Dear Parents of Hadley Student Athletes,

Congratulations are in order for your child for being selected to represent Hadley Junior High School on an interscholastic sports team. Being chosen for the team recognizes your child's natural ability and motivation. It is our hope that the season will be successful and enjoyable. Please read the following district policy related to our interscholastic sports programs:

PHILOSOPHY

School District 41 offers a variety of extracurricular programs to provide additional opportunities to students. Participation in these activities is highly encouraged but remains a privilege. Students choosing to participate in these activities bear the responsibility of representing their school both in the community and at school. These extended responsibilities include holding students who choose to participate to a higher standard of conduct as a condition of participation. The goals of an extracurricular program encompass development of healthy living habits, discipline, leadership, teamwork, citizenship skills and respect for structure, rules and responsibilities. Individual initiative, character and teamwork will be enhanced when there is team cooperation with established procedures. We believe this Code will help make participation in our extracurricular program a strong and enduring learning experience. District 41 staff remains committed to developing the whole child.

PURPOSE

All students involved in extracurricular activities shall comply with these rules and regulations and conduct themselves in a manner that will bring credit and honor to themselves, their schools and their communities. The Code sets forth specific rules for student participation in extracurricular activities and guidelines and procedures to be followed for violations of the rules.

REQUIREMENTS FOR PARTICIPATION

In order to be eligible for participation in extra-curricular activities, students must observe the standards of behavior set forth in the District's discipline policy. In addition, students must maintain grades which are in accordance with the student's ability. Teachers will notify coaches whenever a student's performance does not match his/her ability level and when they feel a student is not putting for the effort needed to succeed. When a teacher identifies a problem with an individual student, the coach will consult with that teacher to determine if effort has improved. If no improvement is noted within two weeks, students may be barred from continued participation on the team or in the extra-curricular activity in question.

PROHIBITED MISCONDUCT

Misconduct that is contrary to the philosophy and purposes of this Code is prohibited. Some examples of misconduct include, but are not limited to, possession of, delivery of, or being under the influence of prohibited substances; possession or use of tobacco; illegal acts; gross insubordination; assault; battery; reckless behavior; extortion; hazing; major school disruptions; bullying; sexual harassment; theft; fighting; vandalism; mob action; gang affiliation; and possession of weapons and/or "look-alikes;" or assisting in any of the foregoing prohibited activities.

PARENT KEEP

APPLICATION OF CODE

This Code of Conduct is in effect 24 hours a day, 365 days a year. It applies to incidents of misconduct on or off school property, whether in season or not, and whether school is in session or not. Violations of the Code accumulate throughout a student's school career. Violations of the Code that are not related to a student's attendance at school or participation in a school activity or event are limited to incidents of misconduct verified by District 41 staff, law enforcement agencies or an admission of guilt. Direct reports from law enforcement agencies of illegal activity will be investigated. Anonymous or secondhand reports of possible violations generally will not be investigated absent substantive confirming information. A Code violation is verified if, by the information available, it appears more likely than not that a Code violation has occurred.

The consequences for misconduct in violation of this Code are separate from and in addition to those assigned for violating school rules, school district policies and the law. The Code in no way limits the authority of the administration or the Board of Education to impose other or additional consequences in accord with school rules and district policies.

PROCEDURES

The following procedures generally will be followed in enforcing the Extracurricular Code: 1. Upon completion of an investigation, information about an incident is given to the Principal.

2. The appropriate administrator will interview the student and a parent will be notified.

3. The Principal will schedule a hearing within three (3) school days of the completion of the investigation of the misconduct before the Review Board*. Parent(s) or guardian(s), students and other appropriate school staff will be invited to participate in the hearing.

4. The Review Board will consider all the relevant information and apply consistent and reasonable consequences appropriate to the circumstances, including prohibiting the student's participation in practices and rehearsals.

5. The student or his/her parent or guardian may request a review of the Review Board's decision by the Principal. This request must be made in writing to the Principal within five (5) school days of the student's receipt of the Assistant Principal's decision and must articulate the reason(s) that a review should be granted.

6. The Principal will determine if the decision should be upheld, reversed or modified. The Principal's decision is final.

***The Review Board is comprised of the guidance counselor, coach, club/activities sponsor, or other school personnel that are appropriate.**

CONSEQUENCES

Students who are found to have violated this Code of Conduct will be suspended from participation in extracurricular activities for a specific time, as decided by the Review Board. The Principal upon review shall have discretion to determine the severity of the consequences, based on the circumstances surrounding the misconduct. A student not involved in extracurricular activities at the time of the violation will be assigned a consequence beginning upon his/her next involvement in an extracurricular activity. A student may not, however, become involved in a new athletic activity solely to serve the assigned consequence, and the Principal may prevent a student from doing so by assigning a consequence to be served during the student's next involvement in his/her regular activity or activities.

PARENT KEEP

Students

Exhibit – Participation in Extracurricular Athletics Consent and Waiver Form Parent Participation Agreement

AGREEMENT TO PARTICIPATE

Each student and his or her parent/guardian must read and sign this *Agreement to Participate* each year before being allowed to participate in interscholastic sports or intramural athletics. The completed *Agreement* should be returned to the Coach.

Student name (printed) _____

1. The above-named student wishes to participate in the following interscholastic sports or intramural athletics (check all that apply): □ baseball □ basketball □ cheerleading □ cross country □ field hockey □ football □ golf □ gymnastics □ lacrosse □ soccer □ softball □ swimming/diving □ tennis □ track □ volleyball □ wrestling □ other (identify sports/athletics) _____. (Another *Agreement* must be signed if student later decides to participate in sport not marked above.)
2. Before the student will be allowed to participate, the student must provide the School District with a certificate of physical fitness (if participating in interscholastic sport(s), the Pre-Participation Physical Examination Form serves this purpose), show proof of accident insurance coverage, and complete any forms required by the Illinois High School Association (IHSA).
3. The student agrees to abide by all conduct rules and will behave in a sportsmanlike manner. The student agrees to follow the coaches' instructions, playing techniques, and training schedule as well as all safety rules.
4. The student and the student's parent/guardian understand that Board policy 7:305, *Student Athlete Concussions and Head Injuries*, requires, among other things, that a student athlete who exhibits signs and symptoms, or behaviors consistent with a concussion or head injury must be removed from participation or competition at that time and that such student will not be allowed to return to play unless cleared to do so by a physician licensed to practice medicine in all its branches or a certified athletic trainer.
5. Enclosed is a *Concussion Information Sheet*, which is written information explaining concussion prevention, symptoms, treatment, and guidelines, and includes guidelines for safely resuming participation in an athletic activity following a concussion.
6. The student and the student's parent/guardian are aware that with participation in sports comes the risk of injury, and that the degree of danger and seriousness of risk vary significantly from one sport to another, with contact sports carrying the highest risk. The student and the student's parent/guardian are aware that participating in sports involves travel with the team. The student and the student's parent/guardian acknowledge and accept the risks inherent in the sports or athletics in which the student will be participating and in all travel involved. The student and the student's parent/guardian agree to indemnify and hold the District, its employees, agents, coaches, School Board members, and volunteers harmless from any and all liability, actions, claims, or demands of any kind and nature whatsoever that may arise by or in connection with the student participating in the school-sponsored interscholastic sports or intramural athletics, to the extent allowed by law, including relating to physical injury to the student or others while participating in the above indicated sport or activity. The terms hereof shall serve as a release and assumption of risk for the student and the student's parent/guardian and their heirs, estate, executor, administrator, assignees, and for all members of the student and the student's parent/guardian's family. The parent/guardian certifies that the student is in good physical health and is capable of participation in the above indicated sport or activity.

PARENT KEEP

7. If any term, covenant, condition, or provision of this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remainder of the provisions shall remain in full force and effect and shall in no way be affected, impaired, or invalidated.

Athletics Fee

There is a $40 one-time athletic fee required to participate on a Hadley athletic team. Once the $40.00 is paid, all other sports for the school year are free. Payment can be made either through Skyward Family Access or cash/check to the coach in an envelope with the student's name printed on the front.

PARENT KEEP

Concussion Information Sheet

Board Policy 7:305, Concussions and Head Injuries, requires, among other things, that a student athlete who exhibits signs and symptoms, or behaviors consistent with a concussion or head injury must be removed from participation or competition at that time and that such student will not be allowed to return to play unless cleared to do so by a physician licensed to practice medicine in all its branches or a certified athletic trainer.

This form must be given to a student and their parent guardian each year with the *Agreement to Participate*. The *Agreement to Participate* must be completed and signed each year by the student and the student's parent (meaning the student's natural or adoptive parent or other legal guardian or person with legal authority to make medical decisions for the student) before the student may participate in interscholastic sports or intramural athletics for the school year. This form contains all language from the Concussion Information Sheet approved by the Illinois High School Association.

Concussion Information

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 your 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:	
• 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	• Amnesia • "Don't feel right" • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion

PARENT KEEP

• Feeling foggy or groggy • Drowsiness • Change in sleep patterns	• Concentration or memory problems (forgetting game plays) • Repeating the same question/comment

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- 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 typical behavior or personality
- Loses consciousness

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-athlete's 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 play or physical activity, including the physical activity portion of physical education courses, 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 a 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. Board policy

requires the same clearance before such a student can return to intramural athletics and the physical activity portion of a physical education class.

You should also inform your child's coach if you think that your child may have a concussion, even if it resulted from an injury that occurred outside of school/school activities. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

How can you help your child prevent a concussion or other serious brain injury?

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
- However, helmets are not designed to prevent concussions. There is no "concussion-proof" helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.
- Tell your child's coaches if your child had a previous concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

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

Adapted from the IHSA Sports Medicine Acknowledgement & Consent Form, which is adapted from the CDC and the 3rd International Conference on Concussion in Sport

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By signing below, the student and the student's parent/guardian indicates that he or she has received and read the above *Agreement to Participate* and the enclosed *Concussion Information Sheet*, and that he or she understands and agrees to abide and be bound by the terms of those documents.

X _____ X _____ X _____
Student-athlete Name Printed | Student-athlete Signature | Date

X _____ X _____ X _____
Parent or Legal Guardian Printed | Parent or Legal Guardian Signature | Date

Grade _____

Turn into Coach

Athlete: _____ _____

(Print. Last name, First name) Grade

Emergency Contact Information

Parent Cell Number: _____

Parent Cell Number:

OR

2nd Contact number: _____

Relationship to athlete:

Turn into Coach

State of Illinois
Certificate of Child Health Examination

Student's Name Last First Middle	Birth Date Month/Day/Year	Sex	Race/Ethnicity	School /Grade Level/ID#
Address Street City Zip Code	Parent/Guardian Telephone # Home Work			

IMMUNIZATIONS: To be completed by health care provider. The mo/da/yr for *every* dose administered is required. If a specific vaccine is medically contraindicated, a separate written statement must be attached by the health care provider responsible for completing the health examination explaining the medical reason for the contraindication.

REQUIRED Vaccine / Dose	DOSE 1 MO DA YR	DOSE 2 MO DA YR	DOSE 3 MO DA YR	DOSE 4 MO DA YR	DOSE 5 MO DA YR	DOSE 6 MO DA YR
DTP or DTaP						
Tdap; Td or Pediatric DT (Check specific type)	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT
Polio (Check specific type)	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV
Hib Haemophilus influenza type b						
Pneumococcal Conjugate						
Hepatitis B						
MMR Measles Mumps, Rubella				Comments:		
Varicella (Chickenpox)						
Meningococcal conjugate (MCV4)						
RECOMMENDED, BUT NOT REQUIRED Vaccine / Dose						
Hepatitis A						
HPV						
Influenza						
Other: Specify Immunization Administered/Dates						

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here.

Signature **Title** **Date**

Signature **Title** **Date**

ALTERNATIVE PROOF OF IMMUNITY

1. Clinical diagnosis (measles, mumps, hepatitis B) is allowed when verified by physician and supported with lab confirmation. Attach copy of lab result.
***MEASLES (Rubeola)** MO DA YR ****MUMPS** MO DA YR **HEPATITIS B** MO DA YR **VARICELLA** MO DA YR

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official. Person signing below verifies that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.

Date of Disease **Signature** **Title**

3. Laboratory Evidence of Immunity (check one) ☐**Measles*** ☐**Mumps**** ☐**Rubella** ☐**Varicella** **Attach copy of lab result.**

*All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.
**All mumps cases diagnosed on or after July 1, 2013, must be confirmed by laboratory evidence.

Completion of Alternatives 1 or 3 MUST be accompanied by Labs & Physician Signature: _____
Physician Statements of Immunity MUST be submitted to IDPH for review.

Certificates of Religious Exemption to Immunizations or Physician Medical Statements of Medical Contraindication Are Reviewed and *Maintained* by the School Authority.

Last	First	Middle	Birth Date Month/Day/ Year	Sex	School	Grade Level/ ID

HEALTH HISTORY **TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER**

ALLERGIES (Food, drug, insect, other)	Yes No	List:

Diagnosis of asthma?	Yes	No	
Child wakes during night coughing?	Yes	No	
Birth defects?	Yes	No	
Developmental delay?	Yes	No	
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes	No	
Diabetes?	Yes	No	
Head injury/Concussion/Passed out?	Yes	No	
Seizures? What are they like?	Yes	No	
Heart problem/Shortness of breath?	Yes	No	
Heart murmur/High blood pressure?	Yes	No	
Dizziness or chest pain with exercise?	Yes	No	

Eye/Vision problems? _____ Glasses ☐ Contacts ☐ Last exam by eye doctor _____
Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)

Ear/Hearing problems?	Yes	No	
Bone/Joint problem/injury/scoliosis?	Yes	No	

MEDICATION (Prescribed or taken on a regular basis.)	Yes No	List:

Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes	No	
Hospitalizations? When? What for?	Yes	No	
Surgery? (List all.) When? What for?	Yes	No	
Serious injury or illness?	Yes	No	
TB skin test positive (past/present)?	Yes*	No	*If yes, refer to local health department.
TB disease (past or present)?	Yes*	No	
Tobacco use (type, frequency)?	Yes	No	
Alcohol/Drug use?	Yes	No	
Family history of sudden death before age 50? (Cause?)	Yes	No	

Dental ☐ Braces ☐ Bridge ☐ Plate Other

Information may be shared with appropriate personnel for health and educational purposes.
Parent/Guardian Signature **Date**

PHYSICAL EXAMINATION REQUIREMENTS **Entire section below to be completed by MD/DO/APN/PA**
HEAD CIRCUMFERENCE if <2-3 years old **HEIGHT** **WEIGHT** **BMI** **B/P**

DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) **BMI>85% age/sex** Yes☐ No☐ And any two of the following: **Family History** Yes ☐ No ☐
Ethnic Minority Yes☐ No ☐ **Signs of Insulin Resistance** (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes☐ No ☐ **At Risk** Yes ☐ No ☐

LEAD RISK QUESTIONNAIRE: Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. (Blood test required if resides in Chicago or high risk zip code.)
Questionnaire Administered? Yes ☐ No ☐ **Blood Test Indicated?** Yes ☐ No ☐ **Blood Test Date** **Result**

TB SKIN OR BLOOD TEST Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. http://www.cdc.gov/tb/publications/factsheets/testing/TB_testing.htm.
No test needed ☐ **Test performed** ☐ **Skin Test: Date Read** / / **Result: Positive** ☐ **Negative** ☐ **mm**_____
Blood Test: Date Reported / / **Result: Positive** ☐ **Negative** ☐ **Value**

LAB TESTS (Recommended)	Date	Results		Date	Results
Hemoglobin or Hematocrit			Sickle Cell (when indicated)		
Urinalysis			Developmental Screening Tool		

SYSTEM REVIEW	**Normal**	**Comments/Follow-up/Needs**		**Normal**	**Comments/Follow-up/Needs**
Skin			**Endocrine**		
Ears		Screening Result:	**Gastrointestinal**		
Eyes		Screening Result:	**Genito-Urinary**		LMP
Nose			**Neurological**		
Throat			**Musculoskeletal**		
Mouth/Dental			**Spinal Exam**		
Cardiovascular/HTN			**Nutritional status**		
Respiratory		☐ Diagnosis of Asthma	**Mental Health**		
Currently Prescribed Asthma Medication: ☐ Quick-relief medication (e.g. Short Acting Beta Agonist) ☐ Controller medication (e.g. inhaled corticosteroid)			**Other**		
NEEDS/MODIFICATIONS required in the school setting			**DIETARY** Needs/Restrictions		

SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup

MENTAL HEALTH/OTHER Is there anything else the school should know about this student?
If you would like to discuss this student's health with school or school health personnel, check title: ☐ Nurse ☐ Teacher ☐ Counselor ☐ Principal

EMERGENCY ACTION needed while at school due to child's health condition (e.g., seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?
Yes ☐ No ☐ If yes, please describe.

On the basis of the examination on this day, I approve this child's participation in (If No or Modified please attach explanation.)
PHYSICAL EDUCATION Yes ☐ No ☐ Modified ☐ **INTERSCHOLASTIC SPORTS** Yes ☐ No ☐ Modified ☐

Print Name (MD,DO, APN, PA) **Signature** **Date**

Address **Phone**