KETTLE FALLS MIDDLE SCHOOL
ATHLETIC/ACTIVITIES POLICY

INTRODUCTORY STATEMENT
The participation in athletics/activities at Kettle Falls Middle School, in grades 5-8, is a privilege that requires adherence to specific guidelines. It is with this purpose that the following procedures and policies are presented to participants and their parent/guardian to eliminate any misunderstanding and to promote consistency for all those involved. Support by all will help insure a rewarding experience for extra-curricular participants and the Kettle Falls Middle School.

This policy is designed to cover all extra-curricular activities at Kettle Falls Middle School, grades 5-8: Athletics/activities include players of all sports and academic teams, ASB officers and reps, cheerleaders, student trainers, managers, statisticians, service club members and any other support personnel.

SECTION 1: Required Paperwork for Participation
All extra-curricular participants are required to have the following paperwork on file with Athletic Director(s) before they may practice or play:

1. Physical Examination: A current Sports Physical must be on file with the AD. Physicals are good for 2 calendar years.
2. Athletic/Activities Policy: Check off sheet signed by parent/guardian and participant. THIS FORM INCLUDES:
   a. Insurance Waiver Form: Proof of school/personal insurance with the company name and policy number must be included.
   b. Medical Information Card: This contains all medical information for the participant. One will be kept on file and one with the coach.
   c. Concussion Information Sheet: Informs parents about potential brain injury from concussion. Must be signed and returned.
3. Updated School Registration Form. This needs to be updated annually, along with an Emergency Care Plan, if necessary.
4. ASB Card: Purchase at the Office. $20. Gives free admission to Home HS athletic events.
5. ***Coaches may have other conditions of performance that will apply to their specific activity.

SECTION 2: Attendance and Behavior Policy
A. Students participating in school activities must attend school a full day and all classes in order to practice or participate that day. Any exception to this requirement, including but not limited to part time home school students, must be approved by building principal. The following will serve as guidelines:
1. A medical appointment. (A student/athlete may play or participate as long as a note is provided by the medical professional.) Participant or their parent should notify the office and coach ahead of time when possible.
2. A prearranged excuse for serious family matters. (The final decision resides with the building principal.)
3. Tardies to school will result in the participant being ineligible to participate in that day’s
practice or event. These will be considered unexcused absences from practice.

B. The personal appearance of each participant in school sponsored activities must be neat, clean, and well-groomed and shall meet the standards determined by the coach.

C. The school conduct of each participant in school activities must be exemplary and show good citizenship.
   1. A participant whose behavior results in an ISS (in school suspension) will miss the next contest following the infraction or the investigation into the incident. Parent-shadowing may fall under the guidelines of an ISS. Participant will not be allowed to be in uniform, or sit with the team during the missed contest.
   2. A participant who receives an OSS (out of school suspension) will have applied to them all of the consequences of an ISS. A student receiving an OSS cannot be on school grounds for the duration of the OSS, this includes attending any after school activities or events.
   3. A participant who misses more than 2 contests because of ISS and/or OSS will be ineligible to continue participating for the remainder of that sport or activity.
   4. A participant who is expelled shall be ineligible to participate during a full term of the expulsion and for (30) thirty days following readmission to school.

D. The sportsmanship of each participant in the athletic program must exemplify the highest of standards. Sportsmanship is showing the qualities of courteousness, fairness, and respectfulness to officials, teammates, opponents, coaches and all others associated with the sport or contest. Fighting or un-sportsman like conduct related to contest may result in probation, exclusion, or dismissal from participation in the activity and/or school. Such action shall be the decision of the head coach assisted by the athletic director(s) and principal.

SECTION 3: Enforcement of Training Rules
The Head Coach, Athletic Director(s) and Principal shall be responsible for all decisions related to disciplinary action resulting from violations of training rules.

A. Procedure:
   A participant who does not abide by the rules and regulations shall be subject to probation, exclusion or dismissal from the activity.

B. Disciplinary Action:
   The Head Coach and Asst. Coaches may discipline a participant who does not adhere to acceptable behavior. Such disciplinary action may include short term exclusion from the activity or extra physical activity. Unsatisfactory correction of the problem can lead to long term exclusion or dismissal from the activity. Such action shall be the decision of the Head Coach assisted by the Athletic Director(s) and/or the Principal.

C. Other Rules:
   The Head Coach may have rules and guidelines that are more stringent than the rules of this extra-curricular handbook, but only in writing and distributed to participants.

SECTION 4: Grievance and Appeal Process
A participant who believes that he/she was unfairly removed from an extra-curricular activity covered by this code or any other code given by the Head Coach is entitled to use the following grievance process:

A. The coach, Athletic Director(s), or Principal is to notify the parent/guardian when the participant has been removed or excluded from participation.

B. Notification shall be by telephone, letter or in person. A record will be kept on file.

C. Participants and parents/guardians shall be informed that the due process steps, in order, are:
   1. Resolve the problem with the coach involved. If unsuccessful….
   2. Resolve the problem with Athletic Director(s). If unsuccessful…
   3. Give the Athletic Director(s) a written request asking for a hearing before the Review Committee.

D. The Review Committee shall convene within five days of the day the Athletic Director(s) receives the request.

E. The participant may not participate in the activity until a decision has been made.
F. The Athletic Director(s) shall serve as the hearing moderator and as a non-voting member.
G. The review Committee shall consist of three off-season coaches and two community members selected by the AD and Principal.
H. The disposition of this appeal will be provided to the building Principal.

SECTION 5: Extra-curricular Activities/ Athletic Eligibility
Students who are unable to participate in the sport or activity due to injury will not be allowed to travel to away events. All full-time students who participate in extra-curricular activities at KFMS are required to have a passing grade in ALL classes.

A. Grades will be reported to the Athletic Director(s) every Tuesday. Students/athletes still failing the same class on Friday, will automatically be ineligible for the entire week that follows. They can still attend practice but cannot play in any contest or attend away contests.
B. Students will be notified when they are failing by the teacher(s) of the class(es), coaches, advisors, and/or Athletic Director(s). Parents will receive notification of their child’s probationary/suspension status.
C. Transfer students must have passing grades in all classes in the previously attended school. If any grades are failing, the student must meet the standards listed above before participation in competition, but they may practice as long as the required paperwork is on file with the AD.
D. The Kettle Falls School District requires that that middle school student’s not passing all classes at the end of a trimester be suspended from competition from the end of the previous trimester through the first three weeks of the succeeding trimester, or the first week of contests of the next sport they participate in. This includes students exiting sixth grade and entering seventh grade.
E. Eighth grade students must be passing all classes to be academically eligible for freshman participation. Those not meeting this requirement will be ineligible for athletic participation for the first 5 weeks, beginning the first day of practice, of their freshman year.

SECTION 6: Drug and Alcohol Policy
Drugs and Alcohol The use, sale, distribution or possession of: tobacco, alcoholic beverages and illicit drugs by participants in programs covered by this code is prohibited. Furthermore, a participant’s presence at a location where illicit drugs and/or alcohol are being used may, in itself, be a violation of this code.

1st VIOLATION: The participant shall be excluded from participation in games, meets, contests, etc. for a minimum of (3) three consecutive calendar weeks. This exclusion carries over into the next activity participated in by the student if a season ends before the exclusion is completed or the participant quits or is removed from the activity. The participant shall seek professional assessment of potential chemical abuse or misuse. Provided the school discipline measures do no prevent it, the participant may practice with the team, but cannot travel as a team member. Before being fully reinstated, the participant must show evidence, in writing, that he/she has received instruction and/or treatment which fulfills the recommendations of the assessment.

2nd VIOLATION: The participant shall be excluded from all activities for 90 consecutive school days from the date that the participant is made aware of said exclusion. This penalty will carry-over into the next school year, including from 8th to 9th grade. The excluded participant may request reinstatement after 45 days. The principal and Athletic Director(s), shall determine reinstatement. An excluded participant forfeits entitlement to any and all awards upon the second violation.

3rd VIOLATION: The participant shall be excluded from all activities for 1 calendar year from the date the participant is made aware of said exclusion. The excluded participant may request reinstatement after 90 consecutive school days of exclusion to the principal and athletic director(s).

The Athletic/Activity director(s) shall keep a record of all students participating in athletics and a record of all violations and their disposition. The grievance procedure is outlined in policy 7555. This allows the participant to present their grievance to the Superintendent. Disciplinary action will continue in effect throughout the grievance procedure.
Concussion Information Sheet

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 bump on the head can be serious. You can’t see a concussion and most concussions occur without loss of consciousness. Signs and symptoms of concussions 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
- Feeling foggy or groggy
- Drowsiness
- Change of sleep patterns
- Amnesia
- “Don’t feel right”
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More emotional
- Confusion
- Concentration or memory problems
- Repeating questions or comments

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 in-coordination
- 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
- Loses consciousness
Kettle Falls School District
Concussion Information Sheet

**What can happen if my child keeps on playing with a concussion or returns to soon?**

Athletes with signs and symptoms of concussion should be removed from play immediately. Continuing to play with signs and symptoms of 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 the concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is key for student athletes.

**If you think your child has a concussion**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity 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. The new “Zackery Lystedt Law” in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time”

and

“…may not return to ply until the athlete is evaluated by licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child’s coach if you think that your child may have a concussion. Remember it’s better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:


Adapted from the CDC and the 3rd International Conference on concussion in Sport - Document created 6/15/09
KFMS ATHLETIC/ACTIVITIES CONTRACT

Section 1

I have read each of the following, understand each and agree to abide by the responsibilities outlined in these documents. (Parents and student, please initial each.)

_____  _____ Kettle Falls Middle School Athletic/Activities Policy

_____  _____ Concussion Information Sheet

Has your child suffered a head injury in the last few Months?  _____ Yes  _____ No

Student-athlete Name Printed  Student-athlete Signature  Date

Parent/Legal Guardian Printed  Parent/Legal Guardian Signature  Date

Parent’s E-Mail: ____________________________

__________________________________________________________________

Section 2  INSURANCE - Student must have coverage before their first practice. CHOOSE OPTION ONE OR OPTION TWO.

OPTION ONE (Insurance provided by your work or private company)
Coverage equivalent to the Washington State Industrial Insurance fee schedule for doctor’s services or hospitalization with a 30-day minimum for the latter. Including X-rays and Dental coverage equivalent to the Washington State Industrial Insurance.
Insurance Company ____________________________  Policy Number ____________________________

I accept full responsibility for the cost of treatment for any injury, which he/she may suffer while taking part in the program.

Parent Signature ____________________________

OPTION TWO (Purchase of School Insurance-- https://www.k12studentinsurance.com/)
We have completed the forms for the school insurance. School insurance has been purchased to cover my son/daughter during Interschoolastic Athletics.

Parent Signature ____________________________  Date Purchased ____________________________
Section 3  EMERGENCY INFORMATION (Form goes to all games, practices & hospital)

Student Name ___________________________________________ Birth Date ____________________

Parents/Guardian Name _______________________________________________________________

Address ___________________________ Home Phone ____________________ Cell ___________

City __________________ State ______ Zip __________

Emergency Contact Person __________________________ Relationship ____________________

Address __________________________________________ Phone ___________________________

If the following apply to your son/daughter, please fill in the information.

1. Allergies: __________________________________________ 2. Chronic Illness: ____________________

3. Regular Medication: _____________________________ 4. Last Tetanus Immunization _________

5. Other Conditions: ________________________________________________________________

Physicians Name: ___________________________ Phone: _________________________________

Insurance Company: __________________________ Policy Number: _______________________

Consent for Medical Care and Treatment

I, ____________________________________________ (parent/guardian signature) authorize all medical,
surgical, diagnostic and hospital procedures as may be performed or prescribed by a treating physician for
_______________________________(student-Print) if I cannot be reached in case of any medical emergency.
# Student Information Form

**For Office Use Only:**
- Date Entered
- Grade/Class
- St ID
- FS #
- Birth Cert Y/N
- Bus # AM PM
- ALERT
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## Student Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Sex: M F</th>
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<table>
<thead>
<tr>
<th>Birthdate Birthplace</th>
<th>STUDENT’S PHONE NUMBER</th>
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<tr>
<td></td>
<td>PRIMARY PHONE NUMBER</td>
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</tbody>
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- Student’s email address: [ ]
- Student’s Cell Phone: [ ]

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Mailing Address</th>
<th>City &amp; Zip</th>
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- Do you reside in the Kettle Falls School District? [ ] Yes [ ] No
- Parent Initials: [ ]

**If not, in which school district do you reside?**

- Has this student ever attended Kettle Falls Schools? [ ] Yes [ ] No
- Year(s) of attendance: [ ]

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City &amp; Zip</th>
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**School Last Attended:**

- Location: [ ]
- Dates: [ ]

**Was he/she receiving special services at last school?**

- Yes [ ] No [ ]
- If yes, in what areas?
  - Title I: [ ]
  - LAP: [ ]
  - Reading: [ ]
  - Title I/LAP Math: [ ]
  - Special Ed.: [ ]
  - Speech: [ ]
  - Counseling: [ ]
  - Gifted: [ ]
  - Other: [ ]

**FATHER**

- Father’s Cell Phone: [ ]
- Work Phone: [ ]
- Place of Employment: [ ]
- Email address: [ ]

- Are you/were you in the Military? [ ] Yes [ ] No
- Active Armed Forces: [ ]
- Reserves: [ ]
- WA National Guard: [ ]

**MOTHER**

- Mother’s Cell Phone: [ ]
- Work Phone: [ ]
- Place of Employment: [ ]
- Email address: [ ]

- Are you/were you in the Military? [ ] Yes [ ] No
- Active Armed Forces: [ ]
- Reserves: [ ]
- WA National Guard: [ ]

**STEPFATHER**

- Stepfather’s Cell Phone: [ ]
- Work Phone: [ ]
- Place of Employment: [ ]
- Email address: [ ]

- Are you in the Military? [ ] Yes [ ] No
- Active Armed Forces: [ ]
- Reserves: [ ]
- WA National Guard: [ ]

**STEPSMOTHER**

- Stepmother’s Cell Phone: [ ]
- Work Phone: [ ]
- Place of Employment: [ ]
- Email address: [ ]

- Are you in the Military? [ ] Yes [ ] No
- Active Armed Forces: [ ]
- Reserves: [ ]
- WA National Guard: [ ]

**Student’s Brothers & Sisters (All Siblings)**

<table>
<thead>
<tr>
<th>Birthdate</th>
<th>School Attending</th>
<th>Grade</th>
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EMERGENCY & HEALTH INFORMATION FOR (Child’s Name)
In case of illness or emergency, it is necessary for the school to have someone to call IF YOU ARE UNAVAILABLE.
Please complete the following with names of persons who are authorized to help (such as relatives, friends, neighbors, babysitters).

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Student</th>
<th>Phone</th>
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<tbody>
<tr>
<td>#1</td>
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I understand that in the event of accident or illness, every effort will be made to contact parent/guardian immediately. If parent/guardian cannot be reached, I authorize emergency treatment of my child by physician on call:  Yes   No  Parent’s Initials   Phone Number

Doctor’s Name ________________________

DOES YOUR CHILD HAVE ANY HEALTH ISSUES OF WHICH WE SHOULD BE AWARE?

<table>
<thead>
<tr>
<th>__NO</th>
<th>__YES</th>
<th>PARENT’S INITIALS</th>
<th>IF YES, please complete the following:</th>
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<tbody>
<tr>
<td>__Asthma</td>
<td>__Seizure Disorder</td>
<td>__Diabetes</td>
<td>__Food Allergies</td>
</tr>
<tr>
<td>__Heart Condition</td>
<td>__Hearing Loss</td>
<td>__Vision Problems</td>
<td>__Developmental Disability</td>
</tr>
<tr>
<td>__PE Considerations</td>
<td>__Other</td>
<td></td>
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</tr>
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</table>

Is treatment needed for any of the above? (Please be specific.)

IF ANY TYPE OF MEDICATION IS TO BE TAKEN AT SCHOOL, PHYSICIAN & PARENT MUST COMPLETE A MEDICATION AUTHORIZATION FORM.

Are there any family problems of which we should be aware? (i.e. custody situations, restraining orders, etc.)  Yes   No
Please provide copies of court paperwork. Parents are asked to make every attempt not to involve school sites in custody matters.

Photo Release: Your child will be participating in many educational experiences while in the classroom and on fieldwork and Adventure trips. We may take pictures and/or videos of these activities to post in our buildings or for our district newsletters and mailings, Expeditionary Learning Publications, district websites, etc. We request your permission to use any photographs or videos in which your child may appear. I hereby give full consent to Kettle Falls School District to display and/or copyright or publish any photographs or videos taken by them in which my child appears.

Please Check   Yes   No  Parent/Guardian Initials

Electronic Information System (K-20) Network Individual User Access Informed Consent Form: In consideration for having access to the public networks, I hereby release Kettle Falls School District, the K-20 Network, and other intermediary providers, if any, and operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my, or my child’s use, or inability to use, the K-20 Network  Further, my child and I agree to abide by the District’s Policy and Procedures for Electronic Information Systems, which were provided to us in the registration packet.

Please Check   Yes   No  Parent/Guardian Initials

Field Trip Permission: During the school year, there are times when our instructional program must be taken out of the classroom and into the community. Rather than asking permission for your child to participate on each occasion, your signature below indicates approval for your child to participate in field trips during the current school year. Through published calendars, newsletters, or special notes, we will inform you of times and dates of each field trip prior to the event. This will give you an opportunity to contact your child’s teacher if you have questions or choose for your child not to participate. Please ensure that the school has all of your child’s current information on file throughout the year, regarding medical needs, phone numbers, contacts, etc.

I grant permission for my child to participate on field trips. I agree to indemnify and hold harmless the Kettle Falls School Dist.

Please Check   Yes   No  Parent/Guardian Initials

Attendance Procedures/Chronic Absenteeism: In accordance with new state policies regarding Mandatory Attendance and Reducing Chronic Absenteeism, we require Parent Verification of the Attendance Policies and to share the message of how we can work together to support student achievement. This informational statement can be found at www.kfschools.org or in all of the Offices of Kettle Falls School District. By checking yes you are confirming that you have reviewed the Attendance Notification.

Please Check   Yes   No  Parent/Guardian Initials

For High School Only: Do we have permission to release information to the Military?  Yes   No  Parent/Guardian Initials

PARENT/GUARDIAN SIGNATURE                                          DATE