

HARWOOD STUDENT ACTIVITIES DEPARTMENT

ATHLETIC/ACTIVITIES PARTICIPATION CONSENT FORM – 2009-2010

Student Name _____ Grade _____ Home Phone _____

Parent/Guardian Name _____ Work Phone _____ Cell # _____

Please circle ALL the sports/activities that you will be playing (trying out for) this year; all require proof of physical:

FALL

- Field Hockey (Girls)
- Soccer (Boys/Girls)
- Cross Country (Boys/Girls)
- Hip Hop Dance (Boys/Girls)
- Partners Club (Boys/Girls)
- Volleyball HS (Boys/Girls)
- Cheer

WINTER

- Basketball (Boys/Girls)
- Ice Hockey – HS (Boys/Girls)
- Gymnastics (Girls)
- Nordic Ski (Boys/Girls)
- Alpine Ski – HS only (Boys/Girls)
- Wrestling- Boys/Girls
- FreeRide (Boys/Girls)
- Partners Club (Boys/Girls)
- Cheer

SPRING

- Softball HS Only (Girls)
- Lacrosse HS Only (Boys; Girls)
- Track (Boys/Girls)
- Tennis HS only (Boys/Girls)
- Baseball HS Only (Boys)
- Golf – (Boys/Girls)
- Partners Club (Boys/Girls)
- Cheer

Please circle any of these co-curricular programs that you intend to participate in; these DO NOT require a physical, but DO require insurance, and all other parts of this form to be completed

- | | | | | |
|--|------------|----------------|---------------------|----------------|
| Drama | /Fall Play | Scholar’s Bowl | Musical Productions | French Club |
| Video Club | | Spanish Club | European Artists | Newcomers Club |
| Environmental Club | | Latin Club | FBLA | Peace Alliance |
| Other Club/activities (Please list): _____ | | | Horsing Around Club | |

REQUIRED INSURANCE COVERAGE

Harwood Union, as a member of the Vermont Principals’ Association, REQUIRES that you provide evidence that either a private or a public insurance company covers your son/daughter for the medical care for injuries that may be suffered on account of participation in an activity.

Insurance Company/Carrier: _____ **Group/Policy #** _____

INFORMED CONSENT

In the event of serious accident or illness concerning my child, I understand that the school will try to contact me and follow my instructions. If I can’t be reached I then authorize the school to take whatever steps necessary for the health, security and comfort of my child.

I realize there is a risk of being injured that is inherent in all sports and physical activities. I understand the risks include severe injuries such as fractures, brain injuries, paralysis, or even death. I further understand that the school district disclaims any financial responsibility for the cost of medical treatment, hospitals, ambulances or paramedics, etc., arising from an injury to my child while participating in such interscholastic competition or preparation thereof.

The Harwood Athletic/Activities Department hereby informs both the student and parent/guardian that there are risks inherent in participation in athletic or other sanctioned activities. By signing below the parent/guardian acknowledge this information and give their consent to participation.

I understand each student participating in the co-curricular program must abide by the expectations and procedures stated in the Harwood Student Handbook.

I give permission to have my son/daughter’s name and sports or activity photos published on Harwood Union School’s photo web page.

➡ **Parent/Guardian Signature** _____ **Date** _____

**Please return to Sue Duprat, Student Activities Director, Harwood Union School,
458 VT Rte 100, So. Duxbury, VT, 05660 Fax: (802) 882-1198**

CO-CURRICULAR STANDARDS & REGULATIONS

Following is a summary of important eligibility standards and regulations. Parents and students are directed to the Harwood Union Middle/High School Student Handbook for complete regulations and standards.

A student must agree to and meet all of the following conditions prior to becoming a member of any interscholastic team or co-curricular activity program:

1. **To participate in VPA and/or Harwood sanctioned athletics and activities:**
 - A. The student must be a full-time student of Harwood (enrolled in at least 6 credits of study), or in an approved Home Study program in the Washington West District,
 - B. Be under 19 years of age,
 - C. Provide proof of health insurance,
 - D. Return a completed Activities Participation form **each year**,
 - E. For all Athletics and any Activities that require one, provide proof of a physician-completed physical within the last 2 years,
 - F. And not have any unreturned uniforms or equipment.

2. **All Students who participate in any co-curricular program will demonstrate a commitment to academic achievement.** Following is a brief outline of procedures:
 - A. If a student receives a D, an F, an Incomplete or an Administrative Failure (X) on a progress report or quarter report card, he/she must take personal responsibility to improve his/her grades. The student will complete the Plan for Academic Recovery, have it signed by the student's TA, the teacher(s) concerned, their case manager, if one is involved, and turn it in to the Athletic and Activities Director.
 - B. Students may continue to participate as long as he/she follows all of the steps and requirements outlined in their Academic Plan, or is released by the teacher(s) involved.
 - C. Please see Student Handbook for complete information on these procedures.

3. **To participate in co-curricular functions students must attend a full day of school or school-related activities.** Student attendance must be accounted for no later than 8:05 AM. *In extenuating circumstances, exceptions may be made with the approval of the Activities Director* Absenteeism and tardiness the day of and day after a game or event will be reviewed and may result in game/event suspension(s). A student absent on Friday must have permission from the Athletic/Activities Director to participate on Saturday. The Athletic/Activities Director will make final decisions in attendance cases.

4. **The student must be in good disciplinary standing.** (I.e. no participation the day of a suspension, detention, or any loss of student privileges resulting from behavior issues, including substance abuse violations.)

5. **Harwood takes very seriously our responsibility to model appropriate behavior and sportsmanship at all times.** Harwood students are expected to meet the highest standards of sportsmanlike behavior at home and at away contests, both as participants and spectators.
 - A. By VPA rule, any participant who is "red carded", or ejected from an event due to flagrant actions or unsportsmanlike behavior will be ineligible to participate in the next two contests, and must meet with the coach and Athletic Director before being allowed to resume participation.
 - B. A student who has been ejected for unsportsmanlike conduct for the second time in a season shall be suspended for the remainder of the season in that sport.
 - C. Any student spectator who exhibits poor sporting behavior at a school sponsored event or activity may be asked to leave the event; and for egregious actions may be barred from attending games/events in the future, and may be suspended from his/her co-curricular program.

Substance abuse policies:

Students involved in co-curricular activities at Harwood Union are active and visible representatives of the student body and the Harwood community. As such, students who participate in co-curricular activities will be held to a high standard of conduct as a requirement. Participation in such activities is a privilege, not a right. During any period of participation, participants are required to adhere to a **zero (0) tolerance standard, 24 hours a day, seven (7) days a week, both when at school and school-related activities and when not at school or school-related activities**. Violations are cumulative through each of the school programs at Harwood Union with the Middle School constituting one program, and the High School constituting a second program.

Parents and students are reminded that, in addition to the other steps as outlined in detail in the Student handbook:

For **First offense** violations of the Harwood Substance abuse policy: The student is suspended from co-curricular activities for 21 calendar days. During the suspension, the student may attend and participate in all practices, rehearsals, or regularly scheduled meetings for the co-curricular activity. The student may not compete, perform, or participate in events or trips related to the co-curricular activity.

Second Offense: The student is suspended from co-curricular activities for one calendar year, 12 months. During the suspension, the student may not participate in any co-curricular activities.

Third and subsequent violations: The student is permanently suspended from participating in any co-curricular activities while enrolled at Harwood Union Middle/High School.

Students penalized for violations of this policy are required to meet with the Activities/Athletic Director before they will be reinstated with the co-curricular program.

Please refer to the Student Handbook for reinstatement provisions and requirements.

Participation in athletics and activities at Harwood is a privilege, not a right, and requires, among other things, the parent’s/guardian’s and student’s signatures after the following statements:

I hereby apply to participate in the Activity and Athletics Program at Harwood Union Middle/High School. I understand and agree to abide by general Harwood standards as published in the Harwood Union Middle/High School Student Handbook and specific Harwood co-curricular standards. In addition, I understand that I am obligated to abide by the rules and regulations set forth in those athletic and school organizations of which Harwood is a member. These include the Vermont Principals’ Association, the Vermont Hockey League and the Northern Vermont Athletic Conference.

 *** _____ Date _____
Student’s Signature

I have read the preceding Co-Curricular rules and understand them. I will help my child fulfill his/her commitment to the team or activity and Harwood.

 *** _____ Date _____
Parent/Guardian Signature

Harwood Union School • Student Activities Department • South Duxbury, VT

EMERGENCY CONTACT FORM

This must be completed for ALL activities, whether or not a physical is required!

Student Name _____	Sport(s) _____
Address _____	Sex _____
_____	Class of: _____
	DOB: ____ / ____ / ____

MEDICAL HISTORY

Please answer the following questions and provide a brief explanation of all YES answers as well as dates where needed. This information will allow the school health team to make educated decisions regarding the student's health.

In the past year, have you had, or do you now have:	NO	YES	Explain any "YES" answers and GIVE DATES:
Any injuries requiring medical attention?			
Any surgical operations or hospitalizations?			
A concussion? How many? WHEN?			
Convulsions or seizures (fits) for which you are now being treated?			
Recurrent headaches?			
Asthma/breathing difficulty/cough with exercise?			
Do you carry an Inhaler?			
The use of only one eye or a history of any injury to the eye?			
Heart murmur, heart problems, history of rheumatic fever?			
Has any member of your family died suddenly of a heart related issue?			
High blood pressure?			
Only one kidney or (boys) one or both testicles not descended?			
Any problems with neck, back, shoulder, hips, or knees?			
Diabetes (sugar)?			
Hemophilia (Are you a bleeder?)			
Anorexia/ bulimia/ eating disorder?			
Mononucleosis?			
Chest pain with exercise?			
Do you tire quickly?			
Had any allergic reactions to food, medications or insects? Do you carry an Epi-Pen?			
Wear glasses, contacts, or medical braces during sports activity?			
Is any doctor currently treating you for any disorder?			
Are you currently taking any medication(s)?			
Any problems with your health that might affect your ability to participate in athletic activities?			
Do you have health and accident insurance? (See previous page)			

Please fill out the following information completely, accurately and neatly –

Primary Contact/Relationship _____	Home Phone _____	Cell # _____
	Work Phone _____	
Secondary Contact/Relationship _____	Home Phone _____	Cell # _____
	Work Phone _____	
Alternate Contact/Relationship _____	Home Phone _____	Cell # _____
	Work Phone _____	

In the event of serious or potentially serious medical emergency, I grant permission for medically trained school staff to perform supportive measures until I can be contacted, professional medical personnel can attend, or transportation to a medical facility can be arranged. I, the undersigned, certify that the answers to the above questions are correct and true.

➡ **Student's Signature** _____ Date _____

➡ **Parent's Signature** _____ Date _____

HARWOOD UNION SCHOOL ACTIVITY/ATHLETIC PARTICIPATION FORM

PHYSICALS

As a general rule, physical evaluations of students who are participating in interscholastic sports or Activities requiring physical activity are to be made in grades 7, 9 and 11, or at the year of entry into the program and **at least every two years** after that up to the date of the first practice. **A statement from the physician to verify fitness is required** and kept on file at Harwood. After the physical evaluation has been completed, the parents will be required to fill out a form for each school year indicating that their child continues to be physically fit for athletic participation and that there have been no serious injuries or illness which would limit the child. All physicals will be at the expense of the parents.

FAX TO Sue Duprat: 882-1198

**** Please have physician fill out the following form OR attach a note from the Doctor's Office with date of last physical****

Name _____
(Of student)

Date of last physical _____
(If physical not needed)

Physician's Signature _____

PHYSICAL EXAMINATION - for doctor to fill out if last physical is more than 2 years old

Height _____ Weight _____ Pulse _____ BP _____

General Examination

Findings/Immunization Updates

Abnormal Normal

- Skin
- Eyes/Ears/Nose/Throat
- Mouth/Teeth
- Head/Neck
- Chest/Lungs
- Heart
- Abdomen
- Hernia
- Neurologic

Musculoskeletal Examination

Findings

Flexibility

Abnormal Normal

Incr. Normal Decr.

- Neck
- Back
- Shoulders
- Wrists
- Hips
- Knees
- Ankles
- Feet

_____ **Full unlimited participation**

_____ Limited participation (see above)

_____ Clearance withheld until _____

_____ No athletic participation

Examination Date _____ Physician Signature _____

Physician's Address _____ Telephone No. _____