

JUNIOR HIGH AND SENIOR HIGH RELEASE AND PARTICIPATION FORM

To Be Read and Completed by Parent/Guardian - Please Print

Student's Name (Print)	Grade	Sex	Birth date
------------------------	-------	-----	------------

Your son/daughter has expressed a desire to participate in a Boise School District extracurricular/co-curricular activity. The information provided is vital for the successful experience. Please read the information carefully. If you have any questions, contact or call your child's advisor/coach or the school athletic director.

treatment on an emergency basis may be necessary and that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency medical care, including tests, x-rays, surgery, and hospital care as may be deemed necessary under the then existing circumstances.

FOR ATHLETIC PARTICIPATION ONLY:

1. Before a student is allowed to practice or check out uniforms, they are required to *READ*, *SIGN*, and *RETURN* the Release and Participation Information document to the appropriate head coach.

2. Each student must have on file a passed physical examination followed by a yearly interim questionnaire completed by the parent. The examination or questionnaire must be completed prior to beginning practice. Cost incurred for the physical examination will be the responsibility of the parent/guardian.

3. **NOTICE OF RISK:** Student athletes and the students' parent/guardian need to be aware that sport activities involve risk of injury. When an athlete practices, plays or participates in any sport, the activity can be dangerous. The student risks serious and permanent injury affecting their well being. Instruction given by the coach regarding playing techniques, training and team rules must be followed.

4. The Independent School District of Boise City is not liable nor responsible for any medical, dental or hospital bills occurring as a result of injuries sustained by a student while participating in a school athletic activity or sport. All injury related expenses shall be the responsibility of the student's parents/guardians.

(Check One)

- I have insurance that will pay for medical expenses if my son/daughter, _____ (First & Last Name) is injured while participating in a school sport.
- I have purchased one of the K&K Student Insurance Plans.
- I do not have insurance for my son/daughter and understand that the school district is *not* responsible and will *not* pay any doctor, hospital and medical expenses if my child is injured while participating in any school sport.

Recognizing that as a result of athletic participation, medical

ATHLETIC/EXTRACURRICULAR/CO-CURRICULAR ACTIVITY:

5. I give my permission for my son/daughter to participate in the following extracurricular/co-curricular activity. Please *circle* the activities your student will participate in this school year:

- | | | |
|-----------------|--------------|------------|
| Baseball | Tennis | Dance Team |
| Basketball | Track | Music |
| Cross Country | Volleyball | Speech |
| Football | Wrestling | Band |
| Golf | Cheerleading | Orchestra |
| Soccer | Choir | Swimming |
| Student Council | Debate | |
| Softball | Drama | |

6. All student participants are expected to conform to the rules of scholastic eligibility, participation and training as prescribed by the Idaho High School Activities Association, the Boise School District, the athletic coaching staffs and activity advisors. *This information will be reviewed prior to the start of the activity with each student participant. (Code of Conduct)*

7. Transportation:

- a. The school district provides transportation for participants both to and from the location of the contest/activity during the normal school day that is, activities immediately following the school day.
- b. Participants must be transported by district transportation to and from events scheduled outside the city if the events begin before 4:30pm.
- c. Students may ride home from an event with parents if the coach or advisor grants permission.
- d. Students may provide their own transportation for Boise/Meridian District activities scheduled *outside* the regular school day (4:30pm).
- e. Certain activities may warrant the use of private carriers if the proper owner-operator vehicle form is completed and on file in the principal's office.

I have read, understand, and will comply with all of the above information plus all District policies and procedures, including, but not limited to those listed in the Code of Conduct.

(First and Last Name) of Student	Date	Signature of Student
----------------------------------	------	----------------------

(First and Last Name) of Parent/Guardian	Date	Signature of Parent/Guardian
--	------	------------------------------

BOISE SCHOOL DISTRICT INTERIM QUESTIONNAIRE AND CONSENT FORM



PLEASE PRINT CLEARLY!

PERSONAL HISTORY

LAST NAME _____ FIRST _____ MIDDLE INITIAL _____ GENDER: M F

GRADE IN SCHOOL: 7 8 9 10 11 12 DATE OF BIRTH _____ HOME PHONE _____

ADDRESS _____ CITY _____ ZIP CODE _____

PARENT/GUARDIAN NAME _____ HOME PHONE _____

Mother / Father / Step-Parent

WORK PHONE _____

EMAIL _____

CELL PHONE _____

PARENT/GUARDIAN NAME _____ HOME PHONE _____

Mother / Father / Step-Parent

WORK PHONE _____

EMAIL _____

CELL PHONE _____

IN CASE OF AN EMERGENCY, IF PARENTS CANNOT BE CONTACTED PLEASE NOTIFY

NAME _____ RELATION _____ PHONE NUMBER _____

MEDICAL INFORMATION

ALLERGIES _____ HEALTH PROBLEMS _____

MEDICATIONS _____ LAST TETANUS _____ LAST PHYSICAL _____

FAMILY DOCTOR _____ PHONE NUMBER _____

SINCE HIS/HER LAST ATHLETIC PHYSICAL EXAMINATION, HAS THIS STUDENT...

	YES	NO		YES	NO
1) Had Surgery	_____	_____	6) Had A Concussion	_____	_____
2) Been Hospitalized	_____	_____	7) Been Unconscious	_____	_____
3) Been Under A Physician's Care	_____	_____	8) Allergic To Any Drugs	_____	_____
4) Had A Serious Illness	_____	_____	9) Developed Any Health Problems	_____	_____
5) Had Injury Requiring A Physician's Care	_____	_____			

PLEASE EXPLAIN ALL YES ANSWERS _____

INSURANCE INFORMATION

IS YOUR SON/DAUGHTER COVERED BY MEDICAID? _____ YES _____ NO

IS YOUR CHILD COVERED BY A FAMILY HEALTH INSURANCE POLICY? _____ YES _____ NO

PRIMARY INSURANCE COMPANY _____

DO YOU WISH TO PURCHASE SCHOOL HEALTH INSURANCE? _____ YES _____ NO

If YES, more information may be obtained from your son or daughter's school.

CONSENT FORM

- ◆ I hereby consent to the above named student-athlete participating in the Boise School District interscholastic athletic program. This consent includes travel to and from athletic contests and practice sessions.
- ◆ I hereby consent that the BSD Administrator, RN, Certified Athletic Trainer or Coach may apply first aid treatment for any injury or injuries sustained during practice or games in inter-school athletics sanctioned by the Boise School District, until the parents/guardians can be contacted.
- ◆ I hereby consent that in case the parents/guardians can't be reached, the BSD Administrator, RN, Certified Athletic Trainer or coach secure medical first aid, ambulance service, and if necessary emergency room care, when needed, as a result of injury during participation in sanctioned practices/games scheduled by the Boise School District.
- ◆ I hereby consent to the release of the information contained in this form to carry out treatment and healthcare operations for the above named student.
- ◆ I hereby consent to establishing baseline concussion assessment scores and post-concussion testing using the Head Injury Scale - Resolution (HIS-R), Standardized Assessment of Concussion (SAC), Balance Error Scoring System (BESS), and ImPACT (computerized neurocognitive assessment).
- ◆ I hereby consent to the release of medical information to other healthcare professionals upon request.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

My Participation in interscholastic athletics for the Boise School District is entirely voluntary on my part, and with the understanding that I have not violated any of the eligibility rules and regulations of the IHSAA.

SIGNATURE OF STUDENT ATHLETE _____ DATE _____



To learn more go to >> WWW.CDC.GOV/CONCUSSION

BOISE SCHOOL DISTRICT – CONCUSSION MANAGEMENT PLAN

Athletes participating in contact and collision sports will be baseline tested using a Graded Symptoms Checklist, Standard Assessment of Concussion (SAC), Balance Error Scoring System (BESS), and Neurocognitive Assessments.

Athletes participating in a sport that are suspected of a concussion will be removed from play. S/he may not return to sport until evaluated by the school's Athletic Trainer or other health care professional experienced in evaluation of concussion and cleared for return.

All athletes, regardless of who has evaluated them, will follow the return to play plan as outlined below and adopted by the Boise School District.

1. Check in daily with the athletic trainer to determine when they are free of symptoms based on the Graded Symptom Checklist
2. Remain symptom free for 2 consecutive days and be returned to "normal" learning environment in school (no accommodations)
3. Complete the Standard Assessment of Concussion (SAC), Balance Error Scoring System (BESS) and the Neurocognitive Assessments that will be read by trained experts who will compare to their baseline scores
4. Complete a Cardiovascular Stimulus test to determine if symptoms will return with physical exertion
5. Complete a 5 step graduated return to play protocol (Each step is a minimum of 1 day)
 - Step 1 – Light aerobic activity
 - Step 2 – Sport Specific exercise
 - Step 3 – Non-contact Drills
 - Step 4 – Full-contact practice with reduced repetitions
 - Step 5 – Full Release with no restrictions

PARENT/GUARDIAN & ATHLETE CONCUSSION INFORMATION ACKNOWLEDGEMENT



I, _____, by signing below, hereby acknowledge that the Boise School District has provided me with the necessary and appropriate education on concussion as mandated under subsection 33-1625, Idaho Code. The education included appropriate guidelines that identified the signs and symptoms of concussion and head injury, and described the nature and risk of concussion and head injury in accordance with standards of the Centers for Disease Control and Prevention.

I acknowledge that in addition to receiving the education designated in the above paragraph, that I understand the nature of concussion, the signs and symptoms of concussion, and the risks of allowing a student athlete to continue to play after sustaining a concussion.

Student Name (Please Print)	Student Signature	Date (mm/dd/yyyy)
Parent/Guardian Name (Please Print)	Parent/Guardian Signature	Date (mm/dd/yyyy)

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury – or TBI – caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head & brain to move quickly back & forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain & sometimes stretching & damaging the brain cells.

WHAT ARE SIGNS & SYMPTOMS OF CONCUSSION?

Signs & 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 an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with the permission from a health care professional experienced in evaluating for concussions.

Athlete Reported Symptoms:

- Headache or "Pressure" in the Head
- Nausea or Vomiting
- Dizziness or Balance Problems
- Blurry or Double Vision
- Sensitivity to Light
- Sensitivity to Noise
- Feeling Sluggish, Hazy, Foggy or Groggy
- Concentration or Memory Problems
- Confusion
- Just not "feeling right" or is "feeling down"

**"IT'S
BETTER TO
MISS ONE
GAME
THAN THE
WHOLE
SEASON"**

Signs Observed by Coaches:

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

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (even briefly should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Keep the athlete out of play the day of the injury & until a health care professional experienced in the evaluating for concussion says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on a computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

RESPECT, DIGNITY, HONESTY, RESPONSIBILITY AND TEAMWORK

CODE OF CONDUCT

DISTRICT CO-CURRICULAR AND EXTRACURRICULAR PHILOSOPHY

Education in the Boise School District has multiple responsibilities. The challenge is to meet as effectively as possible the needs and interests of all its pupils. The extracurricular and co-curricular programs are designed to enrich the educational experience and have the potential of contributing to the total development of each student in several ways.

- A. Participation in co-curricular and extracurricular activities provides experiences through which pupils learn social values. Co-curricular and extracurricular assemblies serve to teach students to act favorably in large groups. Knowledge of the activity, interpretation of rules, courtesy, school morale, respect for property, and many other values are stressed as desirable social outcomes.
- B. Co-curricular and extracurricular activities are conducted and regulated as other enterprises in society. These activities operate within a set of rules. Co-curricular and extracurricular activities offer the opportunity for parents, students, and other citizens of the community to mingle together with a common bond.
- C. Co-curricular and extracurricular competitions provide situations requiring skilled performance, respect for opponents, and acceptance of results determined by officials, according to rules. Experiences related to planning, organizing, adjusting and completion of tasks occur continually and are immediate in effect.

The co-curricular and extracurricular philosophy of the Boise School District is two-fold. First, to offer a program in which interested co-curricular and extracurricular student participants can try-out and work toward improving their skills and secondly, to provide a setting which encourages team members to use their skills in competition with others. The number of participants will be determined by skill level, availability of facilities, and qualified coaches.

Further, the purpose of co-curricular and extracurricular activities in the Boise School District is to help each participant:

- develop their potential to the maximum.
- build strong character traits including a respect for the rights of others.
- develop the understanding, skills, habits, and attitudes necessary for full enjoyment and appreciation of life.
- use of critical thinking and good judgment in teaching decisions.
- be open-minded and want to continue to learn.
- act upon an understanding of and loyalty toward our American democratic ideals.
- form good work habits and pride in careful workmanship.
- understand and follow good health and safety practices.
- expand and assist in the development of a philosophy of life.
- develop a sense of values.
- gain an appreciation of cultural and social diversity.

Students in co-curricular and extracurricular activities must adhere and abide by all Boise School District policies. The following list of policies includes, but is not limited to cover co-curricular and extracurricular activities. For more information please refer to *The Independent School District of Boise City Policy Manual CD* located in all District buildings and at www.boiseschools.org/trustees.

- District Mission, Vision, Values, Goals and Beliefs #1710
- Open Enrollment #3113
- Bullying, Hazing and Harassment #3231
- Drug, Alcohol and Tobacco Use # 3233
 - Drug, Alcohol and Tobacco Procedure #3233BP
- Abuse of District Property #3238
- Detection Dog Use #3261
- Corporal Punishment #3270
- Major Disciplinary Violations #3272
- Idaho High School Activities Association #3571
- Ninth Grade Participation in High School Interscholastic Activities #3574
 - Ninth Grade Participation in High School Interscholastic Activities Procedure #3574BP
- Non-Sanctioned Sports #3577
- Suspension from Extracurricular and Co-curricular Activities #3580
- Use of Private Automobiles for Trips #4222

I have read, understand and will abide by all District policies and procedures, including, but not limited to those listed above. Signing the Release and Participation form is mandatory prior to participation in co-curricular or extracurricular activities.

Suspension from Extracurricular and Co-curricular Activities

Participation in extracurricular and co-curricular activities is a privilege and not a right. As representatives of their school and District, students participating in such activities are expected to meet high standards of behavior. The Board believes that the safety and welfare of other students may be adversely affected when students who are involved in school activities commit major infractions or repeated minor infractions at school or during school activities, and/or are involved in drug use, hazing or other criminal conduct in any location. (BP 3850)

Activity Suspension for Drug Use or Other Criminal Conduct, in Any Location, During the Scholastic Year

A student may be suspended from extracurricular and co-curricular activities when it reasonably appears to the principal or designee that he/she has been involved with drug use, hazing or other criminal conduct **in any location, either on or off campus, during the scholastic year.** (BP 3580)

Consequences:

1. Students may be barred from any form of extracurricular or co-curricular activity for a period of time up to and including the remainder of their attendance in the District.
2. All students will be reported to the Superintendent or designee and, if applicable, to **the appropriate law enforcement agency.**
3. The parent/guardian may request an appeal as outlined in the "Appeal Process", Section VI of this policy and procedure #3580BP if the activity suspension exceeds nine (9) calendar days.
4. Extracurricular and co-curricular activity – students involved with hazing (BP 3231), drug use (BP 3233), and/or criminal activity (BP 3580) are subject to consequences.

Infractions Which Occur on Out-of-School Trips

During an out-of-school trip, if the authorized person in charge of the activity determines that a student should be sent home early because of criminal conduct, drug use or a major infraction, the Superintendent's designee will notify the parent/guardian, and ask him/her to take charge of the return of the student. The parent/guardian will assume any expenses incurred for the return of the student. (BP 3580)

School Related and Non-School Related Bullying, Hazing, and Harassment; Drug Use and Criminal Activity by Students In Extracurricular Or Co-Curricular Activities (BP 3231, 3580 & 3233)

A. Knowingly Present

1. First Offense: The school resource officer (SRO), principal, or designee:
 - a. will hold a conference with the student;
 - b. will notify the student's parent/guardian of the policy violation;
 - c. may arrange a conference with the parent/guardian and the student; and
 - d. will inform the student and parent/guardian of consequences for future violations of the policy.

B. Securing, Using, Possessing

1. First Offense

- a. The principal or designee may require twenty-one (21) calendar days of activity suspension.
- b. If the student completes a drug assessment, the suspension may be reduced to fourteen (14) calendar days of activity suspension.
- c. If the student completes a District approved drug education class, the suspension may be reduced to ten (10) calendar days of activity suspension.
- d. If the student and a parent/concerned adult completes a District approved drug education class, the suspension may be reduced to seven (7) calendar days of activity suspension.

2. Second Offense: The principal or designee may choose one or any combination of the following:

- a. recommend and require an activity suspension for the balance of the scholastic year;
- b. require twenty-one (21) calendar days of activity suspension; or
- c. require compliance with a drug behavior contract.

3. Third and Subsequent Offenses: The student is subject to the consequences outlined by the principal or designee. This may include:

- a.. Recommend expulsion; or
- b. Recommend extended suspension and require an activity suspension up to the remainder of the student's attendance in the District.
- c.. Require compliance with a drug behavior contract.