

ALLEGANY COUNTY PUBLIC SCHOOLS
Agreement Governing Participation in Athletics

FILE: JJIC-E1

Student Name _____ Date _____

Purpose:

Participation in athletics in Allegany County Public Schools is a privilege. The participant comprises much of the visible student leadership in our schools; therefore, the participant must accept the responsibility of projecting a positive image to younger students and the greater community as a representative of his/her school.

I. Rules of Conduct:

Violations of the following rules of proscribed conduct will result in disciplinary action:

- A. Misconduct on school property or at a school sponsored function which also results in the athlete being charged with a Reportable Offense(s) in accordance with Annotated Code § 7-303 and COMAR 13A.08.01.17.
- B. Possession, use or showing evidence of use, sale, or distribution of proscribed substances as defined in JICH (unless documentation on file that a student may self carry)
- C. Insubordination or use of profanity to any faculty member, school administrator, coach, advisor, or game official
- D. Flagrant misconduct and misbehavior in school
- E. Misbehavior or misconduct in the community
- F. Absences from school, or tardiness to school, announced meetings, activities, practices, etc. in accordance with school and/or team rules

II. Consequences

An athlete who has been suspended or expelled from school shall be prohibited from participating in athletics during the period of suspension or expulsion. Such athlete shall also be prohibited from participating in athletics for remainder of the season in which the infraction occurred if such infraction constitutes a violation of A or B. If mitigating circumstances exist for A or B, the administrator may impose disciplinary action ranging from a suspension for 20% of the seasonal remaining games to dismissal from the team. The student will be required to practice when a lesser penalty is applied. If the athlete violates provision B above the athlete must present a negative drug screening to the principal prior to returning to the team.

Violations of rules of conduct C through F will result in disciplinary actions ranging from a conference to a suspension and/or dismissal from the team for the remainder of the season. The principal, in collaboration with the coach/advisor, shall make the decision on the disciplinary action based upon the best interests of the school, the school system, the perception of the school in the community, and the desire to promote high standards of discipline in the athletic program.

III. Minimum Academic Standards

- A. Eligibility for a marking period shall be determined by the student's grades for the most recently completed marking period. Academic eligibility is determined by adding the number of quality points earned in the marking period immediately prior to the given sports season and dividing by the number of courses attempted by the student.
- B. Students must achieve a minimum grade point average of 2.0.
- C. All new 9th grade students are eligible to participate in the first quarter of 9th grade.

IV. Appeal Procedure

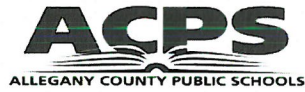
Appeals for reinstatement in athletics may be made to the building principal with a further appeal to the Superintendent of Schools or designee. Students shall remain ineligible from participation in athletics through the conclusion of the due process.

V. Health and Safety

- A. Documentation of a physical must be on file as a condition of participation. A form can be obtained at www.acpsmd.org (See Exhibit JJIC-E-1-3).
- B. Any athlete exhibits signs, symptoms or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall:
 1. Immediately be removed from the contest and shall not return to play until cleared by an appropriate health-care professional.
 2. Seek medical attention from a health care provider experienced in evaluating possible concussions;
 3. Submit a return to play form to coach and school.
- C. Any athlete who exhibits signs of skin infections (signs of infection include redness, warmth, swelling, pain and/or drainage) shall:
 1. Immediately be removed from practice or contest and shall not return to play until cleared by an appropriate health-care professional.
 2. Seek medical attention from a health-care provider experienced in evaluating the infection.
 3. Submit a return to play form to coach and school.

VI. Ejection/Disqualification

An athlete who is ejected/disqualified from a contest by a game official for unacceptable behavior, before, during or after a contest is suspended from participation in the next contest. An ejected/disqualified player may remain on the sideline for the duration of that contest or be sent to a secure and safe area under the supervision of a coach or staff member. For the game in which the athlete must serve a subsequent suspension (i.e. the "next contest"), the player shall be permitted to be present on the sideline but may not dress in game uniform. Suspended players may practice with the team while serving their suspension. Coaches will notify the Athletic Director and the Supervisor of Athletics in writing of the suspension and date of exclusion within 24 hours.



Allegheny County
Public Schools

FILE:JJIC-E3

Athletic Release Form

Student Information			
Student's Name (Print)	Grade	Age	Birth Date
Parent Information			
Parent/Guardian Name (Print)	Email		
Street Address	Home Phone		
City, State, Zip Code	Cell Phone		

By evidence of the signatures below, you testify that you:

1. Have read sexual harassment and hazing guidelines
2. Have read the Athletic Guide
3. Have read the provisions of the Authorization for Participation in Interscholastic Athletics form
4. Understand the MPSSAA and ACPS eligibility standards
5. I have read the Sudden Cardiac Arrest (SCA) handout.

Failure to complete, sign and return to your child's coach will result in her/his exclusion from participation in the interscholastic athletic program of Allegheny County Public Schools.

Important: If a student changes residency during the sport season, parents must notify the athletic director immediately and update this form.

- ☐ I hereby acknowledge that I received the Concussion Information Sheet and the Fact Sheet for Athletes and Parents. I certify that I understand the information that has been provided concerning the signs, symptoms, prevention and treatment of concussions and the seriousness of concussions.
- ☐ I hereby acknowledge that I received the Heat Acclimatization and Hydration Information Sheets. I certify that I understand the information that has been provided concerning the signs, symptoms, prevention, treatment and the seriousness of heat and dehydration.
- ☐ I have read the regulations entitled Eligibility Minimum Standards for Participation in Athletics (JJIC-R1-2) which govern participation in athletics in the Allegheny County School System. I understand and agree to abide by said rules and regulations.
- ☐ My child has permission to participate in Interscholastic Athletics for the _____ school year.

Student's Signature	Date	Parent/Guardian's Signature	Date
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*This form cannot be accepted without the above information.



Allegany County
Public Schools

FILE:JJIC-E2

Authorization for Participation in Interscholastic Athletics

As parents or guardians of _____ (Student's Name)

We hereby authorize and consent to our child's participation in interscholastic athletics and sports. WE understand that the sport in which our child will be participating is potentially dangerous and that physical injuries may occur to our child requiring emergency medical care and treatment. We assume the risk of injury to our child that may occur in an athletic activity.

In consideration of the acceptance of our child by the Allegany County Public Schools in its athletic program and the benefits derived by our child from participation, we agree to release and hold harmless the Board of Education of Allegany County, its members, the Superintendent of Schools, the principal, all coaches, and any and all other of their agents, servants, and/or employees and agree to indemnify each of them from any claims, costs, suits, actions, judgments, and expenses arising from our child's participation in interscholastic athletics and sports and any injuries received therefrom and expenses related thereto.

We hereby give our consent and authorize the Board of Education of Allegany County and its agents, servants, and/or employees to consent on our behalf and on behalf of our child, to emergency medical care and treatment in the event we are unable to be notified by reasonable attempts of the need for such emergency medical care and treatment.

We understand and agree that we will be responsible for all medical bills and costs that may be incurred as a result of medical care and

treatment of our child, and we agree to provide proof of insurance coverage of our child against accidents and injuries in school sponsored games, practice sessions and during travel to and from athletic contests.

Students who have elected to participate in the athletic program will be required to practice and participate in scheduled contests after regular school hours and possibly on non-school days. Supervision at practice, games and travel will be provided by the school.

In addition, it is recognized that all students must comply with eligibility regulations that govern athletics in Allegany County Public Schools as issued by the Board of Education of Allegany County and the Maryland State Department of Education.

Sports Insurance: ACPS may obtain supplemental insurance to cover injuries that occur which are not covered by the regular Student Accident Insurance policy. This insurance may provide additional coverage for an injured athlete. Claims for reimbursement under this insurance should be filed by the parent through the school office. The Board's insurance office should be advised of all claims filed on this policy. This should be done by completing a school accident form as well as completing the insurance claim forms. This insurance may not guarantee 100% coverage of claims.

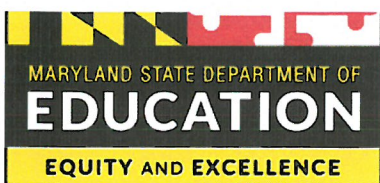
Name of School/Community
I also declare and affirm that my child: <input type="checkbox"/> Resides (with parents or legal guardians) within the above attendance area, or <input type="checkbox"/> Is attending the above school with special permission of the Office of Student Services of Allegany County Public Schools

If a student is attending a high school without the benefit of residing (with parent or guardian) within the school's attendance area and/or without special permission of the Office of Student Services, the student in question is subject to disciplinary action which could result in the loss of athletic eligibility for a period of time, ineligibility in a specific sport or sports for the forthcoming year or penalties as may seem justified in the particular case. A student being taught by parental request at home (home school) is not enrolled in Allegany County Public Schools and cannot participate in athletics. The athlete's team and school will be penalized for failure to comply with MPSSAA regulations.

I/We understand and agree to all of the above.

Relationship to Student	Parent/Guardian's Signature	Date
Home Phone	Cell Phone	Email

*This form cannot be accepted without the above information.



For official use only:

Name of Athlete _____

Sport/season _____

Date Received _____

Concussion Awareness Parent/Student-Athlete Acknowledgement Statement

I _____, the parent/guardian of _____,
Parent/Guardian Name of Student-Athlete

acknowledge that I have received information on all of the following:

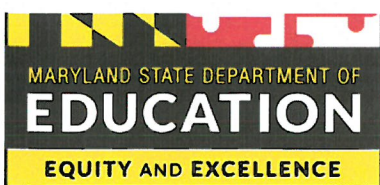
- The definition of a concussion
- The signs and symptoms of a concussion to observe for or that may be reported by my athlete
- How to help my athlete prevent a concussion
- What to do if I think my athlete has a concussion, specifically, to seek medical attention right away, keep my athlete out of play, tell the coach about a recent concussion, and report any concussion and/or symptoms to the school nurse.

Parent/Guardian _____ Date _____
SIGNATURE

Student Athlete _____ Date _____
SIGNATURE

It is better to miss one game than the whole season.

For more information visit: www.cdc.gov/Concussion.



For official use only:

Name of Athlete _____

Sport/season _____

Date Received _____

PRE-PARTICIPATION HEAD INJURY/CONCUSSION REPORTING FORM FOR EXTRACURRICULAR ACTIVITIES

This form should be completed by the student's parent(s) or legal guardian(s). It must be submitted to the Athletic Director, or official designated by the school, prior to the start of each season a student plans to participate in an extracurricular athletic activity.

Student Information

Name: _____ Grade: _____

Sport(s): _____

Home Address: _____

Has student ever experienced a traumatic head injury (a blow to the head)? Yes _____ No _____

If yes, when? Dates (month/year): _____

Has student ever received medical attention for a head injury? Yes _____ No _____

If yes, when? Dates (month/year): _____

If yes, please describe the circumstances:

Was the student diagnosed with a concussion? Yes _____ No _____

If yes, when? Dates (month/year): _____

Duration of Symptoms (such as headache, difficulty concentrating, fatigue) for most recent concussion:

Parent/Guardian _____
PRINT NAME SIGNATURE DATE

Student Athlete _____
PRINT NAME SIGNATURE DATE

Emergency Care Card (ATHLETICS)

Student Information			
Student Name (Print)	Grade	Age	Birth Date
Family Physician	Phone #		
Dentist	Phone #		
Medications given at home (on a regular basis)			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>Please check any existing health conditions:</p> <p><input type="checkbox"/> Allergies (explain) _____</p> <p><input type="checkbox"/> Bee Sting Allergy</p> <p style="margin-left: 20px;"><input type="checkbox"/> Difficulty Breathing</p> <p style="margin-left: 20px;"><input type="checkbox"/> Hives</p> <p style="margin-left: 20px;"><input type="checkbox"/> Swelling of lips & eyes</p> <p style="margin-left: 20px;"><input type="checkbox"/> Swelling or redness</p> <p>Describe your child's reaction: _____</p> <p>Uses an EpiPen: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> ADD/ADHD</p> <p><input type="checkbox"/> Asthma</p> <p style="margin-left: 20px;"><input type="checkbox"/> Uses Inhalers</p> <p style="margin-left: 20px;"><input type="checkbox"/> Uses Nebulizer</p> </div> <div style="width: 48%;"> <p><input type="checkbox"/> Bleeding Problems</p> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Fainting Spells</p> <p><input type="checkbox"/> Heart Problems</p> <p><input type="checkbox"/> Headaches/Migraines</p> <p><input type="checkbox"/> Hearing Problems</p> <p><input type="checkbox"/> Vision Problems</p> <p><input type="checkbox"/> Seizures</p> <p><input type="checkbox"/> Speech Problems</p> <p>Other Problems _____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div> </div>			

I give permission for my child's health information to be shared with appropriate school staff. ☐ Yes ☐ No

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____