

# SPRING 2017 Sports Form

- CHARLES FINNEY HEALTH OFFICE -2070 Five Mile Line Road
  - Phone: 585-387-3770 x 230
  - Fax: 585-641-0431

\*\*\* A current Physical Examination and permission from parents are needed to play sports. \*\*\*

ALL COMPLETED SPORTS PAPERWORK SHOULD BE SUBMITTED  
TO THE NURSES IN THE HEALTH OFFICE AT THE SCHOOL YOU ATTEND...

(Regardless of which team you intend to play for)

\*\*\* See contact information above \*\*\*

## CHECKLIST FOR STUDENT-ATHLETES

*(Please read instructions below on how to meet the requirements for participation in our athletic program)*

1. \_\_\_ Student-Athletes must have a valid physical examination on file in the Health Office at the school you attend. New York State regulations specify that physical exams are only valid for a period of one year (twelve continuous months to the last day of the month it was given). (To be eligible to participate in SPRING 2017 Sports, physical exams must be dated within one year of the month your sport begins). If you are unsure of when your physical expires, check with your school nurse as soon as possible. We suggest that you staple a copy of your current physical to your paperwork if you have it.
2. \_\_\_ The Athletic Program Permission Slip/Medical Recertification Form is available online on the Athletic Department website.

### Please Note:

- A **NEW** permission slip is needed before **EACH** sports season.
  - Forms must be **completely filled out** and signed by a parent **AND** the student **NO EARLIER than 30 days before the first practice or try-out date (see the Athletics Website)**, and then turned in to your school nurse at the school you attend.
  - Forms dated or handed in prior to that time will be **INVALID** and **NOT** accepted.
  - **DEADLINE:** All forms are due in the Nurses' Office **at least 1 week prior** to the first practice or try-out date.
  - **Continue to check the Athletics website to view the updated practice schedules and start dates of all sports.**
3. \_\_\_ **We ask that all permission forms be submitted directly to your school's Health Office.** Doctor's notes stating that the student is cleared to participate in sports or listing any specific restrictions are necessary if the student has sustained any injury or had a significant illness since their physical was performed. **All doctor's notes should be turned in to your school's Health Office.**
  4. \_\_\_ All athletes must have had a **Tetanus shot** within the past 10 years **on record** with the school nurse. Consider asking your physician's office for a copy of your Immunization Record with your physical.

### **PLEASE NOTE:**

**You may be contacted if any of the information provided raises questions or concerns by the nurses during the processing of Sports Forms.**  
**In addition, clearance for students with a history of multiple concussions may be delayed due to the need for District Physician approval.**

Thank You!

# ATHLETIC PROGRAM PERMISSION SLIP AND MEDICAL RECERTIFICATION

<b>OFFICE USE ONLY</b>		
Girls: _____	Boys: _____	Season: _____
School: _____	Tanner: _____	
Selective Classification: _____		
Coach's signature for transfer: _____		

(PLEASE PRINT WHEN COMPLETING THIS FORM)

Valid **ONLY** if returned and signed within **30 days** before start of sports season.

**SPORT:** \_\_\_\_\_ **LEVEL:** Varsity / Junior Varsity / Freshman / Modified A / Modified B  
(Please Circle one)

## SECTION I – STUDENT INFORMATION

**Student:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Parent/Guardian #1:** \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

**Parent/Guardian #2:** \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

**Student Address:** \_\_\_\_\_

(Street) (Apt. #) (City) (Zip)

**Emergency Contact Person (OTHER than Mom or Dad):**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Dentist:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Preferred Hospital:** \_\_\_\_\_ **Did you attend Penfield Central School last year?** \_\_\_\_\_

**Insurance Carrier:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

## SECTION II – PARENT PERMISSION & STUDENT AGREEMENT

**Our signatures below indicate:**

- ◆ Permission to try out for and participate in interscholastic athletics
- ◆ Permission to ride bus to and from athletic contests
- ◆ Permission for Emergency Transportation and Treatment in the event of injury
- ◆ That we have read, understand, and agree to follow the Student Athletic Code of Conduct, Drug Policy and Academic Eligibility Policy
- ◆ That we have received an informational packet on concussions

I understand that participation in the Penfield Interscholastic Athletic Program involves rigorous physical activity and risks of physical injury including catastrophic injury and/or death, and we assume these risks. I further certify that the information I have provided is accurate, that the participant is in good physical condition, and has no medical or physical conditions that would restrict his/her participation in this activity.

All athletic events, including non-contact sports carry some risk of participants sustaining impact to their head which can result in a mild traumatic brain injury commonly referred to as a concussion. This can be a potentially serious condition with significant health implications, and any student athlete exhibiting its signs and symptoms will be removed from play and shall be evaluated by a physician, a nurse practitioner or a physician's assistant. Parents and legal guardians are encouraged to visit the district's website under Athletics and look for Concussion Management for further information.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

\*\*\*\*\*

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## SECTION III – STUDENT HEALTH HISTORY REVIEW (See Page 3 and answer all questions provided)

\*\*\*The NYSPPHSAA states that a student cannot participate in athletics without the approval of the school medical officer. Physicals are valid for 12 continuous months. A health history update (recertification) is required at the start of **EACH SEASON**. If an injury has taken place; or if the student has a prolonged absence (5 consecutive days) due to an illness they must have a release from a physician.

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### FOR HEALTH OFFICE USE ONLY:

**DATE OF PHYSICAL EXAM ON FILE:** \_\_\_\_\_ **TETANUS DATE:** \_\_\_\_\_

**SCHOOL NURSE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## ***Athletic Code of Conduct – Penfield Central School District & Charles Finney High School***

**Athletic participation is a privilege that carries with it responsibilities to the school, to the team, to the student body, and to the community. When an athlete accepts this privilege, he/she must also live up to a code of conduct beyond that of the general student body, on and off school property, during the season and the off-season.**

The athlete's code of conduct is that of good citizenship and sportsmanship. This means that athletes will live by the laws of the country, state, county, and town and follow the rules and policies of the school district and athletic department. A few examples of unacceptable behavior both on and off school property are: truancy or illegal absence from school or classes; insubordination; fighting; lack of cooperation with school personnel; vandalism; violation of the rights of others; stealing; assault; and harassment.

The consequences for breaking this code of conduct can range from a warning, community service, one meet or game suspension to a year suspension, based on the nature, level of severity and the frequency of the misconduct. Students will be required to participate in three mandatory counseling sessions appropriate to the infraction, for example, anger management, or anti-bullying counseling. Board of Education, Policy #7411 concerning alcohol and other drugs pertains to all students. Our department's procedure is additional enforcement for our athletes.

### ***Policy for Tobacco, Alcohol and Drug Violations***

Students participating in extra-curricular and/or athletics are not allowed to use, be in the presence of, and/or engage in tobacco and alcohol and other drug activities, including performance enhancing drugs. ("Alcohol and other drug activities" refers to sale, purchase, possession, consumption, being under the influence of, or in the presence of alcohol and/or other drugs on school grounds, at school functions or at underage student activities off of school grounds. Tobacco use refers to possessing or smoking a cigarette, cigar, pipe, electronic cigarette, personal vaporizer or electronic nicotine delivery system, including the liquid, or using chewing or smokeless tobacco.) "In the presence of" is defined as going to and/or being at an underage student activity or function and not leaving immediately where illegal alcohol or drug activity occurs. This does not refer to family, religious or social events (including dining at restaurants) where alcohol is being served legally.

**Penalties for possession, use, in the presence of, under the influence of, or illegally selling of alcohol and other drugs including those that are performance enhancing and tobacco in any form.**

#### **1<sup>st</sup> Offense**

##### **a) Self-Report**

If a student violates this code of conduct and self-reports to the advisor or coach, building administrator or athletic director before being reported by someone else, the student will be assigned 3 mandatory counseling sessions and 2 hours of community service.

##### **b) No-Self Report**

If a student violates this code of conduct, does not self-report, and is found in violation, the student will forfeit 10% of the activity time frame or sport season and will be assigned 3 mandatory counseling sessions and 4 hours of community service. (Student must be academically eligible when forfeiture is to occur.)

#### **2<sup>nd</sup> Offense**

##### **a) Self-Report**

If a student violates this code of conduct a second time and self-reports to the advisor or coach, building administrator or athletic director before being reported by someone else, the student will forfeit 10% of the activity time frame or sport season, 3 mandatory counseling sessions and 4 hours of community service.

##### **b) No-Self Report**

If a student violates this code of conduct, does not self-report, and is found in violation, the student will forfeit 25% of the activity time frame or sport season and will be assigned 3 mandatory counseling sessions and 8 hours of community service. (Student must be academically eligible when forfeiture is to occur.)

#### **3<sup>rd</sup> Offense**

If the student violates the code of conduct for a third time, the student will receive a permanent suspension from participation in extracurricular activities and athletics.

**Code of Conduct Violations for all Students:** students must receive a minimum of three professional counseling sessions and provide written proof of participations before returning to extracurricular activities or sports. Failure to receive this counseling will result in suspension from these activities until the counseling requirement is fulfilled. For athletes and for extracurricular activities where appropriate (e.g., plays), during the disciplinary consequences, the athlete is expected to participate in all practices.

**Disciplinary Communication:** athletes should report Violations of the code of conduct to the Athletic Director. A letter will be sent to the student's parents/guardian notifying them of the student's code violation and consequence and offering them an opportunity to discuss the situation with the appropriate administrator. Since participation is a privilege, it is not protected by due process procedures applicable to regular public education. A participant may appeal the declaration of a student's ineligibility to the building principal within 48 hours of receiving the notice of ineligibility. A parent must attend the appeal and the suspension remains in force during the appeal.

### ***Academic Eligibility for Extra-Curricular Activities***

Any student with more than two failures based on his/her report card and/or interim progress report will be ineligible for participation in extra-curricular activities. Any student, with one or two failures in any subject(s), will be placed on probation. Every student's status will be determined every five-week period during the school year.

- ◆ Fourth quarter grades/summer school determine fall eligibility;
- ◆ A student who has been on academic probation or considered ineligible at the midpoint of the fourth quarter and who fails the fourth quarter of a course, but passes that course for the year, will be considered on academic probation through the first interim period of the next school year.
- ◆ A student who has been declared ineligible at the end of the fourth quarter may take the course(s) failed in summer school. The student needs to pass the course(s) taken in summer school in order to return to academic eligibility status. However, if a course that was failed in the fourth quarter is not offered in summer school and all other requirements for eligibility have been met, the student will remain on academic probation through the first interim period of the next school year.
- ◆ First quarter grades determine initial winter eligibility;
- ◆ Second and third quarter grades determine spring eligibility.

The probation or ineligibility period will begin when the eligibility list is published and distributed. Parents will receive written notification by mail if their student is either ineligible or on probation. All faculty/advisors/coaches will receive a total list of affected students on the publication date.

During the probation period, a student may participate in extra-curricular activities, (e.g., student government, class officers, clubs, publications, special music presentations, athletics, and drama).and is eligible to practice and play in games. If the student is on the Ineligible List he/she is **not** eligible to play in games.

During the five-week probationary period, the student will be encouraged to do what is necessary to improve his/her academic performance and to take advantage of the extra support available from staff members. Departmental Instructional Centers, tutors, counselors, and peers. It is anticipated that all activity advisors and coaches will be actively and positively involved so that participation in a chosen activity need not be discontinued because of inadequate course work.

If a student meets the standard of passing grades in all classes at the end of the probationary period, he/she will retain his/her eligibility. The teachers will report the student's standing via the interim progress reports or report cards. A teacher will have the opportunity to identify cases where special circumstances may have contributed to a student failing his/her course.

If the student is not passing all courses at the end of the probationary period, probationary status will be changed to ineligible status. A student who is declared ineligible will not be permitted to participate in any extra-curricular activities.

**\*Athletics and other extracurricular organizations may have additional requirements.**

**SECTION III – STUDENT HEALTH HISTORY REVIEW**

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_  Male  Female Grade Level: \_\_\_\_\_

<b>- TO BE COMPLETED BY PARENT OR GUARDIAN -</b>		<b>Yes</b>	<b>No</b>	<b>Indicate Date of Occurrence</b>
<i>Please answer questions below to indicate if your child has or has ever had the following:</i>				
1	Within the last year, has the athlete sustained any injury which required medical attention or had any illness which lasted longer than one week or required surgery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2	Has s/he had any contagious skin problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3	Does s/he have an ongoing medical condition? Please check below: <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Marfan's Syndrome <input type="checkbox"/> Kawasaki's Disease <input type="checkbox"/> Sickle Cell Trait or Disease <input type="checkbox"/> Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4	Is s/he currently taking any medications or pills (prescription, over-the-counter or recreational)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5	Has s/he ever had surgery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6	Has s/he ever spent the night in a hospital?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7	Does s/he have a life threatening allergy? Please check below: <input type="checkbox"/> Medication <input type="checkbox"/> Food <input type="checkbox"/> Insect Bites <input type="checkbox"/> Pollen <input type="checkbox"/> Latex <input type="checkbox"/> Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8	Does s/he carry an Epi-pen (epinephrine)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9	Has s/he ever complained of light-headedness, dizziness or fainted during or after exercise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10	Has s/he ever complained of chest pain, tightness or pressure during or after exercise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11	Has s/he ever complained of fluttering in their chest, skipped beats, or their heart racing, or does s/he have a pacemaker?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12	Has a medical professional ever denied or restricted his/her participation in sports for any heart-related reasons?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
13	Has s/he been told s/he has a heart condition or problem?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
14	Has s/he ever had high or low blood pressure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
15	Does s/he wheeze or cough frequently during or after exercise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
16	Has a health care provider ever said s/he has asthma?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
17	Does s/he use or carry an inhaler or nebulizer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
18	Has s/he ever become ill while exercising in hot weather?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
19	Has there been an unexplained weight loss or weight gain during the past six months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
20	Does s/he lose weight for his/her sport?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
21	Does s/he have a history of eating disorders or ever tried to control weight by vomiting, using laxatives, diuretics, diet pills or by exercising excessively?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
22	Does s/he have abdominal problems or hernia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
23	Has s/he ever had a hit to the head that caused a headache, dizziness, nausea, or confusion, or been told s/he had a concussion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
24	Does s/he ever have headaches with exercise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
25	Has s/he ever had a seizure or been diagnosed with a seizure disorder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
26	Has s/he ever been unable to move his/her arms and legs, or had tingling, numbness, or weakness after being hit or falling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
27	Does s/he use a brace, orthotic, retainer, or other protective device?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
28	Does s/he have any problems with his/her hearing or wear hearing aides?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
29	Does s/he have vision in one eye only?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
30	Does s/he have any vision problems requiring the use of glasses, contacts, or protective eyewear?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
31	Does s/he have only one functioning kidney?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
32	Does s/he have a bleeding disorder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>FEMALES ONLY:</b>				
33	Has there been a recent change in her menstrual patterns?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
34	When was her most recent menstrual period? _____ / _____ / _____			
<b>MALES ONLY:</b>				
35	Does he have only one testicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>FAMILY HISTORY:</b>				
36	Has an immediate family member died suddenly before the age of 50 from an unknown or heart-related cause? (do not include accidents)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

\*If 'Yes' to any of the above, explain fully below. Failure to provide complete answers may delay processing of paperwork.

- # \_\_\_\_\_
- # \_\_\_\_\_
- # \_\_\_\_\_
- # \_\_\_\_\_
- # \_\_\_\_\_