REGULATION

STUDENTS 7013.1

ATHLETIC CODE OF CONDUCT

ACKNOWLEDGEMENT OF RECEIPT OF ATHLETIC HANDBOOK

PLEASE DETACH THIS PAGE AND RETURN TO YOUR COACH

Parent/guardians must understand and agree to the conditions for involvement for their son or daughter in order for them to participate in athletics. Parent(s) or guardian(s) shall read all of the enclosed material and acknowledge understanding of the athletic eligibility rules and policies. The parent(s) or guardian(s) shall sign and return the Responsibility Acknowledgement Agreement to the Athletic Department prior to participating in any practice or contests.

I have read the Stockbridge Valley Central School District Code of Interscholastic Athletics including the rules, regulations and policies. I fully understand its meaning and consequences and support its enforcement by persons responsible.

Please sign and return to your coach. This needs to be done only once per year at Stockbridge Valley High School. This form will be kept on file in the athletic administrator's office. Thank you for your cooperation and support. You may not participate in interscholastic athletics until this form is signed and returned to your coach.

Signature of athlete

_____ _____
Date

Signature of parent(s) or legal guardian(s)

_____ _____
Date

_____ _____
Date

Received by the Athletic Department _____
(Date)

Stockbridge Valley Central School District
Legal Ref.: New York State Education Law, Section 1709; Matter of Clark, 21 E. Dept. Rep. 542.
Adopted: 05/17/88 Readopted: 12/13/11
Revised: 07/10/90, 07/11/01, 08/03/04, 08/14/07, 07/07/09
Approved by the Superintendent: 06/13/17, 07/11/17, 01/19/18

STUDENTS 7300.2

STOCKBRIDGE VALLEY CENTRAL SCHOOL DISTRICT
ATHLETIC PERMISSION AND MEDICAL CONSENT FORM

WARNING: **BY ITS NATURE, PARTICIPATING IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO DISABLING TO EVEN DEATH. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk. Participants can, and have the responsibility to help reduce the chance of injury. PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR EQUIPMENT WEEKLY.**

We have read and understand the Athletic Training and Behavior Code of Stockbridge Valley Central School and agree to comply. I have authority to sign this athletic permission and medical consent form on behalf of the Student Athlete named below. Subject to the approval of the school physician, I give my permission for _____ to participate in the following sports at Stockbridge Valley Central School during the 2_____ - 2_____ school year.

Fall _____ Date:_____ _____
Signature of Parent or Legal Guardian

Winter _____

Spring _____ Date:_____ _____
Signature of Student Athlete

To All Parents,

For your child's welfare, will you please fill in the following form and return it to Coach _____ as soon as possible. This information will only be used in the event that an emergency occurs involving your child.
Athletic Director

EMERGENCY INFORMATION CARD/CONSENT FOR EMERGENCY TREATMENT

Student's Name: _____ Grade: _____

Parent's or Legal Guardian's Name: _____

Street Address: _____

Home Phone: _____ Work Phone: _____

Your Health Insurance Plan: _____

Emergency Number if Not at Home or Work Number: _____

A Second Emergency Contact Person: _____

A Second Emergency Contact Person's Phone Number: _____

Student's Allergies: _____

I have authority to sign this consent for emergency treatment form on behalf of the student athlete named above. I hereby authorize the School District or its designee to engage medical personnel to initiate any medical treatment or care. I agree to be responsible for the costs of all medical care expenses incurred to treat the Student Athlete. I hereby waive on behalf of myself and the above-named child any liability of the School District, and of its agents or employees, arising out of such medical treatment.

Date: _____ _____
Signature of Parent or Legal Guardian

Sample Recommended NYSED Interval Health History for Athletics–Two Page Form
Both pages must be completed.

Student Name:	DOB:
School Name:	Age:
Grade (check): ☐7 ☐8 ☐9 ☐10 ☐11 ☐12	Level (check): ☐ Modified ☐ Fresh ☐ JV ☐ Varsity
Sport:	Limitations: ☐ Yes ☐ No
Date of last health exam:	Date form completed:

Health History to Be Completed by Parent/Guardian, Provide Details to Any Yes Answers on Back.
Medicines needed at practice and/or athletic event require the proper paperwork, contact school with questions.

Has/Does your child:

General Health Concerns	No	Yes
1. Ever been restricted by a health care provider from sports participation for any reason?	☐	☐
2. Have an ongoing medical condition? ☐ Asthma ☐ Diabetes ☐ Seizures ☐ Sickle Cell trait or disease ☐ Other		
3. Ever had surgery?	☐	☐
4. Ever spent the night in a hospital?	☐	☐
5. Been diagnosed with Mononucleosis within the last month?	☐	☐
6. Have only one functioning kidney?	☐	☐
7. Have a bleeding disorder?	☐	☐
8. Have any problems with his/her hearing or wears hearing aid(s)?	☐	☐
9. Have any problems with his/her vision or has vision in only one eye?	☐	☐
10. Wear glasses or contacts?	☐	☐

Allergies		
11. Have a life-threatening allergy? Check any that apply: ☐ Food ☐ Insect Bite ☐ Latex ☐ Medicine ☐ Pollen ☐ Other		
12. Carry an epinephrine auto-injector?		

Breathing (Respiratory) Health	No	Yes
13. Ever complained of getting more tired or short of breath than his/her friends during exercise?	☐	☐
14. Wheeze or cough frequently during or after exercise?	☐	☐
15. Ever been told by a health care provider they have asthma?	☐	☐
16. Use or carry an inhaler or nebulizer?	☐	☐

Has/Does your child:

Concussion/ Head Injury History	No	Yes
17. Ever had a hit to the head that caused headache, dizziness, nausea, confusion, or been told he/she had a concussion?	☐	☐
18. Ever had a head injury or concussion?	☐	☐
19. Ever had headaches with exercise?	☐	☐
20. Ever had any unexplained seizures?	☐	☐
21. Currently receive treatment for a seizure disorder or epilepsy?	☐	☐

Devices/Accommodations	No	Yes
22. Use a brace, orthotic, or other device?	☐	☐
23. Have any special devices or prostheses (insulin pump, glucose sensor, ostomy bag, etc.)? If yes, there may be need for another required form to be filled out.	☐	☐
24. Wear protective eyewear, such as goggles or a face shield?	☐	☐

Family History	No	Yes
25. Have any relative who's been diagnosed with a heart condition, such as a murmur, developed hypertrophic cardiomyopathy, Marfan Syndrome, Brugada Syndrome, right ventricular cardiomyopathy, long QT or short QT syndrome, or catecholaminergic polymorphic ventricular tachycardia?	☐	☐

Females Only	No	Yes
26. Begun having her period?	☐	☐
27. Age periods began:		
28. Have regular periods?	☐	☐
29. Date of last menstrual period:		

Males Only	No	Yes
30. Have only one testicle?	☐	☐
31. Have groin pain or a bulge or hernia in the groin?	☐	☐

Student Name:

School Name: DOB:

Has/Does your child:		
Heart Health	**No**	**Yes**
32. Ever passed out during or after exercise?	☐	☐
33. Ever complained of light headedness or dizziness during or after exercise?	☐	☐
34. Ever complained of chest pain, tightness or pressure during or after exercise?	☐	☐
35. Ever complained of fluttering in their chest, skipped beats, or their heart racing, or does he/she have a pacemaker?	☐	☐
36. Ever had a test by a health care provider for his/her heart (e.g. EKG, echocardiogram stress test)?	☐	☐
37. Ever been told they have a heart condition or problem by a health care provider? If so, check all that apply: ☐Heart infection ☐Heart Murmur ☐High Blood Pressure ☐Low Blood Pressure ☐High Cholesterol ☐Kawasaki Disease ☐Other:		
Injury History	**No**	**Yes**
38. Ever been diagnosed with a stress fracture?	☐	☐

Has/Does your child:		
Injury History continued	**No**	**Yes**
39. Ever been unable to move his/her arms and legs, or had tingling, numbness, or weakness after being hit or falling?	☐	☐
40. Ever had an injury, pain, or swelling of joint that caused him/her to miss practice or a game?	☐	☐
41. Have a bone, muscle, or joint injury that bothers him/her?	☐	☐
42. Have joints become painful, swollen, warm, or red with use?	☐	☐
Skin Health	**No**	**Yes**
43. Currently have any rashes, pressure sores, or other skin problems?	☐	☐
44. Have had a herpes or MRSA skin infections?	☐	☐
Stomach Health	**No**	**Yes**
45. Ever become ill while exercising in hot weather?	☐	☐
46. Have a special diet or need to avoid certain foods?	☐	☐
47. Have to worry about his/her weight	☐	☐
48. Have stomach problems?	☐	☐
49. Ever had an eating disorder?	☐	☐

COVID-19 Information	**No**	**Yes**
50. Has your child ever tested positive for COVID-19?	☐	☐
51. Was your child symptomatic?	☐	☐
52. Did your child see a healthcare provider (HCP) for their COVID-19 symptoms?	☐	☐
53. Did your child have any cardiac symptoms (new fast or slow heart rate, chest tightness or pain, blood pressure changes, or HCP diagnosed cardiac condition)? If yes, please provide additional information.	☐	☐
54. Was your child hospitalized? If yes, provide date(s)?	☐	☐
If yes, was your child diagnosed with Multisystem Inflammatory syndrome (MISC)?	☐	☐
If yes, is your child under a HCP's care for this?	☐	☐

Please explain fully any question you answered yes to in the space below, include dates if known.
Use additional pages if necessary.

Parent/Guardian Signature: _____ Date: _____