



DIETRICH SCHOOL DISTRICT NO. 314
406 North Park
Dietrich, Idaho 83324
Phone: (208) 544-2158 Fax: (208) 544-2832

Contract for Participation in Extra-Curricular Activities

Extra curricular activities and student government offices help make up the total educational program. As a participant I must discipline my conduct at school and in the community so that I represent my school as a citizen in good standing. I understand undesirable conduct, which would place me in poor standing, and unacceptable conduct as listed below could make me ineligible or that activity.

1. Use of obscene language or gestures.
2. Visible and/or vocal disrespect for those in authority.
3. Theft
4. Un-sportsmanlike conduct at school or at school activities.
5. Cheating
6. Intimidation, coercion, or disrespect for fellow students.
7. Fighting
8. Possession or use of alcoholic beverages.
9. Possession or use of tobacco; i.e.: smoking, chewing, etc.
10. Possession or being under the influence of illegal drugs, or other substance abuse.
11. Willful destruction of school property.
12. Association with individuals/groups who are willfully violating these rules.

Academic Eligibility Policy

At Dietrich Junior/High School, we believe that extra-curricular activities complement the classroom academic work and help students learn life skills. Because academic performance is the top priority, failing grades will affect eligibility to participate. In order to be eligible for extra-curricular participation, students enrolled in Dietrich School shall adhere to the following:

- A. Comply with all Idaho High School Athletic Association (IHSAA) rules and regulations. IHSAA Academic Eligibility Policy 8-1.
- B. Grade checks will commence the second week of school, and will continue every two weeks thereafter. Grades checked will be cumulative semester grades. Therefore, if a student is found to be ineligible at a grade check, they will be ineligible for a minimum of one week, grade checks for ineligible students will take place on off weeks.
- C. Any student that has one or more grades that are below 65% will be placed on warning for two weeks. The student is eligible to practice and participate in contests during the warning period.
- D. If the student's grade is still below 65% after the warning period is over, they will be put on academic probation. The student is permitted to attend and participate in practices during the probation period, but is ineligible to participate in actual extra-curricular contests/activities. This includes but is not isolated to not riding game buses or sitting with teams during probation. The Athletic Departments view on this is that said student/athlete should use this time to study and bring grades up to the 65% mark. The academic probation period will continue until all grades are brought to 65% or above.
- E. Students may appeal academic probation by setting up a meeting with the Principal, Teacher, Coach, and Parent, where an alternative probation contract may be set up on a case by case basis.
- F. Students who have 10 absences will be ineligible to participate in athletic events for the remainder of the semester. The student will have the opportunity to go before an athletic board consisting of the principal, coach, and team captain to state his/her case for remaining on, and participating with the team.
- G. A student who is eligible at the end of regular season play will remain eligible for post season play (tournaments).

I consent to participate in the random drug testing policy and will be subject to all rules that apply!

 Student Signature

 Parent/Guardian Signature

Date: _____



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Coach/Parent Athletic Contract

Welcome to the Dietrich interscholastic athletic program. The Dietrich athletic program encourages good sportsmanship at all levels, including coaches, participants, parents and spectators. Coaches, parents and spectators are expected to set an example of good sportsmanship for the athletes.

Any patron/parent with a concern needs to understand that the coach is responsible and in charge of that sport. The coach should be the first person to be contacted with concerns. The proper time to address these concerns should be a private scheduled meeting at the convenience of both parties. This is not to happen before, during, or after a practice or contest without both parties agreeing to this in advance.

If, after the coach and parents meet and issues cannot be resolved, the chain of command is to see the A.D., Principal, Superintendent and finally the School Board at an official school board meeting arranged by the Superintendent.

Any person who behaves in an unsportsmanlike manner during a school-sponsored event may be ejected from the event that person is attending. Further, the individual may be denied admission to all school events for up to one year, upon the direction of the School Board.

Examples of unsportsmanlike conduct include, but most certainly are not limited to:

1. Using vulgar or obscene language or gestures.
2. Possessing or being under the influence of illegal drugs or alcohol.
3. Possessing a weapon.
4. Assaulting or fighting another person.
5. Engaging in any activity which is illegal or disruptive to the educational process.
6. Failing to obey School District authority.
7. Derogatory, demeaning, threatening, or harassing remarks directed toward School District employees, coaches, players, or officials.

The Superintendent may seek to deny future admission to any person who has violated our sportsmanship standards by delivering or mailing a notice, sent by certified mail with return receipt requested, containing:

1. The date, time, and place of the School Board hearing.
2. A description of the unsportsmanlike conduct.
3. The proposed length of time that admission to school events will be denied.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



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Dear Parents/Guardians:

NOTE: THIS FORM MUST BE COMPLETED BY ATHLETES AND RETURNED TO THEIR COACH PRIOR TO BEGINNING PRACTICE:

ACCORDING TO BOARD POLICY, ALL STUDENTS IN GRADES 6-12 NEED TO FURNISH PROOF OF SOME TYPE OF HEALTH AND ACCIDENT INSURANCE COVERAGE PRIOR TO PARTICIPATING IN ATHLETICS.

The insurance coverage may be from a private carrier, such as Blue Cross, Blue Shield, and Medicaid etc. or may be obtained from a carrier that offers supplementary insurance to schools. The company authorized in this District is:

Special Markets Insurance Consultants, Inc.
(Underwritten by Gerber Life Insurance Company)
1055 Main Street Ste 101
Stevens Point, WI 54481

To apply for coverage, please enroll on-line with a credit card at www.k12specialmarkets.com or complete the form available at the Dist. Office, mail it, along with your check or money order to the above address. (Please, make checks/money orders payable to: Gerber Life Insurance Company, *Please write student's name on the front of check)

Students planning to participate in either volleyball, football, cross country, basketball, track or cheerleading will be informed of this supplementary insurance at their first meeting with the coaches. Insurance from SMIC is obtained directly from the company and not through the School District. Forms may be requested from the School office.

NOTE: It is important to note that the District does not cover students for injuries at school, other than catastrophic insurance and liability insurance. Specifically, "It is the policy of the Dietrich School District #314 that the School District does not provide medical insurance to automatically pay for medical expenses when students are injured at school. This is the responsibility of the parents or legal guardians. The District carries only legal liability insurance."



My student: _____ is covered for health and accident.
(name of student)

By: _____ insurance company.
(name of company)

(Parent/guardian Signature)

(Date)



INTERIM QUESTIONNAIRE

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

Name: _____ Date of birth: _____ Sex: M / F
Address: _____ Phone: _____
School: _____ Participation Grade: _____

MEDICAL HISTORY

SINCE LAST PHYSICAL EXAMINATION, HAS THIS STUDENT:

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

	Yes	No
1. Had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
2. Been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
3. Been under a physician's care	<input type="checkbox"/>	<input type="checkbox"/>
4. Had serious illness?	<input type="checkbox"/>	<input type="checkbox"/>
5. Had an injury requiring a physician's care?	<input type="checkbox"/>	<input type="checkbox"/>
6. Been rendered unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
7. Been diagnosed with a concussion?	<input type="checkbox"/>	<input type="checkbox"/>
8. Started taking any new medications?	<input type="checkbox"/>	<input type="checkbox"/>
9. Developed any new drug allergies?	<input type="checkbox"/>	<input type="checkbox"/>
10. Developed any health problems?	<input type="checkbox"/>	<input type="checkbox"/>

Explain "YES" answers: _____

CONSENT FORM

(Parent or guardian and student permission and approval)

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

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

Name: _____ Address: _____
City: _____ Zip: _____
Phone: _____

PARENT OR GUARDIAN SIGNATURE _____ DATE: _____

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

SIGNATURE OF STUDENT _____ DATE: _____

Note: The original copy of this form **MUST** be returned to the school

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”**

Coach Observed Signs:

- 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.



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

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)