

**CLARK COUNTY PUBLIC SCHOOLS ATHLETIC DEPARTMENT**  
**PARENT/STUDENT-ATHLETE PACKET**

**FORMS INCLUDED:**

- *Parent/Guardian Code of Conduct*
- *Student-Athlete Code of Conduct*
- *Parent and Coach Relationship*
- *MRSA Information Sheet*
- *Acknowledgement Signature Sheet*
- *KHSAA Physical Form*
- *Drug Testing Consent Form*
- *School-Related Student Trip Permission Slip and Medical Release Form*

**\*A current and up to date physical must be submitted to the head coach before being allowed to participate in tryouts for any Clark County Public School athletic team sanctioned by the KHSAA. All forms must be completed and submitted back to the head coach to be put on file.**

## Clark County Schools Parent/Guardian Code of Conduct

1. I hereby pledge to provide positive support, care, and encouragement for my child participating in sports by following this Parent/Guardian Code of Conduct.
2. I will model good sportsmanship, always casting a positive light on our team, school, and community.
3. I promise to help my child enjoy the sport's experience by attending as many games as possible being a respectable fan, and transporting my child to and from practices as needed.
4. I will place the emotional and physical well-being of my child ahead of winning the game. I will do my very best to make sports fun for my child and will attempt to relieve the pressures associated with winning and losing.
5. I will support coaches and officials who work with my child in order to encourage a positive and enjoyable team experience for all.
6. I acknowledge that decisions about playing time are the sole responsibility of the coach and that any discussions about playing time are to be based on changes and/or improvements that my child needs to make if he/she is to earn more playing time.
7. I acknowledge that discussions about the performance of student athletes, other than my own child, are not appropriate and I will refrain from such discussions.
8. I will teach my child to respect other players, coaches, fans, and officials, regardless of race, sex, creed, or ability.
9. I will demonstrate positive support for all players, opponents, coaches, and officials at every game, practice or other sporting events.
10. I will encourage, not criticize the performance of the team, or a member of the team immediately after a game.
11. If my child has concerns about his or her role on the team I will encourage my child to talk to the coach first before I call the coach to discuss the matter. If an issue arises at a game or practice that I feel needs to be addressed then I will schedule an appointment with the coach to address the issue appropriately. Noting that playing time, team strategy, and or other student athletes positions or performance are not appropriate topics for discussion.
12. I will immediately report to the head coach and principal any incident of hazing reported by my child or any other student-athlete.

***In the event that any adult acts in a way counter to the spirit of Code of Conduct, the school principal has the authority to issue appropriate actions. Such actions could be, but are not limited to, game/season/school year prohibition from attendance at any school sponsored extracurricular activity.***

## Clark County Schools Student-Athlete Code of Conduct

1. I hereby pledge to provide positive support, care, and encouragement for my team and coaches by following this Student-Athletic Code of Conduct.
2. I will model good sportsmanship in a way that casts a positive light on our team, school and community.
3. I will place academic achievements as the highest priority and therefore will dedicate myself to be a scholar-athlete. I will seek help when I need it or when I'm struggling academically.
4. I acknowledge that decisions about playing time are the sole responsibility of the coach and that any discussions about playing time are to be directed to my head coach.
5. I am aware that nothing worthwhile is accomplished without hard work and a sincere desire to succeed. This means making a commitment to attend all practices and games, and being willing to sacrifice one's own desires for the good of the team.
6. I will respect my teammates and opponents, coaches, fans, and officials regardless of race, sex, creed, or ability.
7. I will respect all equipment and facilities and be responsible for all issued equipment. I will return all equipment at the end of the season.
8. I will be a positive role model for others and will represent my family, school and community by following the student code of conduct at all times.
9. I will refrain from the use of alcohol, tobacco, and illegal drugs, anabolic steroids, or any illegal substance that could alter my natural physical development and/or performance.
10. I will refrain from the use of profanity, vulgarity, and other offensive language and gestures.
11. I will not participate in any form of hazing.

### **Parent/Coach Relationship**

Both parenting and coaching 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 our students. As parents, when your child becomes involved in our program, you have a right to understand the expectations placed on your child. This begins with clear communication from the coach of your child's team.

### **Communication You Can Expect From the Coach**

- Philosophy of the coach.
- Expectations the coach has for your child as well as all members of the team.
- Location and times of all practices and contests.
- Team requirements; i.e.: special equipment, off-season conditioning.
- Procedures should your child be injured during practices or contests.
- Discipline that results in the denial of your child's participation.

### **Communication Coaches Can Expect From Parents**

- Concerns expressed directly to the coach.
- Notification of any schedule conflicts well in advance.
- Specific concerns regarding a coach's philosophy and/or expectations.

As your child becomes more involved in the programs of the Clark County Public School system, they will experience some of the most rewarding moments of their lives. It is important to understand, however, that there may be times when things do not go the way you or your child wishes. At these times, discussion with the coach is encouraged.

### **Appropriate Concerns to Discuss with Coaches**

- The treatment of your child mentally and physically-
- Ways to help your child improve.
- Concerns about your child's behavior.

As a parent, it is very difficult to accept your child's not playing much as you may hope. Coaches are professionals. They make judgments 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. Other issues, such as those listed below must be left to the discretion of our professional staff.

### **Issues Not Appropriate to Discuss with Coaches**

- Playing time.
- Team strategy.
- Play calling and game strategy.
- Other student-athletes.

There are situations that arise that may require a conference between the coach and parent. This dialogue is encouraged. It is important that both parties have a clear understanding of the others position. When a conference is necessary, the following procedure should be used to help promote a resolution of the concern.

### **Procedure to Use in Discussing Concerns with a Coach**

1. Call (or email) to set up an appointment. Please keep in mind that most of our coaches are classroom teachers and meeting time during the academic day may be limited. Your coach's school phone number is 859-744-6111.
2. If the coach cannot be reached, please call the high school and inform them of your request to set up an appointment with the coach.
3. Please do not attempt to initiate a discussion or confront a coach before or after a contest or practice. This can be an emotional time for all parties. Meetings in this setting usually do not promote resolution.

### **The Next Step**

*What can a parent do if the meeting with the Coach did not provide a satisfactory resolution?*

1. Call and set up an appointment with the Principal and Director of Athletics to discuss the situation further with you, your son or daughter and the coach.
2. At this meeting, further appropriate steps can be discussed and determined.

## MRSA INFORMATION SHEET

### *What is MRSA?*

MRSA is a staph bacterium that is resistant to common types of antibiotics. Staph bacteria are one of the most common causes of skin infections and can cause pneumonia, surgical wound infections and bloodstream infections. These can become life-threatening infections if not treated properly. Recently, MRSA infection has become more common in the community setting.

### *What does MRSA infection look like?*

Staph infections often begin with an open wound—allowing the bacteria to enter the body and develop into an infection. Look for:

- Pimples, boils, or blisters which become red, swollen, painful, or have pus or other drainage
- Sometimes mistaken for spider bites
- Any cuts or scrapes on the body

### *Is MRSA infection treatable?*

Most staph and MRSA infections are treatable with antibiotics. If you go to our physician with a possible infection, ask them to culture the infection so they know what type of antibiotic to treat your infection. Drainage of skin boils or abscesses should only be done by a physician. DO NOT attempt to squeeze or drain a boil yourself. This will only spread the infection.

### *How to prevent MRSA or staph infection.*

MRSA or staph infections are spread through physical contact or touching surfaces the infection has come in contact with, i.e., sports equipment, tables, lockers, desk, etc.

- Clean with EPA registered cleaners (a list can be found at the EPA website) [www.epa.gov/oppad001/list\\_h\\_mrsa\\_vre.pdf](http://www.epa.gov/oppad001/list_h_mrsa_vre.pdf)
- PRACTICE GOOD HYGIENE! – Keep your hands clean by washing thoroughly with soap and water or using an alcohol-based hand sanitizer.
- Clean ALL cuts and scrapes daily with soap and water. Put over the counter triple antibiotic ointment on the wound and cover. This is especially important during physical activity when you are around other people. **Keep wound covered daily until it is totally healed.**
- AVOID contact with other peoples' wounds or discarded bandages.
- AVOID sharing personal items such as towels, clothing, and razors.
- Athletics:
  - show after practices or games
  - Take practice clothing home every night and wash in hot water with detergent. Dry clothing using a hot setting on the dryer Do not wear dirty clothing for practice games
  - DO NOT share equipment if it has not been wiped down first with an alcohol based sanitizer.
- Wash sheets, towels or clothing at home that has come in contact with your open wound in hot water.

I acknowledge that I have read and agree to follow the **Parent Code of Conduct, Student Athlete Code of Conduct, Parent /Coach Relationship Expectations, and the MRSA Information Sheet.**

I understand that MRSA can be a serious infection. I understand that precautions must be taken by the administration, coach, athletic trainer, athlete, and parent. I understand that with all precautions taken MRSA is not completely preventable but with following the guidelines on the MRSA info sheet within this packet, that we can reduce the risk of infection. I agree to follow the recommended precautions to help reduce the chance of infection.

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Student's Signature and Date

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Student's Printed Name

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Parent's Signature and Date

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Parent's Printed Name



**KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION**  
2280 Executive Drive, Lexington, Kentucky 40505  
Athletic Participation/Physical Examination Form/Consent and Release

**PART I - ATHLETE INFORMATION**

*(This part must be completed by the student)*

Name (Last, First, Initial) \_\_\_\_\_ School Year \_\_\_\_\_  
 Home Address (Street, City, State, Zip): \_\_\_\_\_  
 Gender \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Birth Place (County, State): \_\_\_\_\_

Attendance History

Grade	School Name	School Year	Varsity Play - (Yes/No)?
9			
10			
11			
12			

*I am planning to participate in the following (circle all you might try to play):*

- Baseball Basketball Cross Country Football Golf Soccer Softball Swimming Tennis  
 Track and Field Volleyball Wrestling Archery Bass Fishing Bowling Cheer Other

**PART II - MEDICAL HISTORY**

*Parent and student complete this part and present to the authorized health care provider before the physical.*

CHECK THE APPROPRIATE RESPONSE TO EACH ITEM:

- Have you ever been hospitalized?
- Have you ever had surgery of any kind (e.g., tonsillectomy).
- Are you presently taking any medications or pills?
- Do you have any allergies (medicine, bees, or other insects)?
- Have you ever passed out during exercise?
- Have you ever been dizzy during or after exercise?
- Have you ever had chest pain during or after exercise?
- Have you ever had high blood pressure?
- Have you ever been told you have a heart murmur?
- Have you ever had racing of your heart?
- Has anyone in your family died of heart problems before 50?.
- Do you have any skin problems? (itching, rashes, acne)
- Have you ever had a head injury?
- Have you ever been knocked out or unconscious?
- Have you ever had a seizure or suffer from epilepsy?
- Have you ever had a stinger, burner or pinched nerve?
- Have you ever had heat related problems?
- Have you ever been dizzy or passed out in the heat?
- Do you cough heavily, or breath heavily during activity?
- Do you use any special equipment (e.g., knee brace)?
- Have you had any problems with your eyes or vision?
- Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones?
- Are you missing one of any paired organs (e.g., eyes)
- Have you ever been diagnosed with any form of asthma?
- Are you using an inhaler for asthma?
- Are you diabetic?
- Do you administer insulin to yourself?
- Are you presently using tobacco in any form?
- Do you have a history of sickle-cell anemia in your family?
- Have you had any other medical problems?
- Have you had a medical problem or injury within the last year?
- Can you swim?
- When was your last tetanus shot?

YES	NO

Please explain any YES answers from questions 1-31:

**PART III - PHYSICAL EXAMINATION**

This part must be completed by an authorized health care provider named in Bylaw 2.

PATIENT NAME: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ PULSE \_\_\_\_\_  
VISION: R- 20/ \_\_\_\_\_ L- 20/ \_\_\_\_\_ BOTH- 20/ \_\_\_\_\_ CORRECTED? Y N

	Normal	Abnormal	Comment
HEART			
Rhythm (Regular/Irregular)			
Murmur (supine)			
Murmur (standing)			
ENT			
Lungs			
Skin			
Abdominal			
Genitalia			
Musculoskeletal			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back			
Knee			
Ankle			
Foot			
Dental			
Other			

After having reviewed the data above and the student's medical history, I make the following recommendations on participation in athletics:

1. Cleared \_\_\_\_\_
  2. Cleared after additional evaluation for \_\_\_\_\_
  3. Restricted from participating in the sports of \_\_\_\_\_
  4. Cleared only to participate in the sports of \_\_\_\_\_
- Recommendations/Restriction (attach additional if necessary) \_\_\_\_\_

In accordance with KHSAA Bylaws, I have examined the physical condition of the student and find the said student to be physically fit to practice for and participate in interscholastic athletic contests.

Authorized Signature \_\_\_\_\_

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

Provider's Name (please print)	_____
Address:	_____
City/State/Zip	_____
Phone	_____

**This Physical Examination is valid for one year from date administered, should be kept in a secure location until the student has exhausted eligibility, graduated from high school and reached the age of 18.**



**PART IV – CONSENT INFORMATION TO PARTICIPATE, ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE**

*The student and parent/guardian must read this statement carefully and sign where required. This form must be completed before the student participates (hereinafter including try out for practice and/or compete) in interscholastic athletics. This form should be kept in a secure location until the student has exhausted eligibility, graduated from high school and reached the age of 19.*

As parent/legal guardian, I agree to allow my child to participate in interscholastic athletics.

The student and parent/legal guardian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries, including but not limited to death, serious neck, head and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of the body, or effects to the general health and well being of the child. Because of these inherent risks, the student and parent/legal guardian recognize the importance of the student obeying the coaches' instructions regarding playing techniques, training and other team rules. By signing this form, the student and parent/legal guardian acknowledge that the student's participation is wholly voluntary and to having read and understood this provision.

The student and parent/legal guardian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and forever discharge the KHSAA and its officers, agents, attorneys, representatives and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or parent/legal guardian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student's participation in interscholastic athletics if due to the ordinary negligence of the Releasees.

The student and parent/legal guardian acknowledge that they have read and understood the KHSAA Bylaws 1 through 33 by distribution at <http://www.khsaa.org/handbook/>. Please be aware that a student is subject to the one-year period of ineligibility in Bylaw 6, otherwise known as the "Transfer Rule," upon participation in any varsity contest regardless of the amount of participation or lack thereof.

The student and parent/legal guardian agree to abide by the KHSAA Bylaws and Due Process Procedure as now enacted or later amended. The student and parent/legal guardian further acknowledge that they agree to abide by the rulings of the Commissioner, Assistant Commissioner, Hearing Officer and Board of Control.

The student and parent/legal guardian acknowledge that the student must have insurance coverage up to a limit of \$25,000 in order to be eligible to participate in interscholastic athletics.

The student and parent/legal guardian, individually and on behalf of this student, give the high school, the KHSAA and their representatives permission to release this student's demographic information (including motion picture and still photography) and participation statistics (including height, weight and year in school, participation history and other performance based statistics) and other information as may be requested, and agree that the student may be photographed or otherwise digitally or electronically captured during school-based competition and such image or other report may be used without permission or compensation.

The student and parent/legal guardian consent to this student receiving a physical examination as required by the KHSAA.

The student and parent/legal guardian, individually and on behalf of this student, consent to the high school and the KHSAA and their representatives to use and disclose the necessary personally identifiable information from the student's education records including academic, financial and health care information, to third parties including school representatives, coaches, athletic trainers, medical facilities, medical staffs, KHSAA legal counsel and the media, for the purpose of receiving proper/necessary medical care and complying with the KHSAA bylaws, including making determinations regarding eligibility to participate in interscholastic athletics and any administrative or legal proceedings resulting from participation or attempted participation in interscholastic athletics, without such disclosure constituting a violation of my rights under the Family Educational Rights and Privacy Act. I further release the high school, the KHSAA and their representatives from any and all claims arising out of the use and disclosure of said necessary personally identifiable information. I also agree to release to the high school, the KHSAA, and their representatives, upon request, the detailed and completed application for financial aid.

The student and parent/legal guardian, individual and on behalf of the student, hereby acknowledge that they are aware of and will review if desired, the education materials available through the KHSAA, the Centers for Disease Control and other agencies regarding education all individuals with respect to nature and risk of concussion and head injury, including the continuance of play after concussion or head injury.

The student and parent/legal guardian, individual and on behalf of the student, hereby consent to allow the student to receive medical treatment that may be deemed advisable by the high school, the KHSAA, and their representatives in the event of injury, accident or illness while participating in interscholastic athletics, including, but not limited to, transportation of the student to a medical facility.

**PART V - STUDENT AND PARENT/GUARDIAN ACKNOWLEDGMENT OF RISK, ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE AND EMERGENCY PERMISSION FORM**

*This part must be completed by student and custodial parent/guardian. This form must be reproduced in order for a copy to travel with respective athlete.*

**STUDENT AND PARENT/GUARDIAN ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE**

Students' Name (please print)

School

Student and Parent/Guardian Address including City, State and Zip

Signature of Student

Date

Please list above any health problems/concerns this student may have, including allergies (medications / others) and any medications presently being used

Name of Parent(s)/Guardian(s) who has/have custody of this student (please print)

Emergency Phone Number

Signature of Parent(s)/Guardian(s) who has/have custody of this student

Date

**REQUIRED INSURANCE INFORMATION (KHSAA Bylaw 2)**

Insurance Carrier

Policy Number

**EMERGENCY CONTACT INFORMATION**

Name (please print)

Relation to Student

Emergency Contact Address, including City, State and Zip

Daytime Phone

Cell Phone

**EMERGENCY TREATMENT INFORMATION**

The following information is recorded solely for potential hospitalization and emergency care needs and is not required to be recorded on this form. However, those failing to provide this information should be aware that this might be required by emergency treatment facilities prior to rendering service, and failure to provide could result in lack of appropriate care.

Social Security Number

Birth Date

*The student and parent/guardian must read this statement carefully and sign where required. This form must be completed before the student participates (hereinafter including try out for practice and/or compete) in interscholastic athletics. This form should be kept in a secure location until the student has exhausted eligibility graduated from high school and reached the age of 19.*

**Drug Testing Consent Form**

**STUDENT AND PARENT/GUARDIAN CONSENT TO PERFORM URINALYSIS FOR DRUG TESTING**

School (Please Print) \_\_\_\_\_

Student's Name (Please Print) \_\_\_\_\_

Parent/Guardian Name (Please Print) \_\_\_\_\_

We have read and understand the Clark County School Board policy dealing with Use of Alcohol, Drug and other Controlled Substances for athletes/drivers. I desire that:

\_\_\_\_\_ should be permitted to participate in any extracurricular, cocurricular activities and students who drive to school and use school parking facilities

I hereby voluntarily agree, individually and on behalf of \_\_\_\_\_, that my student is subject to the terms of this Board policy for as long as s/he exercises driving privileges or is a participant. On behalf of \_\_\_\_\_ and as a parent, I consent to the means and methods used to test under the policy and I waive any rights to nondisclosure of test records/information to the extent disclosure is required under the program and policy. I understand by signing this consent form I agree to be bound by the terms and conditions contained in Clark County Board Policy 09.423 and related applicable administrative procedures.

Student Participant Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

# George Rogers Clark High School

## Parent/Guardian Student–Athlete Concussion Statement Form

\_\_\_\_ I understand it is my responsibility to report all injuries and illnesses to the athletic trainer or team physician.

\_\_\_\_ After reading on concussion I further understand and agree to the following:

- A concussion is a brain injury, which I am responsible for to my team physician \_\_\_\_\_  
Or athletic trainer.
- A concussion can affect my ability to perform everyday activities, and affect reaction times, balances, sleep, and classroom performances. \_\_\_\_\_
- You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury. \_\_\_\_\_
- If I suspect a teammate has a concussion, I am responsible for reporting the injury to my team physician or athletic trainer. \_\_\_\_\_
- I will not and cannot return to play in a game or practice if I have received a blow to the head that result in concussion-related symptoms. \_\_\_\_\_
- Following a concussion, the brain needs time to heal. You are much more likely to have a repeat concussion if you return to play before your symptoms resolve. \_\_\_\_\_
- In rare cases, repeat concussion can cause permanent brain damage, and even death. \_\_\_\_\_
- **NO STUDENT ATHLETE WILL BE ALLOWED TO RETURN TO PLAY OR PRACTICE WITHOUT THE CLEARANCE FROM A LICENSE PHYSICIAN.**

GEORGE ROGERS CLARK HIGH SCHOOLS

\_\_\_\_\_  
(Last Name) (First Name) (Middle)

\_\_\_\_\_  
(Home Address) (Zip) (Home Phone #) OR CELL

PARENT/GUARDIAN: \_\_\_\_\_ WORK PHONE#: \_\_\_\_\_

EMERGENCY CONTACT: PHONE#:(\_\_\_\_) \_\_\_\_\_

PHYSICAL EXAM COMPLETED \_\_\_\_\_

GENDER: M F (circle one) (Birth date) \_\_\_\_\_

NUMBER OF YEARS IN: MIDDLE SCHOOL \_\_\_\_\_ HIGH SCHOOL YEAR \_\_\_\_\_ DATE

ENTERED 9TH GRADE: \_\_\_\_\_

NUMBER OF YEARS PLAYED VARSITY SPORTS COUNTING THIS YEAR: \_\_\_\_\_

\_\_\_\_\_  
(Home Address) (Zip) (Home Phone #) OR CELL

**PARENT PERMISSION/RELEASE – HIGH SCHOOL ATHLETICS**

I acknowledge receipt of a copy of the K.H.S.A.A. Eligibility Rules and Regulations and am familiar with these requirements. \_\_\_\_\_

I understand the personal safety of the student is of first importance to the school. In the event of needed professional medical care, I give my permission for a representative of the school to transport my child to the nearest medical facility and for staff of that facility to render treatment. \_\_\_\_\_

I agree to be responsible for equipment issued by the school and to return same property upon request by the school. \_\_\_\_\_

I consent for my child to participate in athletics during this school year and understand the school will pay NO medical or drug bills for accidents incurred in this activity/sport. \_\_\_\_\_

I have medical and hospital insurance with: \_\_\_\_\_ The Policy number is: \_\_\_\_\_

The K.H.S.A.A. carries a catastrophic policy on all athletics that provides coverage in excess of \$25,000.

This Permission/Release form MUST BE SIGNED, NOTARIZED AND RETURNED to the Athletic Department before the student will be permitted to participate.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
This form notarized the day of \_\_\_\_\_ 20 \_\_\_\_\_.

Notary Public M \_\_\_\_\_ Date \_\_\_\_\_

My commission expires on the day of \_\_\_\_\_ 20 \_\_\_\_\_

**GEORGE ROGERS CLARK HIGH SCHOOL**  
**2745 Boonesboro Road, Winchester, KY 40391 (859) 744-6111**

**2015-2016 School Year**

**STUDENT ATHLETE/EXTRACURRICULAR PARTICIPANT SOCIAL MEDIA POLICY**

George Rogers Clark High School student athletes and participants in school-sponsored extracurricular activities are representatives of the high school and community. The administration requires these students to exercise good judgment in their use of social media websites, and to conduct these activities in a responsible and respectful manner.

- It is impermissible for student athletes and participants in school-sponsored extracurricular activities to post information, photos, or other representations of sexual content, inappropriate behavior (e.g., drug or alcohol use, possession, or sales), inappropriate gestures, vandalism, stalking, or items that could be interpreted as demeaning or inflammatory.
- It is impermissible to create a serious danger to the safety of another person or making a credible threat of serious physical or emotional injury to another person.
- Student athletes and participants in school-sponsored extracurricular activities are required to abide by all team, group and organization policies, school policies, KHSAA rules, and CCPS policies when utilizing social media websites.
- For student athletes, it is impermissible to comment on injuries, officiating, coaching decisions or team matters that could reasonably be expected to be confidential to team members. This includes derogatory language or remarks that may harm teammates or coaches; other GRC student athletes, teachers, or coaches; and other schools' student athletes, coaches, or representatives, including comments that may disrespect opponents.
- For participants in school-sponsored extracurricular activities, it is impermissible to comment on decisions made by teacher sponsors or directors or group matters that could reasonable be expected to be confidential to group members. This includes derogatory language or remarks that may harm fellow group members, teacher sponsors or directors; other GRC club or group members, teacher sponsors or directors; other schools' participants, teacher sponsors, directors or representatives, including comments that may disrespect opponents or representatives from other schools.
- Student athletes and participants in school-sponsored extracurricular activities are required to follow all respective social media website rules.

**Best Practices and Reminders**

- Think twice before posting. If you wouldn't want your coach, teacher sponsor, parents, or future employer to see your post, don't post it.
- Be respectful and positive.
- Remember, many different audiences view your posts, including fans, children, local authorities, parents, faculty, etc.
- The Internet is permanent. Even if you delete something, it's still out there somewhere. Coaches and administrators monitor social media websites. Potential employers use these social media websites to screen candidates. Colleges/Universities may also use this information for admission purposes. Use the privacy/security settings made available on these sites.

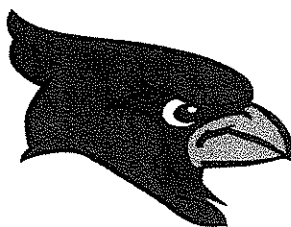
Violation of the Student Athlete/Extracurricular Participant Social Media Policy may result in disciplinary action-- including temporary or permanent suspension from the team, group or organization -- as determined by administration, head coach or teacher sponsor. Playing sports and participating in school-sponsored extracurricular activities are privileges and not rights. By signing below, the student and parent agree to abide by these rules.

\_\_\_\_\_  
Printed Student Name

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Parent Signature



**STUDENT-ATHLETE SOCIAL MEDIA POLICY** George Rogers Clark High School student-athletes are representatives of their family, their team, their high school, and their community. With that in mind, our student-athletes are expected to exercise good judgment in their use of social media, conducting themselves in a responsible and respectful manner. • It is impermissible for student-athletes to post information, photos, or other representations of sexual content, inappropriate behavior (e.g., drug or alcohol use), or items that could be interpreted as demeaning or inflammatory. • Student-athletes are required to abide by all team policies, school policies, and KHSAA rules when utilizing social media. • It is not permissible to comment on injuries, officiating, coaching decisions or team matters that could reasonably be expected to be confidential to team members. • Student-athletes are required to follow all respective social media rules.

### **Best Practices and Reminders**

- Think twice before posting. If you wouldn't want your coach, parents, or future employer to see your post, don't post it.
- Be respectful and positive.
- Remember, many different audiences view your posts including fans, children, local authorities, parents, faculty, etc.
- The internet is permanent. Even if you delete something, it's still out there somewhere. Coaches and administrators monitor social media websites. Potential employers use these social media websites to screen candidates.

Use the privacy/security settings made available on these sites. Violation of the Student-Athlete Social Media Policy may result in disciplinary action-- including temporary or permanent suspension from the team--as determined by administration and head coach. By signing below, the athlete and parent agree to abide by these rules.

Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**School-Related Student Trip Permission Slip and Medical Release Form**

Student's Name _____			
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
School _____	Grade _____	Homeroom/Classroom _____	
<input type="checkbox"/> All school-related trips for the _____ school year; OR			
<input type="checkbox"/> Field Trip Date(s) _____ Destination _____			
Alternate Destination, if applicable _____			
Mode of Transportation _____		Cost to Student, if applicable \$ _____	

I hereby give permission for my child to participate in the above-mentioned school-related student trip(s).

In addition, in the event of accident or sudden illness while on the school-related student trip, I authorize school personnel to contact the physician(s) listed on my child's school enrollment data forms and authorize those physician(s) to render such treatment as may be deemed necessary in an emergency for the health of said child. In the event physician(s), parent(s), or other persons designated by the parent cannot be contacted, school personnel are hereby authorized to take whatever action is deemed necessary in their judgment for the health of said child.

\_\_\_\_\_  
*Parent/Guardian's Signature*

\_\_\_\_\_  
*Date*

Please return this form to your child's teacher.

Review/Revised:6/16/2003