation in a school activity.

ACTIVITY RULES DISCIPLINE PLAN

Student participation in school activities is a privilege, not a right. Students who choose to participate in school activities are expected to positively represent their school and community by demonstrating appropriate behavior year round.

Any middle school or high school student wishing to participate in school activities shall not possess, sell, dispense, or use tobacco; shall not use a controlled or mood-altering substance, such as steroids, marijuana, inhalants, alcohol, and other drugs; or commit any crime against a person or against property.

These activity rules will be enforced the entire year, including the summer months regardless of whether or not the student is participating in an activity at the time. A student who violates this regulation shall be ineligible to participate according to the activity rules listed below.

An effort should be made to assist students who seek help for a chemical dependency problem. Students with no identified violation will not be penalized if they voluntarily enter a treatment program and abstain. If, while in this program, they violate the rules, the student will be penalized the same as any other student.

1. The following activity rules apply for all students participating in school activities whether the offence occurs in a school, on school property, in District vehicles or buses, at District events, or away from District property. The activity rules discipline plan applies to all students participating in athletics, band, cheerleading, clubs, dance, debate, drama, drill team,

National Honor Society, oral interpretation, orchestra, royalty candidates, student council, vocal, FFA, FCCLA, and any other student activities.

2. **Consequences:** Violations shall accumulate for all years in school (grades 7-12). Students, who, after completing the suspension for their first violation, have no other activity rule violation for twelve consecutive months, will be given an opportunity to recover by starting over with a clean record with no violations counted against them. This opportunity only applies once in a student's school career (7-12). The opportunity for a clean record does not apply to a suspension for a drug conviction.

The suspension period for an activity rules violation begins on the date of the next school activity event in which the student is involved. The suspension period for a drug conviction is twelve calendar months from the date of the conviction.

The consequences listed below are minimums only. The administrator and coach or activity supervisor may enforce a more severe penalty, which may include termination from activities if the violation warrants it. In order to satisfy the consequences of an activity violation, a student must continue to participate in the activity after the suspension is completed, until the end of that activity season.

Students who have not satisfied the consequence of an activity rules violation will not be allowed to begin an activity after the end of the first week of school for activities beginning at the start of the school year or after the first two weeks of practice for activities beginning after the start of the school year.

A. First violation:

- After confirmation of the first violation, the student shall not participate in any school activity event in which the student is a participant for two events or fourteen consecutive calendar days whichever is greater. Consecutive events on the same day are regarded as one event.
- The suspension for an alcohol/drug violation will be reduced to one event or seven consecutive calendar days, whichever is greater if the student and at least one parent participate in drug/alcohol evaluation and attend every session for the Canton School District Drug Prevention Program.

- The suspension for a tobacco violation will be reduced to ONE event or seven consecutive calendar days, whichever is greater if the student participates in every session of a District approved tobacco education class.

Marijuana or Other Drug Convictions:

After conviction for the first marijuana or other drug violation, the student shall not participate in any school activity or activity event for the period of twelve calendar months from the date of the conviction.

B. Second Violation:

- After confirmation of the second violation, the student shall not participate in any school activity event in which the student is a participant for a minimum of six events or forty-two consecutive calendar days whichever is greater.
- If the school violation is for an alcohol/drug violation, the suspension will be reduced to THREE events or twenty-one consecutive calendar days whichever is greater if the student and at least one parent participate in a drug/alcohol evaluation and attend every session of the Canton School District Drug Prevention Program.
- If the second violation is for a tobacco violation, the suspension will be reduced to THREE events or twenty-one consecutive calendar days, whichever is greater if the student participates in every session of a District approved tobacco education class.

Marijuana or Other Dug Convictions:

After conviction for the second marijuana or other drug violation, the student shall not participate in any school activity or activity event for the rest of his or her high school career.

C. Third Violation:

- After confirmation of the third alcohol/drug or tobacco violations, the student shall not participate in any school activity for twelve calendar months. The student will not be eligible for activity awards during the twelve-month period.
- The twelve-month suspension from activities will be reduced and eligibility for activity awards will be reinstated under the following conditions:

- 1) If the third violation is for any alcohol or drug violation, the suspension will be reduced to a minimum of sixty days if the student completes a district recommended program. The student must successfully complete the district recommended program prior to becoming eligible to participate in activities or becoming eligible for activity awards.
- 2) If the third violation is for a tobacco violation, the suspension will be reduced to a minimum of sixty days if the student completes an intensive tobacco use cessation program. The student must successfully complete the tobacco use cessation program prior to becoming eligible to participate in activities or becoming eligible for activity awards.
- 3) Expenses incurred for participation in tobacco education classes and drug prevention or treatment programs are the responsibility of the student and parent/guardian, unless the program is offered at no cost or reduced cost by the district.
- 4) The administration and coach/activity supervisor may require students who have committed a first or second violation of activity rules to attend practice sessions provided the student is not In-School suspended (ISS), Suspended After School (SAS), or Out of School Suspended (OSS). All ISS, SAS, and OSS obligations must be completed prior to participation in any practice, competition, performance, or activity.
- 5) If a student is under penalty and not allowed to participate in an activity event, that student will not travel to or dress for any district, region, or state competition, or any event that requires an overnight stay. Regular season events will be handled at the discretion of the administrator and coach.
- 6) If the violation occurs at school, at a school event, on school property, or while under the supervision of the coach/activity advisor, current school board policy applies.
- 7) If a student is suspended from a school activity event that also is a graded activity to meet a course requirement, the student will have the opportunity to completely make up the grade for that activity event. The makeup work must be arranged with the activity advisor.
- 8) The following steps must be taken prior to suspending a student from an activity event:
 - The principal must inform the student of the rule, regulation, or policy that has been allegedly violated.

- The student will be given an opportunity to answer the charges and present evidence on his or her behalf.
- The principal shall render a decision as soon as possible after reviewing the case.

9) Upon suspending a student, if possible, the principal shall provide oral notices of the suspension to the student's parents or guardian. The principal shall also provide written notice to the parents or guardian

10) In the event the student or parents believe the student's rights have been violated, they may appeal the principal's decision within five school days to the Superintendent or designee. The Superintendent or designee has five school days to respond to the appeal. The student will remain ineligible during the appeal process.

D. Fourth Violation:

Any fourth violation of these activity rules will result in the complete removal of the student from activities during the remainder of the student's enrollment in the Canton School District.

Addendum:

School Activity Rules

Number One: Students participating in school activities are required to conduct themselves with respect for themselves and others through their actions, language, and dress. Students who choose to participate in school activities represent their community and school at public events and performances. Student activity participants are expected to demonstrate behavior that reflects positively on the individual, the school, and the community year round. The superintendent is directed to formulate administrative regulations, which will implement this policy.

Number Two: Any student who transfers to the Canton School system must serve any and all punishments for violations of tobacco, alcohol, and drug offenses accumulated at a previous school system. There shall be no exceptions to this policy.

Number Three: Reporting Procedures: Community members, school employees, and other citizens may report violations to the appropriate school authorities. School authorities will determine guilt based on a standard of the preponderance of the evidence. Police reports will also be accepted.

Number Four: If violations in these policies occur, and the student fails to attend the recommended counseling classes, the student will not receive an official school award or letter for any activities in which a suspension is served. In addition, if suspensions occur during an activity season, students will not receive post-season activity awards for which a coach or advisor may nominate them.

Number Five: Possession: Possession is considered to exist if a student:

- Is aware of the presence of alcohol or controlled substance
- Is in the proximity or has access to the alcohol or controlled substance
- Fails to remove him/her from the premises immediately.

Number Six: In regards to Royalty Candidates, Student council members, and Club members, the following will apply:

- Royalty candidates: If a student is a member of the royalty court when the violation occurs, that student will be removed from the royalty court.
- Student Council: If a student is a member of the student council, that student will be removed from their position until the next election.
- Clubs: In regard to members of officially approved Canton School District Clubs, suspensions shall occur on the advice of administration and club advisor.

Number Seven: Any drug or alcohol counseling program intended to fulfill the requirements of these policies must be approved by the Canton School District.

Number Eight: The board of education reserves the right to determine appropriate penalties for violations not covered by these policies.

Number Nine: These rules will become effective May 27, 2007.

Revised November 2009

**SDCL. 13-32-9 SUSPENSIONS FROM EXTRA-CURRICULAR ACTIVITIES FROM
CONTROLLED SUBSTANCE VIOLATIONS.**

Any person adjudicated, convicted, the subject of an informal adjustment or court-approved juvenile diversion program, or the subject of a suspended imposition of sentence for possession, use, or distribution of controlled drugs or substances or marijuana as defined in chapter 22-42, or for ingesting, inhaling, or otherwise taking into the body any substances as prohibited by 22-42-15, is ineligible to participate in any extracurricular activity at any secondary school accredited by the Department of Education for one calendar year from the date of adjudication, conviction, diversion, or suspended imposition of sentence. The one-year suspension may be reduced to sixty school days if the person participates in an assessment with a certified chemical dependency counselor or completes an accredited intensive prevention or treatment program. If the assessment indicates the need for a higher level of care, the student is required to complete the prescribed program before becoming eligible to participate in extracurricular activities. On subsequent adjudication, conviction diversion, or suspended imposition of sentence for possession, use, or distribution of controlled drugs or substances or marijuana as defined in chapter 22-42, or for ingesting, inhaling, or otherwise taking into the body any substances as prohibited by 22—42-15, by a court of competent jurisdiction, that person is ineligible to participate in any extracurricular activity at any secondary school accredited by the Department of Education. Upon such a determination in any juvenile court preceding the Unified Judicial system shall give notice of that determination to the South Dakota High School Activities Association and the chief administrator of the school in which the person is participating in any extracurricular activity.

Upon placement of the person in an informal adjustment or court approved juvenile diversion program, the state's attorney who placed the person in that program shall give notice of that placement to the South Dakota High School Activities Association and chief administrator of the school in which the person is participating in any extracurricular activity.

As used in this section, the term, extracurricular activity means any activity sanctioned by the South Dakota High School Activities Association.

REVISED 2006 LEGISLATIVE SESSION

PARTICIPATION OF ALTERNATIVE INSTRUCTION STUDENTS

The Canton School District will permit alternative instruction students in grades 6-8 to participate in middle school extracurricular activities, and will permit alternative instruction students in grades 9-12 to participate in interscholastic activities.

Nothing in this policy confers any vested right in any alternative instruction student wishing to participate in an interscholastic activity to be selected for competition in such activity.

As a condition of participation, the alternative instruction student in grades 9-12 must be enrolled in, and attend a minimum of two (2) academic class periods per day at Canton High School, and maintain passing grades in both classes. The classes attended by the alternative instruction student must be classes that grant academic credit. On the day of participation in any interscholastic completion, the alternative instruction student must have attended both class periods that day in order to be eligible to compete in the contest.

A student in middle school may be considered at the high school level except in the following sports: basketball, football and volleyball. As a condition of participation, the alternative instruction student enrolled in grades 7-8, who wishes to compete or is invited to compete in an individual interscholastic activity at the high school level must attend a minimum of two (2) academic class periods per day at Canton Middle School, and maintain passing grades in both classes. The classes attended by the alternative instruction student must be classes that are graded. On the day of participation in any interscholastic competition, the alternative instruction student must have attended both class periods that day to be eligible to compete in the contest. Further, as a condition of participation, the alternative instruction student must fulfill the following conditions:

1. Demonstrate compliance with CHAPTER 1, PART IV - *Student Eligibility* – and CHAPTER II, PART I - *Further Eligibility for Athletic Contests* of the SDHSAA *Eligibility Checklist for Alternative Instruction Students*. Compliance with this provision must be demonstrated annually.

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2. Provide documentation for the *Application for Public School Exemption Certificate Request* (SDCL 13-27-3) and nationally standardized achievement tests in grades tested under the state testing program. Compliance with this provision must be demonstrated annually.

3. Comply with all of the school district's eligibility requirements for participation in interscholastic activities, including all academic requirements. Attendance requirements will apply as outlined above. Scholastic/academic eligibility shall be verified per the school district's administrative policy following the same procedure used to accept credits toward graduation when an alternative instruction student requests a transfer to the school district.

4. Any student, who was unable to maintain academic eligibility in an accredited school, shall be ineligible to participate as an alternative instruction student for a period of one (1) year. After one year, the student may regain eligibility per the school district's administrative policy.

5. Satisfy the responsibilities and standards of behavior and performance, including related class of practice requirements, as expected of other student participants as a condition for both the initial acceptance and continued membership in the activity, including but not limited to:

- a. All school district training rules and codes of conduct will be applicable.
 - b. In order to be eligible to audition for and participate in a Region Music Contest, All-State Chorus, All-State Orchestra or All-State Band, the student must currently be enrolled and attending the school district's parallel musical organization, i.e., vocal music, band, orchestra. This rule is identical to the rule that applies to all students attending a SDHSAA member school.
 - c. A student who is a member of a high school team may not participate in games, practice tryouts, etc. in that particular sport during the same season on an independent or non-high school team or as a member of any "all star" team, or completely unattached on an individual basis. This rule is identical to the rule that applies to all students attending a SDHSAA member school.
 - d. All references to calendar shall refer to the school district's calendar.
6. A student who leaves an accredited school for any reason to enter an alternative instruction program shall be ineligible for interscholastic competition for a period of one (1) year beginning on the date the student enters the alternative instruction program.

Parent Pledge

As the parent/guardian of a student-athlete, I understand the important role sports can play in the development of a child's character. I also understand that the highest potential of sports is achieved when everyone involved in an athletic program, including the parents, work together. I promise to help my child and his or her team by modeling respect and sportsmanship at all times. I have read and understand this Athletic Handbook and accept my role as a parent/guardian.

Student Athlete's Name – Please Print

Parent/Guardian Name – Please Print

Parent/Guardian Signature

Date

**SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION
ANNUAL PARENT OR GUARDIAN PERMIT**

I hereby give my consent for _____ GRADE _____
Name (Please Print) 2014-15 School Year

who was born at _____
City, Town, County, State

on _____ to compete in SDHSAA approved athletics for _____ High School
Date of Birth

during the 2014-2015 school year.

I/We give our permission for our son/daughter to participate in organized high school athletics, realizing that such activity involves the potential for injury which is inherent in all sports.

Date _____, 20____ Signed _____
Parent or Legal Guardian

THIS FORM MUST BE COMPLETED ANNUALLY AND MUST BE AVAILABLE FOR INSPECTION AT THE SCHOOL.

INITIAL PRE-PARTICIPATION HISTORY

**SEE REVERSE SIDE FOR
HEALTH HISTORY QUESTIONNAIRE**

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

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

Do you have any allergies? Yes No If yes, please identify specific allergy below.
 Medicines Pollens Food Stinging Insects

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

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		

HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		

BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

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

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 HE0503



**SOUTH DAKOTA HIGH SCHOOL
ACTIVITIES ASSOCIATION
PHYSICAL EXAMINATION FORM**

Date Exam Expires: _____
 Check Appropriate Physical Exam Term:
 ___ Annual ___ Biennial ___ Triennial

NAME _____ GRADE _____ DATE OF BIRTH _____
 CHECK ONE: ___ MALE ___ FEMALE (2014-15 School Year)

1. Blood pressure (sitting) _____ / _____ Repeat in 5 minutes, if elevated _____ / _____

2. Height _____

3. Weight _____

	Normal	Abnormal	COMMENTS
4. Vision 20/ _____ (L) 20/ _____ (R)	_____	_____	_____
5. Head	_____	_____	_____
6. Mouth (dentures, braces?)	_____	_____	_____
7. Eyes (contacts?)	_____	_____	_____
8. Chest/lung	_____	_____	_____
9. Heart			
a. Heart sounds	_____	_____	_____
b. Murmurs	_____	_____	_____
c. pulse (rad. vs fem.)	_____	_____	_____
d. rhythm	_____	_____	_____
10. Abdomen			
a. liver or spleen	_____	_____	_____
b. masses	_____	_____	_____
11. Genitalia (males only)			
a. hemias	_____	_____	_____
b. testes	_____	_____	_____
12. Orthopedic			
a. cervical spine	_____	_____	_____
b. shoulder shrug	_____	_____	_____
c. deltoid	_____	_____	_____
d. arms/elbow	_____	_____	_____
e. hands	_____	_____	_____
f. hips	_____	_____	_____
g. knees	_____	_____	_____
h. ankles	_____	_____	_____
i. Scoliosis	_____	_____	_____

SPORTS PARTICIPATION RECOMMENDED FOR:

_____ Cleared for ALL (*collision, contact/endurance sports, and other sports*)

_____ Cleared only for *contact/endurance sports and other sports*

_____ Cleared only for *other sports*

Definition: [Collision=Football and Wrestling]; [Contact/Endurance Sports=Basketball, Cross Country, Gymnastics, Soccer, Tennis, Track, Volleyball, Competitive Cheer and Competitive Dance]; [Other Sports=Golf]

_____ Cleared for ALL, but with recommendations for further evaluation or treatment for _____

_____ Above clearance to be granted only after _____

_____ Clearance cannot be given at this time because _____

NAME OF EXAMINER (PRINT) _____ DATE _____, 20 _____

SIGNATURE OF EXAMINER _____

NOTE: The following licensed medical personnel are qualified to perform the examination and certify the health of the student athlete: Doctor of Medicine, Doctor of Osteopathy, Doctor of Chiropractic, licensed Physician Assistant and licensed Nurse Practitioner.

**SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION
ANNUAL PARENT OR GUARDIAN PERMIT**

I hereby give my consent for _____ GRADE _____
Name (Please Print) 2014-15 SCHOOL YEAR
who was born at _____ on _____
City, Town, County, State Date of Birth
to compete in SDHSAA approved athletics for _____ High School during the 2014-2015 school year.
I/We give our permission for our son/daughter to participate in organized high school athletics, realizing that such activity involves the potential for injury which is inherent in all sports.
Signed _____ Date _____, 20____
Parent or Legal Guardian

THIS FORM MUST BE COMPLETED ANNUALLY AND MUST BE AVAILABLE FOR INSPECTION AT THE SCHOOL.

INTERIM PRE-PARTICIPATION HISTORY
(Used in conjunction with the Biennial/Triennial examination.)

**SEE REVERSE SIDE FOR
HEALTH HISTORY QUESTIONNAIRE**

INTERIM PRE-PARTICIPATION HISTORY

(Used in conjunction with the Biennial/Triennial examination.)

NAME _____ GRADE _____ DATE OF BIRTH _____
 (2014-15 School Year)

IN THE PAST YEAR:

		YES	NO
1.	Has a doctor denied your participation in sports for any reason?		
2.	Do you have a new ongoing medical condition (like diabetes or asthma)?		
3.	Are you currently taking any new prescription or non-prescription (over-the-counter) medicines or pills?		
4.	Do you have new allergies to medicines, pollens, foods, or stinging insects?		
5.	Have you passed out or nearly passed out DURING exercise?		
6.	Have you passed out or nearly passed out AFTER exercise?		
7.	Have you had discomfort, pain, or pressure in your chest during exercise?		
8.	Has your heart raced or skipped beats during exercise?		
9.	Has a doctor told you that you have a heart murmur, high blood pressure, high cholesterol, or a heart infection?		
10.	Has a doctor ordered a test for your heart? (for example: ECG, echocardiogram)		
11.	Has anyone in your family died for no apparent reason?		
12.	Have you spent the night in a hospital?		
13.	Have you had surgery?		
14.	Have you had an injury, like a sprain, muscle or ligament tear, or tendonitis, that required medical attention?		
15.	Have you had any broken or fractured bones or dislocated joints?		
16.	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?		

		YES	NO
17.	Have you had a stress fracture?		
18.	Did a doctor tell you that you have asthma or allergies?		
19.	Have you started to cough, wheeze, or have difficulty breathing during or after exercise?		
20.	Have you used an inhaler or taken asthma medicine?		
21.	Have you lost a kidney, an eye, a testicle, or any other organ?		
22.	Do you have any new rashes, pressure sores, or other skin problems?		
23.	Have you had a new herpes skin infection?		
24.	Have you had a head injury or concussion?		
25.	Have you been hit in the head and been confused or lost your memory?		
26.	Have you had a seizure?		
27.	Have you experienced headaches with exercise?		
28.	Have you had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
29.	Have you been unable to move your arms or legs after being hit or falling?		
30.	When exercising in the heat, did you have severe muscle cramps or become ill?		

Explain "Yes" answers here: _____

(continue on front side of this form if necessary)

RECERTIFICATION OF HEALTH

As the parent/guardian, I herewith affix my signature and certify that the above named student is physically fit to participate in interscholastic athletics for the current school year insofar as all "Yes" responses are concerned.

_____, 20____
 Date Signature of Parent

**SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION
ANNUAL PARENT AND STUDENT CONSENT FORM**

School Year: 2014-2015 Name of High School: _____

Name of Student: _____

Date of Birth: _____ Place of Birth: _____

The Parent and Student hereby:

1. Understand and agree that participation in SDHSAA sponsored activities is voluntary on the part of the student and is considered a privilege.
2. Understand and agree that (a) by this Consent Form the SDHSAA has provided notification to the parent and student of the existence of potential dangers associated with athletic participation; (b) participation in any athletic activity may involve injury of some type; (c) the severity of such injuries can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries such as injuries to the body's bones, joints, ligaments, tendons, or muscles. Catastrophic injuries to the head, neck and spinal cord and concussions may also occur. On rare occasions, injuries so severe as to result in total disability, paralysis and death; and (d) even with the best coaching, use of the best protective equipment, and strict observance of rules, injuries are still a possibility.
3. Consent and agree to participation of the student in SDHSAA activities subject to all SDHSAA bylaws and rules interpretations for participation in SDHSAA sponsored activities, and the activities rules of the SDHSAA member school for which the student is participating; and
4. Consent and agree that personally identifiable directory information may be disclosed about the student as a result of his/her participation in SDHSAA sponsored activities. Such directory information may include, but is not limited to, the student's photograph, name, grade level, height, weight, and participation in officially recognized activities and sports. *If I do not wish to have any or all such information disclosed, I must notify the above mentioned high school, in writing, of our refusal to allow disclosure of any or all such information prior to the student's participation in sponsored activities.*

I acknowledge that I have read paragraphs one (1) through four (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participating in activities.

DATED this _____ day of _____, 20_____

Name of Student (Print Name)

Student Signature

I am the student's parent/guardian. I acknowledge that I have read paragraphs (1) through (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities. I hereby give my permission for _____ (student's name) to practice and compete for the above named high school in activities approved by the SDHSAA.

DATED this _____ day of _____, 20_____

Parent/Guardian (Print Name)

Parent/Guardian Signature

**THIS FORM MUST BE COMPLETED ANNUALLY AND MUST BE AVAILABLE FOR
INSPECTION AT THE SCHOOL**

CONSENT FOR RELEASE OF MEDICAL INFORMATION FORM (HIPAA)

Students Name _____ Date of Birth _____

1. I authorize the use or disclosure of the above named individual's health information including the Initial and Interim Pre-Participation History and Physical Exam information pertaining to a student's ability to participate in South Dakota High School Activities Association sponsored activities. Such disclosure may be made by any Health Care Provider generating or maintaining such information.
2. The information identified above may be used by or disclosed to the school nurse, athletic trainer, coaches, medical providers and other school personnel involved in the care of this student.
3. This information for which I am authorizing disclosure will be used for the purpose of determining the student's eligibility to participate in extracurricular activities, any limitations on such participation and any treatment needs of the student.
4. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the school administration. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.
5. This authorization will expire on July 1, 2015.
6. I understand that once the above information is disclosed, it may be redisclosed by the recipient and the information may not be protected by federal privacy laws or regulations.
7. I understand authorizing the use or disclosure of the information identified above is voluntary. However, a student's eligibility to participate in extracurricular activities depends on such authorization. I need not sign this form to ensure healthcare treatment.

Signature of Parent

Date

This form must be completed annually and must be available for inspection at the school

CONCUSSION FACT SHEET FOR ATHLETES

What is a concussion?

A concussion is a brain injury that:

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

All concussions are serious. A concussion can affect your ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most people with a concussion get better, but it is important to give your brain time to heal.

What are the symptoms of a concussion?

You can't see a concussion, but you might notice one or more of the symptoms listed below or that you "don't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

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 right away if you think you have a concussion or if one of your teammates might have a concussion.
- **Get a medical check-up.** A doctor or other health care professional can tell if you have a concussion and when it is OK to return to play.
- **Give yourself time to get better.** If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have another concussion. Repeat concussions can increase the time it takes for you to recover and may cause more damage to your brain. It is important to rest and not return to play until you get the OK from your health care professional that you are symptom-free.

How can I prevent a concussion?

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

- Use the proper sports equipment, including personal protective equipment. In order for equipment to protect you, it must be:
 - The right equipment for the game, position, or activity
 - Worn correctly and the correct size and fit
 - Used every time you play or practice
- Follow your coach's rules for safety and the rules of the sport
- Practice good sportsmanship at all times

It's better to miss one game than the whole season.

Student's Name (please print) _____ Date: _____

Student's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

**THIS FORM MUST BE SIGNED ANNUALLY AND MUST BE AVAILABLE FOR
INSPECTION AT THE SCHOOL**

CONCUSSION FACT SHEET FOR PARENTS

What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even or what seems to be a mild bump or blow to the head can be serious.

What are the signs and symptoms?

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 after the injury. If your teen reports, one or more symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

Signs Observed By Parents or Guardians	Symptoms Reported by Athlete
<ul style="list-style-type: none"> • 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 mood, behavior, or personality changes • Can't recall events prior to hit or fall • Can't recall events after hit or fall 	<ul style="list-style-type: none"> • Headache or "pressure" in head • Nausea or vomiting • Balance problems or dizziness • Double or blurry vision • Sensitivity to light or noise • Feeling sluggish, hazy, foggy, or groggy • Concentration or memory problems • Confusion • Just not "feeling right" or is "feeling down"

How can you help your teen prevent a concussion?

Every sport is different, but there are steps your teens can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Ensure that they follow their coaches' rules for safety and the rules of the sport
- Encourage them to practice good sportsmanship at all times.

What should you do if you think your teen has a concussion?

1. **Keep your teen out of play.** If your teen has a concussion, her/his brain needs time to heal. Don't let your teen return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says your teen is symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first – usually within a short period of time (hours, days, or weeks) – can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.
2. **Seek medical attention right away.** A health care professional experienced in evaluating for concussion will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.
3. **Teach your teen that it's not smart to play with a concussion.** Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your teen convince you that s/he's "just fine".
4. **Tell all of your teen's coaches and the student's school nurse about ANY concussion.** Coaches, school nurses, and other school staff should know if your teen has ever had a concussion. Your teen may need to limit activities while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your teen's coaches, school nurse, and teachers. If needed, they can help adjust your teen's school activities during her/his recovery.

Parent/Guardian's Name (Please print) _____ Date _____

Parent/Guardian's Signature _____ Date _____

**THIS FORM MUST BE SIGNED ANNUALLY AND MUST BE AVAILABLE FOR
INSPECTION AT THE SCHOOL**

This is the form that the South Dakota High School Activities Association recommends to those member schools that feel it is important to get consent from parents and/or legal guardians for medical treatment when away from home on road trips for various activities. This form should be kept on file at the school and another copy should travel with each team on which the athlete competes.

CONSENT FOR MEDICAL TREATMENT

I am the **PLEASE CIRCLE ONE** Mother Father Legal Guardian of _____
_____, who participates in co-curricular activities for _____
_____ High School. I hereby consent to any medical services that may be required while said child is under the supervision of an employee of the _____ School District while on a school-sponsored activity and hereby appoint said employee to act on behalf in securing necessary medical services from any duly licensed medical provider.

Dated this _____ day of _____, 20_____

Parent(s)/Legal Guardian Signature: _____

CONSENT OF CHILD

I, _____, have read the above Consent For Medical Treatment Form signed by my (**PLEASE CIRCLE ONE**) Mother Father Legal Guardian and join with (**PLEASE CIRCLE ONE**) him her in the consent.

Dated this _____ day of _____, 20_____

Student's Signature: _____

