

Ferndale High School • All Participants

Eligibility Packet for Cocurricular Activities

Athletics • Clubs • Student Government • Leadership • Cheerleading

Principal's Message

Dear Parent and Participant:

Attached you will find a copy of our cocurricular code along with other information concerning eligibility for cocurricular activities. It is important that you clearly understand the expectations our school and school district have for participants.

I would like your assistance in carefully reviewing this code with your son/daughter. Please sign and return the Eligibility Statement Packet to Ferndale High School.

Hopefully, our joint efforts will result in all students and parents understanding the program expectations. This should prevent misunderstandings from developing as the student participates in the sport or activity of their choice.

Disabled students are encouraged to participate in sports and/or activities which interest them. The high school is willing to make reasonable accommodations so that disabled students can participate.

Thank you in advance for your cooperation. If you have questions on items contained in the code, please contact the Activity/Athletic Office at (360)383-9249 or (360)383-9248.

Sincerely,

Dawn Fairchild
Principal

Introduction

The opportunity to participate in the cocurricular program at Ferndale High School is a privilege available to all students of the district. Participants in these voluntary programs are expected to conform to Board Policy 3200 and specific conduct standards established by principals and coaches/advisors. As participants, students are faced with choices. If the choices they make interfere, impede, or hinder their personal or group performance, or render them unfit to serve as representatives of Ferndale High School, they may forfeit the privilege to participate. A participant found to be in violation of any rule is subject to corrective action as specified in the code. Provision has been made for a participant to appeal a sanction and that process is explained in this document.

Definition of Cocurricular Activities

The cocurricular program includes athletics, clubs, student government, leadership, cheerleading, and other activities sponsored by Ferndale High School that are outside of the regular curriculum.

Eligibility for Participation

1. Any participant in the cocurricular program must have an Associated Student Body Card.

Eligibility for Participation - continued

2. A participant must be in regular school attendance the previous semester. And have met W.I.A.A. eligibility requirements pursuant to rule (18.0). Additionally, participants must maintain a passing grade in **all** subjects. In the event an individual is no longer passing **all** classes he/she will be required to attend before school study table sessions. He/she will be allowed to continue taking part in competitions, performances, and club activities as long as he/she is attending study table sessions and adhering to all study table session rules. Individuals missing study table sessions are subject to competition/performance/activity suspensions.
3. Additional Athletic/Cheerleading Requirements:
 - 3.1 Insurance Coverage must be obtained through the school or if a family furnishes proof of sufficient medical coverage, a waiver indicating adequate coverage will suffice.
 - 3.2 Results of a current physical exam must be on file in the main office.

Specific Rules and Regulations

1. No athlete may quit one sport and turn out for another after the season has begun without the consent of both affected coaches. A cocurricular activity season shall be that portion of a school and/or calendar year during which regularly scheduled practices, turnouts, rehearsals, meetings, games, events, contests, or performances for the specific activity are conducted under the direct supervision of an approved Ferndale School District Employee.
2. Participants must travel to and from contests/activities away from Ferndale in transportation provided by the school. The only exceptions permitted are: (a) injury to a participant which would require alternate transportation; (b) prior arrangement (request must be in writing) between the participant's parent/guardian and the coach/advisor for the participant to ride with the parent/guardian; and (c) any alternate travel arrangements must be cleared through the administration.
3. Completion of the activity season is required for the participant to be eligible for a letter or other team or individual awards (exception: injury which limits participation). No awards shall be given to any participant suspended for the remainder of the season for cocurricular code violations. Additional standards will be developed by each head coach/advisor and a copy filed with the Athletic/Activities Director prior to the season.
4. A participant who has been injured and has had medical treatment cannot participate until a signed release from the doctor is presented to the advisor/coach. The release form (to be provided by the school) will be kept on file by the Athletic Trainer.
5. Any violation of Board Policy 3200 by a participant that is deemed by the head coach, activity advisor, or school administration to be detrimental to the cocurricular program, school or school district, will result in counseling and/or corrective action. The sanction will be determined by the school administrator in consultation with the head coach/activity advisor and will depend on the type and severity of the violation.
6. Participants shall conduct themselves in a manner that renders them fit to serve as representatives of Ferndale High School (misconduct includes, but is not limited to, criminal activity, cheating, etc.). Failure to do so shall result in corrective action. The sanction will be determined by the school administrator in consultation with the head coach/activity advisor and will depend on the type and severity of the misconduct.

Welcome to Ferndale High School Athletics and Activities

- Please sign and return page 3 & 4 of this packet to the athletics' secretary
- Get a current doctor's physical - form on page 4
- Buy an ASB card and clear all school fines

7. School-owned equipment used by a participant in any cocurricular activity is his/her responsibility. The loss or misuse of this equipment will be the financial obligation of the participant. Participants will not be allowed to participate in any activity until this obligation is fulfilled and all fines are cleared.
8. A participant is expected to attend all scheduled practices, turnouts, rehearsals, meetings, games, events, contests, and performances, whether or not school is in session. If it is found necessary to miss such, prior arrangements must be made with the advisor/coach. No practices will be held on Sundays. Any exception to the Sunday practice provision must be approved by the building principal and superintendent.
9. A participant shall not use, consume, possess, transmit, sell or be under the influence of alcoholic beverages, drugs (including anabolic steroids), narcotics, or tobacco (including smokeless tobacco). Neither shall a participant use or be in possession of drug paraphernalia. Receipt of a "Minor in Possession/DWI" citation from a law enforcement agency will automatically constitute a violation of the cocurricular code. Sanctions for violations are listed in this code under Corrective Action.
10. The sport season begins and ends according to WIAA regulations.
11. A participant must be in school for **all class periods** in order to participate in a practice or a cocurricular activity that day. If a participant misses any portion of the school day, his/her absence must be cleared in advance by a school administrator. Unexcused absence is subject to sanction determined by the school administrator.

Corrective Actions

1. General

- 1.1 Each violation of the code will be judged on its individual merits and the corrective action will be determined by the nature and circumstances of the violation and any extenuating or exceptional circumstances.
- 1.2 Violations of this code will result in counseling, Eagle Service, or other discipline as outlined in Board Policy 3200 and/or specific sanctions as outlined below.

2. Specific Sanctions

2.1 Violation of Drug/Alcohol Rule

- 2.1.1 **First Violation** - Suspension from cocurricular activity for fifteen (15) school days. If the suspension period does not include a major activity, the participant will be denied the right to participate in the next major performance, game, contest, competition or event. In addition, a drug/alcohol evaluation by an approved community agency or individual must be completed within five (5) school days from the date of the incident (at the student's expense).

Corrective Actions - Continued

- 2.1.2 **Second Violation** - Suspension from cocurricular activities for one (1) calendar year and completion of a new evaluation by an approved community agency or individual within ten (10) days from the date of the incident and compliance with the evaluation recommendations prior to returning to the sport/activity. Written verification of the completion of the drug/alcohol evaluation and compliance with evaluator's recommendations must be provided to the principal/designee. The participant must be in compliance with all treatment recommendations before he/she will be reinstated.

- 2.1.3 **Additional Violations** - Any additional violations of the cocurricular code during the participant's high school career will be treated as second violations.

2.2 Violation of Tobacco Rule

- 2.2.1 **First Violation** - Five (5) day suspension from the activity (and next major performance, game, contest, competition or event).

- 2.2.2 **Second Violation** - Ten (10) day suspension from the activity and the next two (2) performances, games, contests, competitions, or events.

- 2.2.3 **Additional Violations** - Any additional violations during the participant's high school career will be treated as second violations.

Participants will attend practices during suspensions.

3. Implementation Procedures

- 3.1 Whenever the corrective action includes suspension, the advisor/coach will adhere to the following procedures.

- 3.1.1 Report the incident immediately to the building athletic director and assistant principal.

- 3.1.2 The assistant principal/athletic director will then notify the parent/guardian.

4. Grievances/Hearings/Appeals

- 4.1 Procedures for grievances/hearings/appeals will be followed according to School Board Policy 3200, I - Corrective Action - General, F. A copy of the procedures will be given to the student and parent/guardian upon request.

- 4.2 A participant who is appealing discipline under this code will be allowed to practice, rehearse, and attend meetings, but not compete, perform or represent Ferndale High School in the cocurricular program until due process is completed.

ELIGIBILITY FORM

SIGNATURES REQUIRED

(Students **S** and Parents **P**)

- Please sign and return this complete packet to the Athletic Department
- Get a current doctor's physical(form on last page)
- Buy an ASB card and clear all school fines

This Section For All Participants

Ferndale School District #502
Entrustment of Care of Minors
 All Questions must be completed by Parent/Guardian

Name _____

Address, City, Zip _____

Grade _____ Age _____

Birth Date _____ Birth Place _____

Parent/Guardian _____ Phone _____

Work/Business Address _____ Phone _____

Please specify ANY allergies, including drugs or insects _____

Date of last booster shot _____

Authorization for Emergency Medical Care • Parent/Guardian Signs

This is to certify that I/we do authorize and direct any medical or surgical care including anesthesia, laboratory x-rays, and other procedures necessary in the emergency medical care of the above named minor during the school year and ensuing summer.

P X _____
 Signature of Parent/Guardian Date

This Section For All Participants Risk Statement

Every effort is made by the Ferndale School District to provide safe facilities and proper coaching/advising. But notwithstanding these precautions, students may be injured. Playing or practicing to play/participate in any sport/activity can be dangerous activity involving many risks of injury. These risks may include, but are not limited to, death, serious neck and spinal injury, paralysis, brain damage, etc. The result of these injuries could seriously impair one's future activities to earn a living, participate in social and recreational activities, and generally to enjoy life. Playing or practicing to play/participate in any sport/activity can also involve injuries to the back, bones, ligaments, joints, eyes, teeth, etc. The result of these injuries could limit participation.

Because of the potential for injury, all athletes/activity participants must follow the coach's/advisor's instructions regarding playing techniques, training, and activities.

As an assumption of risk, my signature below indicates that I have read the statement above and understand the potential for risk of injury in interscholastic sports and/or ASB clubs, activities, and performance groups.

P X _____
 Signature of Parent/Guardian Date

S X _____
 Signature of Student Date

Insurance Information For Athletes/Cheerleaders Only

INSURANCE - Each student participant must be covered by athletic insurance in order to be eligible to represent the school in interscholastic competition. A student can be covered in one of the following two ways:

1 Purchase School Insurance.
 (Pick up insurance forms in the Athletic Office)

OR

2 Sign the Waiver of Accident Insurance Coverage below:

I have adequate accident insurance coverage for my student. I will continue to keep it in force throughout the sports season, and therefore do not wish to enroll.

Student's Name

I accept full responsibility for the cost of treatment for any injury which he or she may suffer while taking part in the program. Please waive the insurance requirement and permit him or her to take part in athletics.

My student is covered by the following company:

Name of Insurance Company _____ Policy # _____

Address, City, State, Zip _____

Phone _____

P X _____
 Signature of Parent/Guardian Date

This Section For All Participants Parent Permission Statement

I have read the Cocurricular Code. I hereby give consent to my son/daughter to participate in the following, directed by the Ferndale School District during the school year and ensuing summer:

Please check all appropriate boxes:

- Athletics
- ASB Activites/Clubs

P X _____
 Signature of Parent/Guardian Date

This Section For All Participants Eligibility Statement

I certify that I meet the attached eligibility requirements. Furthermore, I have read and understand the Cocurricular Code and will adhere to its directives.

S X _____
 Signature of Student Date

WHATCOM COUNTY PRE-PARTICIPATION SPORTS PHYSICAL EXAM

Required for participation - Parent's must review and sign - High School Exam good for 13 mos from date of exam

NAME: _____ **BIRTH DATE:** _____ **EXAM DATE:** _____
Address: _____ **City:** _____
Parent's Name: _____ **Phone:** _____ **Cell#:** _____
In case of emergency contact: Name _____ **Phone:** _____

<input type="checkbox"/> Pre-Participation Exam <input type="checkbox"/> Returning Exam

Yes/ No HISTORY (to be completed by student & parents)

- Y N 1. Have you had any illness/injury recently or now?
- Y N 2. Have you had a medical problem, illness or injury since your last exam?
- Y N 3. Do you have any chronic or recurrent illness?
- Y N 4. Have you ever had an illness lasting more than a week?
- Y N 5. Have you ever been hospitalized overnight?
- Y N 6. Have you had any surgery?
- Y N 7. Have you ever had any injuries requiring treatment by a physician?
- Y N 8. Do you have any organ missing (appendix, eye, kidney, testicle, etc)?
- Y N 9. Are you presently taking any medications? (including vitamins, aspirin)
- Y N 10. Do you have **Any** allergies? (medicine, bees, foods)
- Y N 11. Have you ever had chest pain, dizziness, fainting, or passing out during or after exercise?
- Y N 12. Do you tire more easily or quickly than your friends during exercise?
- Y N 13. Have you ever had any problem with your blood pressure or your heart?
- Y N 14. Have any close relatives had heart problems, heart attacks, or sudden death before they were age 50?
- Y N 15. Do you have any skin problems (acne, itching, rashes, etc)?
- Y N 16. Have you ever had fainting, convulsions, seizures or severe dizziness?
- Y N 17. Do you have frequent severe headaches?
- Y N 18. Have you ever had a "stinger" or "burner" or "pinched nerve"?
- Y N 19. Have you ever been "knocked out" or "passed out"?
- Y N 20. Have you ever had a neck or head injury?
- Y N 21. Have you ever had heat exhaustion, heat stroke, heat cramps, or similar heat-related problems?*
- Y N 22. Do you have asthma, trouble breathing, or cough during of after exercise?
- Y N 23. Do you wear eyeglasses, contact lenses, or protective eyewear?
- Y N 24. Have you had any problem with your eyes or vision?
- Y N 25. Do you wear any dental appliance such as braces, bridge, plate, retainer?
- Y N 26. Have you ever had a knee or ankle injury?
- Y N 27. Have you ever injured any other joint (shoulder, wrist, fingers, etc.)?
- Y N 28. Have you ever had a broken bone (fracture)?
- Y N 29. Have you ever had a cast, splint, or had to use crutches?
- Y N 30. Must you use special equipment for competition (braces, etc.) ?
- Y N 31. Has it been more than 8 years since your last tetanus booster shot?
- Y N 32. Are you worried about your weight?
- Y N 33. Have you any medical concerns about participating in your sport?
- Y N 34. Are you taking any pills or drugs to increase your strength or performance?

FEMALES ONLY: When was your first menstrual period? _____
 When was your last menstrual period? _____
 How far apart are your periods? _____ How long do they last? _____
 How many periods have you had in the last year? _____

Explain "Yes" Answers to any of the above questions: _____

I attest, by my signature below, that to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete: _____
Signature of parent: _____ **Date:** _____

PHYSICAL (to be completed by doctor)

Age: _____ Height: _____ Weight: _____
 BP : _____ Pulse: _____ Vision: R / L /

MEDICAL

Normal/ Abnormal	Findings
N A Appearance	_____
N A Eyes	_____
N A Ears	_____
N A Nose	_____
N A Throat	_____
N A Lymph Nodes	_____
N A Heart	_____
N A Pulses	_____
N A Lungs	_____
N A Abdomen	_____
N A Genitalia (males only)	_____
N A Skin	_____

MUSCULOSKELETAL

Normal / Abnormal	Findings
N A Neck	_____
N A Back	_____
N A Shoulder / arm	_____
N A Elbow / forearm	_____
N A Wrist / hand	_____
N A Hip / thigh	_____
N A Knee	_____
N A Leg / Ankle	_____
N A Foot	_____

ASSESSMENT:

Full Participation Limited Participation

Describe limitations, restrictions _____

Participation contraindicated reasons _____

Recommendations (equipment, taping, rehabilitation, referral) _____

*** EXAMINER'S NAME** _____
*** SIGNATURE:** _____
*** PHONE:** _____ **DATE:** _____