



**High School  
ATHLETIC PAPERWORK**

**GO TIGERS!!!**

**Fall Sports:**      Football, Girls Volleyball  
Boys & Girls Cross Country, Drumline

**Winter Sports:**      Girls & Boys Basketball, Wrestling, Drumline

**Spring Sports:**      Girls & Boys Track and Field, Girls Softball,  
Girls & Boys Tennis, Girls & Boys Golf

# **DARBY HIGH SCHOOL EXTRACURRICULAR RULES AND REGULATIONS**

## **ATHLETICS:**

Football, volleyball, basketball, wrestling, cross country, girl's softball, golf, track, and tennis are offered to students who maintain passing grades in every class. Our mascot is a Tiger and the school colors are black and red. We encourage our students to identify with these symbols as a representation of our school pride and spirit. We encourage students and parents to attend these events showing support and spirit. We charge a small fee for some games with a discount for students and seniors citizens. Family passes are available for entry to our league games, excluding tournaments. Concessions are available at many of the events for your enjoyment. Please contact the Athletic Director if you want to volunteer to take tickets or help with concessions.

## **ABSENCE FOR EXTRA-CURRICULAR ACTIVITIES:**

A student may participate in extra-curricular activities on or off campus that require absence from one or more classes only if that student has met the eligibility guidelines for participation and been given administrative permission and/or has been in class for one-half day on the school day of the activity or last school day prior to the activity.

## **DRUG TESTING POLICY:**

In order to provide for the health and safety of the individual extracurricular participant and/or student athlete and other students, as well as providing a legitimate reason for students to say "NO" to drug use and providing an opportunity for those taking drugs to receive help in locating programs which can provide assistance, Darby School District is conducting a mandatory random drug testing program for student extracurricular participants and athletes. The program is not punitive. It is designed to create a safe drug free environment for students and to assist them in getting help when needed.

## **ELIGIBILITY:**

For students to be eligible to participate in an interscholastic contest, they must maintain a minimum GPA of 2.0 and not be failing any class with a 59% or lower. A list of students NOT maintaining the required GPA or who have any "F" grades will be generated on Tuesday of each week. Students and coaches will be notified of the ineligibility status. A student will be considered on probation for one week. During the probation week, he/she shall participate in the extra-curricular activity, including practices and travel. However, if the student has not raised his/her GPA to 2.0 the following Tuesday and/or raised any F grade to a 60% or higher, he/she will be ineligible to participate in extra-curricular events until the next Tuesday. An inactive participant is a person who is not permitted to represent Darby High School in any competition or event. He/she will not be allowed to travel with the team or organization. However, he/she is required to attend all meetings and practices. The eligibility calendar days will always begin on a Wednesday. It is the responsibility of the coach or activity supervisor to notify students of their ineligibility status.

School Sponsored activities: No student shall participate in any activity (practice or game) unless they have been given administrative permission and/or have been in class for one-half day on the school day of the activity or last school day prior to the activity.

## **EXTRA-CURRICULAR RULES AND REGULATIONS:**

- I. Possession or use of alcohol, tobacco, and/or drugs is prohibited during the school year. Any violation of this rule will mean immediate suspension from competition with the group or team for ten (10) school days. A second offense will mean that the student will be required to appear before the school board for a hearing regarding his/her extracurricular participation for the remainder of the school year. Suspended student may practice but may not participate in any group activities or competitions.



Association shall be defined as:

- Being present at any function that involves the possession or consumption of alcohol and/or drugs. This includes, but is not limited to being in the same vehicle in which alcohol and/or drugs are present, being at a "kegger", being at a house party, etc.;
  - Being present at any establishment whose main source of income is from the sale and distribution of alcohol or drugs.
  - First offense for association shall result in suspension from competitive participation with the team/group for the following week.
  - Second offense shall result in immediate dismissal from the group or team.
- II. There shall be no theft or unauthorized use or possession of school property by any student enrolled in Darby High School organization. Violation of this rule will mean the student will lose the right to compete for ten (10) school days, starting from the day of the infraction. A second violation will mean that the student will be required to appear before the schoolboard for a hearing regarding his/her extracurricular participation for the remainder of the school year.
- III. Students who receive a second major Disciplinary Referral within 20 school days shall be suspended from the next activity or competition of the group or team.
- IV. Students who receive a third major Disciplinary Referral within 20 school days shall be suspended from the next two (2) activities or competitions of the group or team.
- V. Curfews for participants are:
- 10:00 p.m.- Sunday through Friday
  - 12:30 a.m.- Saturday , or 1 hour after away games
  - Friday - One hour after a school activity
  - Special Activities - hours shall be left to the discretion of the advisor/coach
- VI. Curfew violations will be disciplined as follows:
- 1st offense - written warning and 30 extra minutes of practice
  - 2nd offense - suspension from the next activity for the group or team
  - 3rd offense - immediate dismissal from the group or team
- VII. Unexcused absences from practices or games are not allowed. Unexcused absences will be disciplined as follows:
- 1st offense - suspension from next activity or competition of the group or team
  - 2nd offense - immediate dismissal from the group or team
- VIII. Unexcused absences shall be defined as:
- When a participant can show no just cause for having missed an activity/practice or
  - When a participant fails to forewarn a coach/advisor that he/she will miss an activity/practice
- IX. These rules will be in effect for the entire school year, with the exception of curfew, which will be enforced only in-season. The school year will be defined as the first day of Fall Sports practice in August through the last day of school, or last school sponsored activity.
- X. The following people have the power, authority, and obligation to enforce the above rules and regulations: (police, administration superintendent , principal, athletic director), DHS coaching staff, advisors, faculty, parents of participants, and chaperones on school related trips and activities. Hearsay will not be accepted as factual evidence.
- XI. All students participating in athletics must have a physical examination within the current school year or after May 1<sup>st</sup> of the previous school year. A form signed by a physician, physician assistant (PA), or nurse practitioner (NP) attesting to such examination must be on file with the athletic director or coach. No student will be allowed to participate, either in practice or a game,



without such a form.

- XII. All students participating in athletics must have on file with the athletic director proof of medical insurance coverage. No student will be allowed to participate, either in practice or a game, without such a form.
- XIII. No transfer students will be allowed to participate in an interscholastic contest until the proper transfer forms have been submitted to the MHSA in Helena.
- XIV. All high school students must pay a \$60.00 activity fee for the school year. This fee is due before the student is allowed to participate and under most circumstances is non-refundable. All money collected will be deposited into the student activity athletic fund. Students and their parents/guardians, to whom all of these rules apply, are required to sign an interscholastic eligibility sheet before participation will be allowed. This form will be kept on file in the athletic director's office.
- XV. A season begins with the first practice and ends when the last game, match or meet is over at home, or when the athlete gets off the bus or vehicle after an away game, match or meet.
- XVI. An extracurricular rules handbook has been developed which establishes the minimum requirements and procedures of operation in extracurricular activities at Darby High School. Each administrative office has copies available.
- XVII. Darby High School has established a system of selecting extracurricular awards. These awards are presented on the basis of coaches' nomination and vote, statistics and team vote. Criteria for selection are located in the athletic director's and principal's offices.
- XVIII. Appropriate dress code for extracurricular activities will be at the coach/supervisor's discretion.

#### **FAMILY NIGHT:**

Wednesday evening is to be set aside for family activities. If possible, school activities will not be scheduled after 6:45 PM on Wednesday.

#### **FIELD TRIPS:**

Students will not be denied access to academic field trips. Trips that are not of academic or educational nature are subject to the same eligibility rules as for other activities.

#### **FUNDRAISING:**

All fundraising activities by any teams, clubs or other school-sponsored organizations must be approved in advance by the Principal. Students who are involved with the selling of products for clubs are not to sell during class time.

Please follow the checklist below:

- 1) Permission - Check with your Building Administrator. Give them a verbal explanation of your fundraising idea and they will give you the appropriate packet to complete the process. When your completed paperwork is submitted and approved by the appropriate people, you will receive final permission.
- 2) Proposal – Fill out the proposal form in this packet. Either DSEF or STUCO. You should include a goal for funds raised and the prices you will charge or an estimate of how much money you hope to raise.
- 3) Plan – Describe in detail what it is you plan to do and the procedure you have for collecting the money, advertising, and any other details that apply. Be sure to include what you need help with from the school (Facility Use Form, cash box, chairs, tables, set-up, etc.



- 4) Solicitations – If you plan to solicit any businesses, please provide a list of who you will ask and what you plan to ask for. Many businesses give money to the school through DSEF or other programs and ask not to be solicited again. We need to make sure their requests are respected.
- 5) Financials – Keep track of how your money comes in. Who paid, what they paid for, date, amount, ect. Turn in this worksheet to the high school secretary and at the end of your fundraiser. Use this sheet on the back of this checklist or create your own. Deposit money using the orange Activity Account worksheet.

## **OUT-OF-TOWN TRIPS:**

Participants making school sponsored trips will travel by bus or school approved transportation. Approval by both administration and activity supervisor must be obtained in advance in order for a student to travel to a school activity with a parent or guardian. Student participants must come back the same way unless **PARENTS OR LEGAL GUARDIANS** give written permission to the principal or supervisor. **ONLY PARENTS OR LEGAL GUARDIANS WILL BE ALLOWED TO TRANSPORT STUDENTS.** The principal, however, may make an exception if the parent presents, prior to the scheduled trip, a written request, approved by an administrator and chaperone, that the student be permitted to ride with an adult designated by the parent. The principal or superintendent may take a student from the activity for emergency reasons. Student participants will not be allowed to drive private vehicles either to or from school related out of district activities. Violation of this policy will result in the student being restricted from representing Darby in any out-of-town school related activities for the remainder of the school year. Any student who commits a violation of major school rules will be removed from the activity immediately, and the parents and school administrators will be notified immediately. The student will be sent home as soon as possible. Any exceptions must be approved by school administrators. If a student is jailed, parents will be responsible for transporting the student home, or any expenses incurred by the district either returning the student home or taking care of the student. The student will also be subject to consequences as outlined in the discipline policy. The student will also be prohibited from participating in the next out-of-town trip.

## **RETURNING LATE FROM ACTIVITY TRIPS:**

Students who return late from an activity trip (after 12:00 midnight) on a night when there is school the next day may be absent from the first academic period the next day. The absence will be excused if a note signed by the parent is brought in.

## **SPORTS • SEX EQUITY:**

- 1) All services, benefits and privileges relating to athletics and extracurricular activities, including equipment, uniforms, supplies, medical care, insurance, transportation, per diem, laundry and assignment of coaching and game officials, are provided without regard to race, national origin, sex or disability.
- 2) Opportunities for competition in athletics, including the numbers and types of sports offered, the length, placement and continuity of seasons and the opportunities for tournament play, are the same for females and males.
- 3) Team support for extracurricular athletics, including pep assemblies, school announcements, rosters, programs, pep band, cheerleaders and drill team, are the same for males and females.
- 4) Publicity and awards for interscholastic activities are without regard to race, national origin, sex or disability.
- 5) Participation, eligibility, scheduling of interscholastic activities and practice time are done without regard to race, national origin, sex or disability.



# **DARBY HIGH SCHOOL STUDENT-ATHLETE CONDUCT/CODE OF ETHICS**

All DHS students must abide by the DHS Student Code of Conduct.

All male and female team members in the DHS athletics program are student-athletes. Learning in both the classroom and the athletics program is necessary for emotional, social and intellectual as well as athletic growth to occur. Each student's school experience ought to culminate in a diploma. The interscholastic athletics program at DHS has as its goal the graduation of student-athletes as well as excellence in each sport.

Participation in the DHS athletic program is a privilege. Consequently, each student-athlete is expected to comply with all guidelines of the School District, 13C Conference, the Western Division, and the Montana High School Association (MHSA).

1. Student-athletes shall perform to the best of their abilities both academically and athletically.
2. Student-athletes shall contribute their best effort to the success of the team.
3. Student-athletes shall conduct themselves both on and off the field or court in a way that brings credit to the team, the athletics program, and the school district.
4. Student-athletes shall abide by the letter as well as the spirit of District rules and regulations.
5. Student-athletes shall at all times respect and be courteous to all members of the school community and to visitors to the campus.
6. Student-athletes shall exhibit dignity in manner and dress appropriately when representing Darby High School.
7. Student-athletes shall not physically abuse or threaten another person nor abuse any school owned or controlled property or property associated with any school sponsored functions. Student-athletes shall not participate in any form of hazing or initiation. Any activity of this nature is strictly prohibited. If it is determined that hazing has occurred, the involved student-athlete(s) will be suspended or dismissed from the team.
8. As an institution of secondary education, Darby High School has a responsibility to establish and maintain a safe, healthy, academic environment for all students. In keeping with its policy stated in the Darby School Student

Handbooks and Board Policy #3500-Extra Curricular Rules and Regulations concerning the possession and/or use of alcohol and illegal drugs in compliance with the Drug-Free School and Community Act amendment of 1989, each student-athlete and a parent/guardian must sign a form which states that they have read, understand, and will comply with said rules.

In all athletically related activities a member of the coaching staff must be present. Due to the nature of the facilities in and around Darby School, the coach has the responsibility to educate his/her student-athletes regarding the rules and regulations of the various facilities/venues.

## **DARBY PUBLIC SCHOOLS PARENT-COACH COMMUNICATION**

### **PARENT-COACH RELATIONSHIP:**

Parenting, coaching, and advising are extremely difficult vocations. By establishing an understanding of each position, we are better able to accept the actions of the other and provide greater benefits to the young people we work with. As parents, when your children become involved in one of our programs, you have a right to understand what expectations are placed on your child. This begins with clear communication from the coach/advisor of your child's program. We look forward to getting to know both you and your child as we work together to make the DARBY PUBLIC SCHOOLS the best they can be.



## **COMMUNICATION YOU SHOULD EXPECT FROM YOUR CHILD'S COACH/ADVISOR:**

1. Philosophy of the coach/advisor.
2. Expectations (i.e., team rules) the coach/advisor has for your child as well as all the participants involved with the program.
3. Locations and times of all practices, meetings, and contests.
4. Team requirements-fees , special equipment, off-season training requirements, etc.
5. Procedures should your child be injured during participation in an activity.
6. Discipline that results in the denial of your child's participation. This includes both school and team rules infractions.

## **COMMUNICATIONS COACHES/ADVISORS EXPECT FROM PARENTS:**

1. Concerns expressed directly to the coach or advisor.
2. Notification of any schedule conflicts well in advance.
3. Specific concerns relating to a coach's or advisor's philosophy and/or expectations.

As your children become involved in the programs of DARBY HIGH SCHOOL, they will experience some of the most rewarding moments of their lives. It is important to understand that there also may be times when things do not go the way you or your child wishes. At these times, discussion with the coach is encouraged. We will encourage the young people in our programs to consult with their coach/advisor first as this develops responsibility and a working relationship between your child and the coach/advisor.

## **APPROPRIATE CONCERNS TO DISCUSS WITH COACHES/ADVISORS:**

1. The treatment of your child mentally and physically.
2. Ways to help your child improve.
3. Concerns about your child's behavior.
4. Special needs of your child.

It is very difficult to accept your child's not playing as much as you may hope. Coaches/advisors are professionals. They make judgment decisions based on what they believe to be best for all students involved. As you have seen from the list above, certain things can be and should be discussed with your child's coach/advisor. Other such as those listed in the following should be left to the discretion of the coach/advisor:

1. Team strategy.
2. Other student participants.
3. Play calling.
4. Playing time.

We encourage conferences between coach/advisor and the parent. It is important that both parties involved have a clear understanding of the other's position. When these conferences are necessary, the following procedure should be followed to help promote a resolution to the issue of concern.

If you have concern to discuss with a coach/advisor, the procedure you should follow is:

1. Call to set up an appointment. The number for Darby High School is 821-3252.
2. If the coach cannot be reached, call the Activities Director. They will help set up a meeting for you.
3. Please do not attempt to confront the coach/advisor before or after a contest or practice. These can be emotional times for both the parent and coach. Meetings of this nature do not promote resolution.



# THE NEXT STEP

## WHAT CAN A PARENT DO IF THE MEETING WITH THE COACH/ADVISOR DID NOT PROVIDE A SATISFACTORY RESOLUTION?

1. Call and set up an appointment with the Activities Director and the coach to discuss the situation.
2. At the meeting the appropriate next step can be determined.

Since research indicates that students in co-curricular activities have greater chances for success during adulthood, DARBY HIGH SCHOOL will strive to maintain quality programs and staff for students. Many of the character traits required to be a successful participant are exactly those that will promote a successful life after high school. Through our programs we hope to further develop each student's character and add to his/her future successes. We hope the information provided with this statement makes both your child's and your experiences within the DARBY HIGH SCHOOL activities program less stressful and more enjoyable.

We place a high priority on sportsmanship, character, and grace while being involved with our programs at DHS. We work closely with the MHSA in a continuing effort to foster sportsmanship. Our Board of Trustees also supports the idea of sportsmanship. We pass on this information as a point of interest from our Board of Trustees as they view sportsmanship. We are certain that you would agree that by using common sense many conflicts can be avoided.

## DARBY SCHOOL DISTRICT SCHOOL BOARD POLICY #7400 CO-CURRICULAR ACTIVITIES SPORTSMANSHIP:

Co-curricular activities are an opportunity for community members, parents, and visiting spectators to demonstrate support for their school and for activity participants. Spectators, coaches, and participants are expected to model the concepts of sportsmanship as respected members of society. In essence, we believe that good sportsmanship is good citizenship in action. The District is committed to good sportsmanship and embraces all of its ideals.

In order to achieve the highest possible standards of good sportsmanship, ethics and integrity, we endeavor to create an awareness and attitude of how strongly we feel about the importance of good sportsmanship to our school system.

Examples of unsportsmanlike conduct include, but are not limited to the following actions at any Darby School sanctioned activity:

- Excessive taunting, malicious or degrading comments by participants and/or spectators ;
- Using vulgar or obscene language or gestures ;
- Possessing or being under the influence of any alcoholic or illegal substance;
- Possessing a weapon;
- Fighting or otherwise striking or threatening another spectator, participant, coach or referee;
- Failing to obey the instructions of a security officer or school district employee;
- Engaging in any activity which is illegal or disruptive.

The Board of Trustees will be notified only if the principal, athletic director and superintendent agree that the incident merits Board review. The Board is charged with exercising due process regarding privacy and discretion in all matters related to the incident. All sides involved in the incident will have the opportunity to be heard in a hearing before the Board of Trustees. The Board of Trustees will have the final word as to any sanction to be invoked. The principal and/or superintendent will have the right to request that the Trustee Chairperson call a special meeting in order to invoke sanction in a timely matter. The person or persons involved will be notified by mail of the date, time and place of any Trustee meetings dealing with the incident.

The following sanctions may be invoked by action of the Board of Trustees:

1. Private reprimand.
2. Letter of concern.



3. Probationary attendance at future activities.
4. Temporary suspension from attending future activities.
5. Long-term suspension from attending future activities.
6. Legal complaint filed with law enforcement.
7. Permanent exclusion from future activities

## **DARBY SCHOOL DISTRICT SCHOOL BOARD POLICY 3226 BULLYING / HARASSMENT INTIMIDATION/ HAZING POLICY & FORM**

The Board will strive to provide a positive and productive learning and working environment. Bullying, harassment, intimidation, or hazing, by students, staff, or third parties is strictly prohibited and shall not be tolerated.

### **DEFINITIONS:**

"Third parties" include, but are not limited to, coaches, school volunteers, parents, school visitors, service contractors or others engaged in District business, such as employees of businesses or organizations participating in cooperative work programs with the District and others not directly subject to District control at inter-District and intra-District athletic competitions or other school events.

"District" includes District facilities, District premises, and non-District property if the student or employee is at any District-sponsored, District-approved, or District-related activity or function, such as field trips or athletic events, where students are under the control of the District or where the employee is engaged in District business.

"Hazing" includes, but is not limited to, any act that recklessly or intentionally endangers the mental or physical health or safety of a student for the purpose of initiation or as a condition or precondition of attaining membership in or affiliation with any District-sponsored activity or grade-level attainment, including, but not limited to, forced consumption of any drink, alcoholic beverage, drug, or controlled substance, forced exposure to the elements, forced prolonged exclusion from social contact, sleep deprivation, or any other forced activity that could adversely affect the mental or physical health or safety of a student; requires, encourages, authorizes or permits another to be subject to wearing or carrying any obscene or physically burdensome article, assignment of pranks to be performed, or other such activities intended to degrade or humiliate.

"Harassment, intimidation, or bullying" means any act that substantially interferes with a student's educational benefits, opportunities, or performance, that takes place on or immediately adjacent to school grounds, at any school-sponsored activity, on school-provided transportation, or at any official school bus stop, and that has the effect of:

1. Physically harming a student or damaging a student's property;
2. Knowingly placing a student in reasonable fear of physical harm to the student or damage to the student's property.
3. Creating a hostile educational environment.

### **REPORTING:**

All complaints about behavior that may violate this policy shall be promptly investigated. Any student, employee, or third party who has knowledge of conduct in violation of this policy or feels he/she has been a victim of hazing, harassment, intimidation, or bullying, in violation of this policy is encouraged to immediately report his/her concerns to the building principal or the District Administrator, who have overall responsibility for such investigations. This report may be made anonymously. A student may also report concerns to a teacher or counselor, who will be responsible for notifying the appropriate District official. Complaints against the building principal shall be filed with the Superintendent. Complaints against the Superintendent or District Administrator shall be filed with the Board. The complainant shall be notified of the findings of the investigation and, as appropriate, that remedial action has been taken.

**RESPONSIBILITIES:**

The District Administrator shall be responsible for ensuring notice of this policy is provided to students, staff, and third parties and for the development of administrative regulations, including reporting and investigative procedures, as needed.

**CONSEQUENCES:**

Students whose behavior is found to be in violation of this policy will be subject to discipline up to and including expulsion. Staff whose behavior is found to be in violation of this policy will be subject to discipline up to and including dismissal. Third parties whose behavior is found to be in violation of this policy shall be subject to appropriate sanctions as determined and imposed by the District Administrator or the Board. Individuals may also be referred to law enforcement officials.

**RETALIATION AND REPRISAL:**

Retaliation is prohibited against any person who reports or is thought to have reported a violation, files a complaint, or otherwise participates in an investigation or inquiry. Such retaliation shall be considered a serious violation of Board policy, whether or not a complaint is substantiated. False charges shall also be regarded as a serious offense and will result in disciplinary action or other appropriate sanctions.

Legal Reference: 10.55.701(1)(9), ARM Board of Trustees 10.55.801(1)(d), ARM

School Climate Cross Reference: 225F

Harassment Reporting Form for Students Policy History:

Adopted on: 06/12/06



**DARBY PUBLIC SCHOOLS  
DISTRICT NO. 9  
DARBY, MT**

**INTERSCHOLASTIC ATHLETIC ELIGIBILITY SHEET**

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Directions:** In order for a student to be allowed to participate (practice and play) in sports, this form must be completed, signed and returned. This form will be kept on file in the Athletic Director's office for a period of one school year. Failure to complete this form will make the student unable to practice of play sports at Darby Schools. All parts A, B, F and G (on back) must be completed.

A. We have our child \_\_\_\_\_, covered:

1. under an individual or family insurance policy. The company's name is \_\_\_\_\_  
\_\_\_\_\_. We feel the coverage is adequate for possible athletic injury and hereby release the school from responsibility.

**OR**

2. by our school insurance plan. Coach's Signature: \_\_\_\_\_

B. Sport participating in: Check all that apply

_____ Football	_____ Basketball	_____ Wrestling
_____ Cross Country	_____ Track	_____ Tennis
_____ Cheerleading	_____ Volleyball	

C. I have read and understand the rules and regulations as described in the DARBY HIGH SCHOOL EXTRACURRICULAR RULES AND REGULATIONS.

D. I authorize the Darby School District to conduct a test on a urine specimen, which I provide to test for drugs and/or alcohol use. I also authorize the release of information concerning the results of such a test to the Darby School District and to the parents and/or guardians of the student.

E. Players Fee Turned in to HS Office: \_\_\_\_\_ Coach's Initials \_\_\_\_\_

F. I understand fully that my performance as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules and regulations set forth by the Darby School District Board of Trustees and the sponsors for the activity in which I participate.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

G. Both the student and Parent/Guardian must read and sign.

Student:

I am aware playing or practicing to play/participate in any sports can be a dangerous activity involving MANY RISKS OF INJURY. Because of the dangers of participation in the earlier mentioned sport(s). I recognize the importance of following coach's instructions regarding playing techniques, training and other team rules, etc. and agree to obey such instructions.

I acknowledge that the School District has informed me of the dangers involved in participation in organized athletics, and do willingly desire to participate in these programs.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Parent/Guardian:

I, \_\_\_\_\_ am the parent/legal guardian  
of \_\_\_\_\_ (student). I understand that all sports  
can involve MANY RISKS OF INJURY. I as parent/legal guardian acknowledge that the School  
District has informed me of the dangers involved in participation in organized athletics and I  
willingly permit my child/ward to participate in these programs.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Received by: \_\_\_\_\_

\_\_\_\_\_  
Athletic Director's Signature

\_\_\_\_\_  
Date



**Medical Consent Form  
School District #9  
Darby, Montana 59829**

Name of Student: \_\_\_\_\_ Birth date \_\_\_\_\_

I (we), \_\_\_\_\_, check one \_\_\_ Parent(s), \_\_\_ Legal Guardian,  
\_\_\_ other person who assumes responsibility for the child, hereby consent for School Personnel of  
School District #9 to arrange for or provide the following health services for this child:

1. Emergency medical care for accident or illness, including non-surgical procedures that cannot be deferred without endangering the child's health or life.
2. Routine medical care involving the provision of health services of preventative, diagnostic, therapeutic and/or rehabilitative nature that does not involve surgical procedures.
3. Transport of child to and from health facilities in case of emergency.

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (home): \_\_\_\_\_

Place of employment: \_\_\_\_\_  
(Name) (Address) (Phone)

Date: \_\_\_\_\_

Name of other person who we may notify if unable to reach person named above.

\_\_\_\_\_  
(Name) (Phone)

If an illness or injury requires a doctor's attention call:

Name of Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

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It is the best interest of your child to have this form on file at the school. If your child is involved in out-of-town extra curricular activities, the coach or sponsor will have this form available for use in case of an emergency. Also, if an emergency occurs at school and the school is not able to locate the child's parents, this form would be available for the school to use.





## Student-Athlete & Parent/Legal Guardian Concussion Statement

Because of the passage of the Dylan Steigers' Protection of Youth Athletes Act, schools are required to distribute information sheets for the purpose of informing and educating student-athletes and their parents of the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury. Montana law requires that each year, before beginning practice for an organized activity, a student-athlete and the student-athlete's parent(s)/legal guardian(s) must be given an information sheet, and both parties must sign and return a form acknowledging receipt of the information to an official designated by the school or school district prior to the student-athletes participation during the designated school year. The law further states that a student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from play at the time of injury and may not return to play until the student-athlete has received a written clearance from a licensed health care provider.

Student-Athlete Name: \_\_\_\_\_

*This form must be completed for each student-athlete, even if there are multiple student-athletes in each household.*

Parent/Legal Guardian Name(s): \_\_\_\_\_

☐ We have read the *Student-Athlete & Parent/Legal Guardian Concussion Information Sheet*.

*If true, please check box*

After reading the information sheet, I am aware of the following information:

Student-Athlete Initials		Parent/Legal Guardian Initials
	A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	N/A
	If I think a teammate has a concussion, I should tell my coach(es), parents, or licensed health care professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a licensed health care professional to return to play or practice after a concussion.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms on the Concussion fact sheet.	

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date





## A Fact Sheet for PARENTS

### WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

### WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

#### Signs Observed by Parents or Guardians

*If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:*

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily • Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

#### Symptoms Reported by Athlete

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"

### HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

Every sport is different, but there are steps your children can take to protect themselves from concussion.

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

### WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

**1. Seek medical attention right away.** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.

**2. Keep your child out of play.** Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

**3. Tell your child's coach about any recent concussion.** Coaches should know if your child had a recent concussion in ANY sport. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

Remember, when in doubt, sit them out!





## A Fact Sheet for **ATHLETES**

### **WHAT IS A CONCUSSION?**

A concussion is a brain injury that:

- Is caused by a bump or blow to the head
- Can change the way your brain normally works
- Can occur during practices or games in any sport
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been "dinged"

### **WHAT ARE THE SYMPTOMS OF A CONCUSSION?**

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not "feel right"

### **WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?**

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates might have a concussion.

- **Get a medical checkup.** A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.
- **Give yourself time to get better.** If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

### **HOW CAN I PREVENT A CONCUSSION?**

Every sport is different, but there are steps you can take to protect yourself.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Use the proper sports equipment, including personal protective equipment (such as helmets, padding, shin guards, and eye and mouth guards). In order for equipment to protect you, it must be:
  - > The right equipment for the game, position, or activity
  - > Worn correctly and fit well
  - > Used every time you play

**Remember, when in doubt, sit them out!**

## Be Prepared

A concussion is a type of traumatic brain injury, or TBI, caused by a bump, blow, or jolt to the head that can change the way your brain normally works. Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be mild bump or blow to the head can be serious. Concussions can occur in any sport or recreation activity. So, all coaches, parents, and athletes need to learn concussion signs and symptoms and what to do if a concussion occurs.

### SIGNS AND SYMPTOMS OF A CONCUSSION

SIGNS OBSERVED BY PARENTS OR GUARDIANS	SYMPTOMS REPORTED BY YOUR CHILD OR TEEN	
<ul style="list-style-type: none"><li>•Appears dazed or stunned</li><li>•Is confused about events</li><li>•Answers questions slowly</li><li>•Repeats questions</li><li>•Can't recall events prior to the hit, bump, or fall</li><li>•Can't recall events after the hit, bump, or fall</li><li>•Loses consciousness (even briefly)</li><li>•Shows behavior or personality changes</li><li>•Forgets class schedule or assignments</li></ul>	<p><b><u>Thinking/Remembering:</u></b></p> <ul style="list-style-type: none"><li>•Difficulty thinking clearly</li><li>•Difficulty concentrating or remembering</li><li>•Feeling more slowed down</li><li>•Feeling sluggish, hazy, foggy, or groggy</li></ul> <p><b><u>Physical:</u></b></p> <ul style="list-style-type: none"><li>•Headache or “pressure” in head</li><li>•Nausea or vomiting</li><li>•Balance problems or dizziness</li><li>•Fatigue or feeling tired</li><li>•Blurry or double vision</li><li>•Sensitivity to light or noise</li><li>•Numbness or tingling</li><li>•Does not “feel right”</li></ul>	<p><b><u>Emotional:</u></b></p> <ul style="list-style-type: none"><li>•Irritable</li><li>•Sad</li><li>•More emotional than usual</li><li>•Nervous</li></ul> <p><b><u>Sleep*:</u></b></p> <ul style="list-style-type: none"><li>•Drowsy</li><li>•Sleeps less than usual</li><li>•Sleeps more than usual</li><li>•Has trouble falling asleep</li></ul> <p><i>*Only ask about sleep symptoms if the injury occurred on a prior day.</i></p>

### LINKS TO OTHER RESOURCES

- CDC—Concussion in Sports
  - <http://www.cdc.gov/concussion/sports/index.html>
- National Federation of State High School Association/ Concussion in Sports
  - [www.nfhslearn.com](http://www.nfhslearn.com)
- Montana High School Association – Sports Medicine Page
  - <http://www.mhsa.org/SportsMedicine/SportsMed.htm>





# Montana High School Association

1 South Dakota Avenue ♦ Helena, MT 59601 ♦ (406) 442-6010 ♦ Fax: (406) 442-8250 ♦ [www.mhsa.org](http://www.mhsa.org)

**TO: PARENTS OF MHSA SPORTS PARTICIPANTS  
LICENSED MEDICAL PROFESSIONALS**

**FROM: MARK BECKMAN, EXECUTIVE DIRECTOR**

**RE: NEW MHSA PRE-PARTICIPATION PHYSICAL EXAM FORM**

Article II, Section (3) of the MHSA Handbook requires that a physical exam must be performed for each student in order for that student to be considered eligible for participation in an Association Contest. Physical exams must be completed prior to the first practice. This examination must be certified by a licensed medical professional acting within the scope and limitations of his/her practice. This certification is valid for a period of one school year. A physical examination conducted before May 1<sup>st</sup> is not valid for participation for the following school year.

The MHSA Executive Board approved a new pre-participation physical examination form on the recommendation of the MHSA Medical Advisory Committee. The form is more detailed and this format has been approved by a variety of medical professional groups. **Specifically, questions concerning the cardiac history and cardiac health of the student have been added (questions 6-15). The MHSA Medical Advisory Committee strongly recommends that if any of those questions are answered affirmatively the student be referred to the appropriate medical professional for further screening.**

The MHSA pre-participation form is the only form that will be allowed for the student's exam (no other forms will be accepted). The following process should be followed:

- Parent(s)/Legal Guardian(s) and each student should fill out the questionnaire and history portion of the form together, which is the front page of the MHSA pre-participation physical examination form.
- The student must sign this form confirming that he/she was involved in the completion process.
- The form goes to the medical provider for use during the examination.
- The medical provider reviews the form with the student and parent/guardian, performs the exam and makes the decision on whether to clear the student for participation. A signature from the medical provider is required.
- The physical exam form is given to the parent/guardian. He/she must sign the permission and release section of the form for final clearance.
- The completed pre-participation physical exam form is given to the appropriate school administrator.

The MHSA is committed to the safety and health of our student activity participants and believes this new form will facilitate that objective.

If you have any questions regarding the new pre-participation examination form please contact me or Brian Michelotti, MHSA Assistant Director.

# MHSA CONFIDENTIAL ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

See Montana High School Association, Article II, Section (3), Physical Exam. A physical examination is required for each student in order to be considered eligible for participation in an Association contest. Physical examinations must be completed prior to the first practice. This examination must be certified by a licensed medical professional acting within the scope and limitations of his/her practice. This certification is valid for a period of one school year. **A physical examination conducted before May 1<sup>st</sup> is not valid for participation for the following school year.** All information is to remain confidential.

**HISTORY – To be completed by the student and parent(s).**

## QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (PLEASE PRINT)

Name _____	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Grade _____	Date of Birth _____
Home Address _____	Phone Number _____			
Parent's Name _____	Family Physician _____			
Current School _____	Date _____			
Student Signature _____				

**Explain "Yes" answers below. Circle questions to which you don't know the answer.**

Yes No

1. Has a doctor ever denied or restricted your participation in sports for any reason? ☐ Yes ☐ No
2. Do you have an ongoing medical condition (like diabetes or asthma)? ☐ Yes ☐ No
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? ☐ Yes ☐ No
4. Are you taking medicine for ADHD? ☐ Yes ☐ No
5. Do you have allergies to medicines, pollens, foods, or stinging insects? ☐ Yes ☐ No
6. Have you ever passed out or nearly passed out DURING exercise? ☐ Yes ☐ No
7. Have you ever passed out or nearly passed out AFTER exercise? ☐ Yes ☐ No
8. Have you ever had discomfort, pain, or pressure in your chest during exercise? ☐ Yes ☐ No
9. Does your heart race or skip beats during exercise? ☐ Yes ☐ No
10. Has a doctor ever told you that you have (circle all that apply):  
 High blood pressure      A heart murmur  
 High cholesterol      A heart infection
11. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram) ☐ Yes ☐ No
12. Has anyone in your family died for no apparent reason? ☐ Yes ☐ No
13. Does anyone in your family have a heart problem? ☐ Yes ☐ No
14. Has any family member or relative died of heart problems or of sudden death before age 50? ☐ Yes ☐ No
15. Does anyone in your family have Marfan syndrome? ☐ Yes ☐ No
16. Have you ever spent the night in a hospital? ☐ Yes ☐ No
17. Have you ever had surgery? ☐ Yes ☐ No
18. Have you ever had an injury, like a sprain, muscle or ligament tear or tendonitis that caused you to miss a practice or game: If yes, circle affected area below:  
☐ Yes ☐ No
19. Have you had any broken or fractured bones, or dislocated joints? ☐ Yes ☐ No  
 If yes, circle below:
20. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? ☐ Yes ☐ No  
 If yes, circle below:

Head	Neck	Shoulder	Upper arm	Elbow	Forearm	Hand / fingers	Chest
Upper back	Lower back	Hip	Thigh	Knee	Calf/shin	Ankle	Foot / toes

21. Have you ever had a stress fracture? ☐ Yes ☐ No
22. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? ☐ Yes ☐ No
23. Do you regularly use a brace or assistive device? ☐ Yes ☐ No
24. Has a doctor ever told you that you have asthma or allergies? ☐ Yes ☐ No

25. Do you cough, wheeze, or have difficulty breathing during or after exercise? ☐ Yes ☐ No
26. Is there anyone in your family who has asthma? ☐ Yes ☐ No
27. Have you ever used an inhaler or taken asthma medicine? ☐ Yes ☐ No
28. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? ☐ Yes ☐ No
29. Have you had infectious mononucleosis (mono) within the last month? ☐ Yes ☐ No
30. Do you have any rashes, pressure sores, or other skin problems? ☐ Yes ☐ No
31. Have you had a herpes skin infection? ☐ Yes ☐ No
32. Have you ever had a head injury or concussion? ☐ Yes ☐ No
33. Have you been hit in the head and been confused or lost your memory? ☐ Yes ☐ No
34. Have you ever had a seizure? ☐ Yes ☐ No
35. Do you have headaches with exercise? ☐ Yes ☐ No
36. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? ☐ Yes ☐ No
37. Have you ever been unable to move your arms or legs after being hit or falling? ☐ Yes ☐ No
38. When exercising in the heat, do you have severe muscle cramps or become ill? ☐ Yes ☐ No
39. Has a doctor told you that your or someone in your family has sickle cell trait or sickle cell disease? ☐ Yes ☐ No
40. Have you had any problems with your eyes or visions? ☐ Yes ☐ No
41. Do you wear glasses or contact lenses? ☐ Yes ☐ No
42. Do you wear protective eyewear, such as goggles or a face shield? ☐ Yes ☐ No
43. Are you happy with your weight? ☐ Yes ☐ No
44. Are you trying to gain or lose weight? ☐ Yes ☐ No
45. Have anyone recommended you change your weight or eating habits? ☐ Yes ☐ No
46. Do you limit or carefully control what you eat? ☐ Yes ☐ No
47. Do you have any concerns that you would like to discuss with a doctor? ☐ Yes ☐ No

### FEMALES ONLY

48. Have you ever had a menstrual period? ☐ Yes ☐ No
49. How old were you when you had your first menstrual period? \_\_\_\_\_
50. How many periods have you had in the last year? \_\_\_\_\_

**Explain "Yes" answers here:**

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**Allergies:** \_\_\_\_\_  
**Immunizations:** (eg, tetanus/diphtheria; measles, mumps, rubella; hepatitis A, B; influenza; poliomyelitis, pneumococcal; meningococcal, varicella)

Date of last known tetanus shot: \_\_\_\_\_



# **PROVIDER'S PHYSICAL EXAMINATION FORM**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ BP: Left Arm \_\_\_\_\_ / \_\_\_\_\_ Right Arm \_\_\_\_\_ / \_\_\_\_\_

Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Y N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

	NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>			
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Hernia			
Skin			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hands/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

\*Multiple examiner set-up only.

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **CLEARANCE**

- ☐ Cleared without restriction
- ☐ Cleared with recommendations for further evaluation or treatment for: \_\_\_\_\_

☐ Not cleared for ☐ All sports ☐ Certain sports \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

\_\_\_\_\_

Name of physician/medical provider [print or type] \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician/medical provider \_\_\_\_\_

## **PARENT'S OR GUARDIAN'S PERMISSION AND RELEASE**

I certify that the information provided by the student/parent(s) is accurate to the best of my knowledge. I hereby give my consent for the above student to engage in approved athletic activities as a representative of his/her school, except those indicated above by the licensed professional. I also give my permission for the team physician, athletic trainer, or other qualified personnel to have access to information provided here as well as to give first aid treatment to this student at an athletic event in case of injury. If emergency service involving medical action or treatment is required and the parents(s) or guardian(s) cannot be contacted, I hereby consent for the student named above to be given medical care by the doctor or hospital selected by the school.

Typed or printed name of parent or guardian \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Insurance (Company name) \_\_\_\_\_

Parent's Home Phone \_\_\_\_\_

Parent's Work Phone \_\_\_\_\_

Parent's Cell Phone \_\_\_\_\_

Additional Phone (if any-specify) \_\_\_\_\_

**ALL INFORMATION IS TO REMAIN CONFIDENTIAL**

(Updated 3/10)