



ATHLETICS PACKET 2011-2012

The information below explains the policies and procedures related to participation in sports at the Academy. **Complete the information sheet and return it, along with other appropriate forms, to the school office prior to participation in a sport.** Coaches will hand out schedules and other information to the students at pre-season meetings. If you need additional information, please contact the school office at 676-1667.

ATHLETES WILL NOT BE ALLOWED TO TRYOUT OR PRACTICE UNTIL THIS PACKET IS COMPLETE AND PHYSICALS ARE PROCESSED AND CLEARED THROUGH THE OFFICE.

ACADEMIC PROBATION AND EXTRACURRICULAR ELIGIBILITY POLICY

Extracurricular eligibility will be based on official Charter Academy quarter grade reports. In the case of dual enrollment, college semester grade reports will also be used to determine extracurricular eligibility. The minimum grade requirements for full eligibility are passing at least four classes, having no F's and no more than one D. Classes used to determine extracurricular eligibility include all Charter Academy classes, all dual enrollment classes, and all classes taken from non-traditional schools such as home schools or internet schools. Any class, regardless of duration, will be considered for eligibility purposes when the grade is reported on an official grade report. In no circumstance, may eligibility be regained during the summer.

Any student who receives one or more F's on a Charter Academy quarter grade report and/or a college semester grade report will be ineligible for participation in extracurricular activities until the next Charter Academy quarter grade report indicates he/she is no longer failing any Charter Academy class. If the failing grade(s) are on a college fall semester grade report, the Charter Academy third quarter grade report will present the first opportunity for a dual enrolled student to regain eligibility. During the period of ineligibility students will not be allowed to participate in sports and/or other extracurricular activities; they may not practice, rehearse, meet, compete, perform, assist, or in any way participate in an extracurricular activity.

Any student who receives two or more D's on a Charter Academy quarter grade report and/or a college semester grade report will be placed on academic probation. While a student is on academic probation, he/she may practice or rehearse, but may not participate in games or events. If the first Charter Academy school-wide progress report following a report card indicates a student on academic probation has raised his/her grades to meet the minimum grade requirements, he/she will be removed from academic probation and be allowed to participate in games or events. If a student does not sufficiently raise his/her grades during these time periods, he/she will become ineligible for any participation in extracurricular activities until the Charter Academy quarter grade report indicates the grades are at or above the minimum grade requirements. In lieu of Charter Academy grade reports and school-wide progress reports, the school administration will provide an alternative method of determining extracurricular eligibility for non-traditional students who are on academic probation. A non-traditional student is defined as a student who is not enrolled full time in Charter Academy and/or college dual enrolled courses.

For purposes of determining extracurricular eligibility, grades earned on fourth quarter Charter Academy grade reports and/or college spring semester grade reports will carry over to the Charter Academy first quarter of the following school year.

Sixth grade students new to the Charter Academy are eligible to participate in all extracurricular activities during their first quarter.

Eligibility status will be determined at the established deadline for grades to be submitted to the registrar for progress reports and grade reports.

Also, at any time, regardless of probationary status, students may not be allowed to go on class trips that will cause them to miss classes where their grades are deficient, defined as a D grade or lower. This will be determined on a case-by-case basis, at the discretion of the teachers, with the principal having final determination in cases of disagreement. In this manner we expect to maintain the high academic standard for which this school was founded and to provide the proper expectation for student success.

ATTENDANCE REQUIREMENT FOR STUDENT PARTICIPATION IN EXTRACURRICULAR ACTIVITIES

Students who are absent from school one or more periods on the day of an extracurricular activity in which they are scheduled to take part, will not be allowed to participate in that activity. This includes games, practices, meetings, and/or rehearsals. Any extracurricular activity involving in-school time or out-of-school time requires attendance at school that day. Exceptions may be made by the activities director for verified medical appointments, unavoidable circumstances, or other prearranged cases.

SPORTS PHYSICALS AND INTERIM QUESTIONNAIRES

Students are required to undergo a physical examination and have the Idaho Health Examination and Consent Form on file in the school office prior to their first practice for any Coeur d'Alene Charter Academy sponsored athletic activity. An Interim Questionnaire must be completed and on file in the school office in any year a physical exam is not taken. Physical exams must be conducted by a licensed physician, physician's assistant, or nurse practitioner.

- For any student in grades 6-8 to participate in sports, a physical exam (Idaho Health Examination and Consent Form) must be taken after May 1 of the 5th grade year and it will remain valid for the duration of middle school.
- For any student in 9th grade to participate in sports, a physical exam must be taken after May 1 of the 8th grade year.
- For high school students, the Idaho Health Examination and Consent Form is valid for two calendar years.

2011-2012 ATHLETICS INFORMATION

Please print clearly

SPORT/ACTIVITY - Check all that apply for the 2011-12 school year

Cross-Country Volleyball Basketball Track & Field Tennis

Student Name: _____

Male Female Grade: _____ Home Phone: _____

Street Address City/Zip: _____

Father/Guardian: _____ (circle) Work Phone/Cell: _____

Mother/Guardian: _____ (circle) Work Phone/Cell: _____

Parent/Guardian email address: _____

1. My child is academically eligible for sports. (No more than one D and no F's on the last quarter grade report)
Parent Initials _____
2. I have read and understand the policies explained in this packet. Parent Initials _____
3. Students in grade 10, 11, or 12 that have transferred to Charter in the last year need to see Mr. DePew.
B. DePew Initials _____

PHYSICALS check one:

- I have included a Physical Exam (Idaho Health Examination and Consent form) with this form.
(See instructions on previous page).
- I have included Interim Questionnaire with this form; current physical is on file in the office.
(See instructions on previous page).

Middle school physicals – valid all three years if dated after May 1st of the 5th grade year.

High school physicals – valid two calendar years only from date of physical, if dated after May 1st of the 8th grade year.

Physical Exams and Interim Questionnaires are cleared by Michelle Lockhart in the middle school office.
If you are unsure if you have a current physical, contact Michelle at 676.1667.

M. Lockhart Initials _____

PLEASE NOTIFY THE SCHOOL OFFICE OF ANY SPECIFIC MEDICATION NEEDS.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

OFFICE USE ONLY

Is student academically eligible? Yes No

Next eligibility date: _____

Does student have current physical? Yes No

Current physical expiration date: _____

Does student have interim questionnaire (if needed)? Yes No

10, 11, 12 grade transfer student Home school

**Idaho High School Activities Association
Idaho Health Examination and Consent Form**

It is required that all students complete a History and Physical examination prior to his/her first 9th and 11th grade practice in the interscholastic (9-12) athletic program in the State of Idaho. The exam is at the expense of the student and may not be taken prior to May 1 of the 8th and 10th grade years. This examination is to be done by a licensed physician, physician's assistant or nurse practitioner under optimal conditions. Interim history forms are required during the 10th and 12th grade years and must be submitted to the principal prior to the first practice.

Name _____ Home Address _____ Phone _____
 Grade _____ Sports _____
 Personal Physician _____ Physician's Phone Number _____
 Date of Birth _____ Sex _____ School _____

History Form

Fill in details of "YES" answers in space below:

- | | YES | NO | | YES | NO |
|--|-------|-------|---|-------|-------|
| 1. A. Have you ever been hospitalized? | _____ | _____ | 5. Do you have any skin problems? | _____ | _____ |
| B. Have you ever had surgery? | _____ | _____ | (itching, rash, acne) | _____ | _____ |
| 2. Are you presently taking any medication or pills? | _____ | _____ | 6. A. Have you ever had a head injury? | _____ | _____ |
| 3. Do you have any allergies (medicine, bees, other stinging insects)? | _____ | _____ | B. Have you ever been knocked out or unconscious? | _____ | _____ |
| 4. A. Have you ever passed out during or after exercise? | _____ | _____ | C. Have you ever been diagnosed with a concussion? | _____ | _____ |
| B. Have you ever been dizzy during or after exercise? | _____ | _____ | D. Have you ever had a seizure? | _____ | _____ |
| C. Have you ever had chest pain during or after exercise? | _____ | _____ | E. Have you ever had a stinger, burner, or pinched nerve? | _____ | _____ |
| D. Do you tire more quickly than your friends during exercise? | _____ | _____ | 7. A. Have you ever had heat cramps? | _____ | _____ |
| E. Have you ever had high blood pressure? | _____ | _____ | B. Have you ever been dizzy or passed out in the heat? | _____ | _____ |
| F. Have you ever been told you have a heart murmur? | _____ | _____ | 8. Do you have trouble breathing or cough during or after exercise? | _____ | _____ |
| G. Have you ever had racing of your heart or skipped beats? | _____ | _____ | 9. Do you use special equipment, pads, braces, mouth or eyeguards? | _____ | _____ |
| H. Has anyone in your family died of heart problems or a sudden death before age 50? | _____ | _____ | 10. A. Have you had problems with your eyes or vision? | _____ | _____ |
| | | | B. Do you wear glasses, contacts, or protective eyewear? | _____ | _____ |

11. Were you born without a kidney, testicle, or any other organ? _____

12. Have you ever sprained/strained, dislocated, fractured/broken, or had repeated swelling or other injuries of any of your bones or joints?
- | | | | | |
|----------------|-------------|-----------------|-------------|------------|
| _____ Head | _____ Neck | _____ Chest | _____ Back | _____ Hip |
| _____ Shoulder | _____ Elbow | _____ Forearm | _____ Wrist | _____ Hand |
| _____ Thigh | _____ Knee | _____ Shin/Calf | _____ Ankle | _____ Foot |

13. Have you ever had any other medical problems such as:
- | | | | |
|----------------------------|--------------------|--------------|-----------------|
| _____ Mononucleosis | _____ Diabetes | _____ Asthma | _____ Hepatitis |
| _____ Headaches (frequent) | _____ Eye Injuries | _____ Other | |

14. Have you had a medical problem or injury since your last exam? _____

15. When was your last tetanus shot? _____

When was your last measles immunization? _____

16. When was your first menstrual period? _____ When was your last menstrual period? _____

What was the longest time between periods last year? _____

Explain "YES" answers here: _____

Consent Form

(Parent or Guardian and Student Permission and Approval)

I hereby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated by school authorities for any illness or injury resulting from his/her athletic participation. I also consent to the release of any information contained in this form to carry out treatment and healthcare operations for the above named student.

PARENT OR GUARDIAN SIGNATURE _____ DATE: _____

This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the State Association.

SIGNATURE OF STUDENT _____ DATE: _____

PHYSICAL EXAMINATION FORM

Height _____ Weight _____ BP _____/_____ T _____ Pulse _____ R _____

Visual Acuity R 20 / _____ L 20 / _____ Corrected: Y N Pupils _____

	Normal	Abnormal
Ears, Nose, Throat	_____	_____
Cardiopulmonary		
Pulses	_____	_____
Heart	_____	_____
Lungs	_____	_____
Skin	_____	_____
Abdominal	_____	_____
Genitalia	_____	_____
Musculoskeletal	_____	_____
Neck	_____	_____
Shoulder	_____	_____
Elbow	_____	_____
Wrist	_____	_____
Hand	_____	_____
Back	_____	_____
Knee	_____	_____
Ankle	_____	_____
Foot	_____	_____

CLEARANCE / RECOMMENDATIONS

Clearance:

_____ A. Cleared for all sports and other school-sponsored activities.

_____ B. Cleared after completing evaluation / rehabilitation for:

_____ C. **NOT** cleared to participate in the following IHSAA sponsored sports:

Baseball	Wrestling	Golf	Softball
Track	Cross Country	Basketball	Football
Soccer	Tennis	Volleyball	

NOT cleared for other school-sponsored activities:

(Example: *Swimming*) 1. _____ 2. _____ 3. _____

_____ D. Student is **NOT** permitted to participate in high school athletics.

Reason: _____

Recommendation: _____

Examiner's Signature: _____ Date: _____

(This Physical form must be signed by a licensed physician, physician's assistant or nurse practitioner)

Address: _____ Phone: (_____) _____

INTERIM QUESTIONNAIRE



PLEASE PRINT!!

_____ Male/Female _____
 Last Name First Middle (circle one) City Date

Since his/her last athletic physical examination, has this student:

	YES	NO	
(1) Had surgery	_____	_____	_____
(2) Been hospitalized	_____	_____	Year in
(3) Been under a physician's care	_____	_____	School
(4) Had a serious illness	_____	_____	
(5) Had an injury requiring a physician's care	_____	_____	
(6) Been rendered unconscious	_____	_____	
(7) Started taking any new medications	_____	_____	
(8) Developed any new drug allergies	_____	_____	
(9) Developed any health problems	_____	_____	
(Please explain all yes answers)			

=====

My child ___ **should** or ___ **should not** have a physical examination prior to participation in high school athletics.

School health insurance needed: ___ Yes ___ No

If yes, a premium charge will be required prior to participation in any IHSAA athletic activity. More information may be obtained from the local school district.

If no, is your child covered by a family health insurance policy? ___ Yes ___ No ___

Signature of Parent or Guardian

Address

_____ City _____ Zip Code

=====

CONSENT FORM

I hereby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated by school authorities for any illness or injury resulting from his/her athletic participation.

SIGNATURE OF _____ DATE _____
 PARENT/GUARDIAN

My participation in interscholastic athletics for the above school is entirely voluntary on my part, and with the understanding that I have not violated any of the eligibility rules and regulations of the state association.

SIGNATURE OF _____ DATE _____
 STUDENT

NOTE: The original copy is to be returned to the school



CONCUSSION INFORMATION

Concussions are a type of brain injury that can range from mild to severe and can disrupt the way the brain normally works. Concussions can occur in any organized or unorganized sport or recreational activity and can result from a fall or from players colliding with each other, the ground, or with obstacles. Concussions occur with or without loss of consciousness but the vast majority occur without loss of consciousness.

In accordance with Section 33-1620, Idaho Code the Idaho High School Activities Association has provided information on its website for coaches, parents, and athletes, concerning the Identification and Management Strategies regarding concussions. The IHSAA encourages all coaches, parents, and athletes to educate themselves about the recognition and treatment of concussions. Please take the time to visit our website at www.idhsaa.org. If you have any questions or need of further information, please contact your school or the IHSAA Office at admin@idhsaa.org.

It is the wish of the IHSAA that you have a safe and enjoyable sport or activity season.

Idaho High School Activities Association