

Students who participate in extra-curricular and co-curricular activities serve as ambassadors of the Waukee Community School District throughout the calendar year, whether away from or at school. Students who wish to exercise the privilege of participating in extra-curricular or co-curricular activities must conduct themselves in accordance with board policy and must refrain from activities that are illegal, unhealthy or highly inappropriate. Participating in these extra-curricular or co-curricular activities is a privilege, conditioned not only upon meeting the eligibility criteria established by the Board, administration and individual activity coaches and sponsors, but by demonstrating lawful and reasonable conduct. This policy shall be in effect for the entire calendar year (365 days), both during the regular school year, as well as, all vacation periods.

The following activities are covered by the Board's policy and these rules: Athletics, Instrumental and Vocal Music Contest, Drama Productions, Speech Contests, State Contests, and Performances for Cheerleading and Drill Team, or any other activity where the student represents the school district outside the classroom.

A. It is a violation of the District's Good Conduct Rule to:

- Item 1: Possess alcoholic beverages with knowledge, intent and control thereof;
- Item 2: Consume alcoholic beverages;
- Item 3: Possess controlled substances as they are defined by the Code of Iowa, without a legal prescription, and with the knowledge, intent and control thereof;
- Item 4: Use controlled substances, as they are defined by the Code of Iowa, and without a legal prescription;
- Item 5: Possess tobacco, in any form, with the knowledge, intent and control thereof;
- Item 6: Use tobacco, in any form;
- Item 7: Commit theft, vandalism or any act that would be a violation of the law and grounds for arrest or citation in the criminal or juvenile court system, excluding minor traffic offenses, regardless of whether the student was cited, arrested, convicted or adjudicated of the act(s);

B. A student will be found to be in violation of the District's Good Conduct Rule if the violation is observed by a staff member or a law enforcement official, the student admits the violation or the violation is supported by substantial evidence presented in a judicial or administrative proceeding.

C. A student who has been found to have violated the Good Conduct Rule shall be penalized as follows:

First Offense

Student will undergo an assessment by an evaluation agency approved by the Waukee Community School District. Assessment arrangements are to be made, and fees and expenses are to be paid, by the student and/or parent(s). The student shall be responsible for providing the Activities Director with written verification that the required assessment has been completed.

The student will be suspended from competition for 25% of the current extra-curricular or co-curricular activity season (including any post season competition). If the student is not competing in an activity at the time of the violation, the penalty will be enforced during the next activity the student is involved in. The before-mentioned activity's season must be completed in good standing with the coach for the suspension to be served.

A student who self-reports or admits his/her Good Conduct Rule violation in a good-faith and honest manner, prior to being confronted by the Activities Director or not more than 24 hours after the Activities Director begins questioning students about the same incident, may receive a reduced penalty for a first offense from suspension of 25% of an activity season to 10% of an activity season.

Second Offense

Student will undergo an assessment by an evaluation agency approved by the Waukee Community School District. Assessment arrangements are to be made, and fees and expenses are to be paid, by the student and/or parent(s). The student shall be responsible for providing the Activities Director with written verification that the required assessment has been completed.

The student will be suspended from competition for 100% of the current extra-curricular or co-curricular activity season (including any post season competition) or a period not to exceed (6) months. If the student is not competing in an activity at the time of the violation, the penalty will be enforced during the next activity the student is involved in. The before-mentioned activity's season must be completed in good standing with the coach for the suspension to be served.

A student who self-reports or admits his/her Good Conduct Rule violation in a good-faith and honest manner, prior to being confronted by the Activities Director or not more than 24 hours after the Activities Director begins questioning students about the same incident, may receive a reduced penalty for a second offense from suspension of 100% of an activity season to 50% of an activity season.

Third Offense

Student will undergo an assessment by an evaluation agency approved by the Waukee Community School District. Assessment arrangements are to be made, and fees and expenses are to be paid by the student and/or

parent(s). The student shall be responsible for providing the Activities Director with written verification that the required assessment has been completed.

The student will be suspended from competition in all extra-curricular or co-curricular activities for a period of one year (including any post season competition), effective honest manner, prior to being confronted by the Activities Director or not more than 24 hours after the Activities Director begins questioning students about the same incident, may receive a reduced penalty for a third offense from suspension of one year in all extra-curricular or co-curricular activities to suspension of 100% of an activity season.

Fourth Offense

The student will be suspended from competition in all extra-curricular or co-curricular activities for the remainder of his/her high school career.

Determination and Appeal Process

A student who has allegedly violate the Good Conduct Rule will be notified of the alleged violation of the Good Conduct Rule, the information which supports the allegations and will be given an opportunity to respond. Upon a review of all to evidence and circumstances, the Activities Director will make a decision regarding the alleged violation of the Good Conduct Rule. If the Activities Director determines that the student has violated the Good Conduct Rule, the Activities Director will then determine a period of ineligibility.

Whenever a student is declared ineligible under the Good Conduct Rule, the following procedures shall apply:

1. A conference will be held with the Activities Director and the student. At that time, the length of the period of ineligibility and a specific explanation of the reasons for ineligibility will be discussed. The offense and the consequences will thereafter be put in writing and sent to the student and parent(s). If the student or parent(s) do not wish to appeal the ineligibility decision, the Activities Director's decision will be in effect and be considered final.
2. If the student or his/her parent(s) wish to appeal the decision of the Activities Director, they may appeal the Activities Director's decision to the Building Principal. The request for the appeal must be received by the Building Principal, in writing, within seven (7) business days of the date on which the student was declared ineligible

by the Activities Director. The Building Principal shall consider the circumstances and evidence of the case and shall make a decision which will be communicated in writing to the student, parent(s) and Activities Director. The decision of the Building Principal shall be made within fourteen (14) business days following the date on which the appeal was received.

3. If the student or parent(s) wish to appeal the Building Principal's decision, they must do so in writing to the Superintendent within three (3) business days of the receipt of the Building Principal's decision. The Superintendent shall consider the circumstances and evidence of the case and shall make a decision, which will be communicated in writing to the student, parent(s), Activities Director and Building Principal. The decision of the Superintendent shall be made within fourteen (14) business days following the date on which the appeal was received.
4. If the student or parent(s) wish to appeal the Superintendent's decision, they must do so in writing to the Board of Education within three (3) business days of the receipt of the Superintendent's decision. The appeal shall be heard by the Board at the earliest feasible opportunity, but no later than seven (7) business days following the date on which the appeal was received by the Board Secretary.
5. The Board shall schedule a special meeting for the purpose of conducting a formal hearing with all individuals involved. At the hearing, both the student and his/her parent(s) and the administration will have an opportunity to meet and present evidence and information in support of their position. The appeal will be conducted in closed session, unless the student or parent(s) request that it be conducted in open session. However, any formal action by the Board of Directors must be taken at an open meeting. The Board shall issue a written decision after the hearing, which includes findings of fact and conclusions.
6. During the appeal procedure the student will be ineligible from participating in any extra-curricular or co-curricular activities.

PLEASE DETACH AND SIGN THIS PAGE AND RETURN TO THE ACTIVITIES OFFICE.

I am aware of the Waukee Community School District's Good Conduct Rule.

STUDENT NAME (please print)

DATE

GRADE

STUDENT SIGNATURE

PARENT SIGNATURE

(This form will be on file at the Waukee High School Activities Office throughout all 2007-2008 school year and will apply to all activities your son/daughter participates in during the school year).

ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

ARTICLE VII 36.14(1) PHYSICAL EXAMINATION. Every year each student (grades 7-12) shall present to the student superintendent a certificate signed by a licensed physician and surgeon, osteopathic physician and surgeon, osteopath, advanced registered nurse practitioner (ARNP), physician's assistant or qualified doctor of chiropractic, to the effect that the student has been examined and may safely engage in athletic competition.

This certificate of physical examination is valid for the purposes of this rule for one (1) calendar year. A grace period, not to exceed thirty (30) days, is allowed for expired certifications of physical examination.

QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (Please type or print this information)

Name _____ Male _____ Female _____ Date of Birth _____ Grade _____

Home Address _____ Phone # _____

Parent's/Guardian's Name _____ Date _____

Family Physician _____ Phone # _____

HEALTH HISTORY (The following questions should be completed by the student-athlete with the assistance of a parent or guardian. A parent or guardian is required to sign on the back of this form after the physical examination is completed.)

- | | Yes | No | Has this student had any? | | Yes | No | Has this student had any? |
|-----|-------|-------|---|-----|-------|-------|---------------------------------|
| 1. | _____ | _____ | Chronic or recurrent illness or injury? | 15. | _____ | _____ | Asthma? |
| 2. | _____ | _____ | Any illness lasting more than one (1) week? | 16. | _____ | _____ | Epilepsy or other seizures? |
| 3. | _____ | _____ | Rheumatic fever, mononucleosis? | 17. | _____ | _____ | Diabetes? |
| 4. | _____ | _____ | Hospitalizations (Overnight or longer)? | 18. | _____ | _____ | Eyeglasses or contact lenses? |
| 5. | _____ | _____ | Surgery, other than tonsillectomy? | 19. | _____ | _____ | Dental braces, bridges, plates? |
| 6. | _____ | _____ | Missing organs (eye, kidney, testicle)? | | | | |
| 7. | _____ | _____ | Allergy to medications, insects, food? | | | | |
| 8. | _____ | _____ | Seasonal allergies (hay fever)? | | | | |
| 9. | _____ | _____ | Problems with heart, blood pressure, cholesterol? | | | | |
| 10. | _____ | _____ | Racing of your heart or skipped heart beats? | | | | |
| 11. | _____ | _____ | Chest pain with exercise? | | | | |
| 12. | _____ | _____ | Frequent headaches, convulsions, dizziness, fainting? | | | | |
| 13. | _____ | _____ | Dizziness or fainting with exercise? | | | | |
| 14. | _____ | _____ | Concussion, unconsciousness, extremity numbness? | | | | |
| 15. | _____ | _____ | Heat exhaustion, heat stroke, or other heat related problems? | | | | |

- | | Yes | No | Further History: | | Yes | No | Is there a history of? |
|-----|--|-------|--|-----|-------|-------|--|
| 28. | _____ | _____ | Is there a history of family or genetic disease? | 20. | _____ | _____ | Injuries requiring medical treatment? |
| 29. | _____ | _____ | Has any family member died suddenly at less than 40 years of age of causes other than an accident? | 21. | _____ | _____ | Neck injury? |
| 30. | _____ | _____ | Has any family member had a heart attack at less than 55 years of age? | 22. | _____ | _____ | Knee injury? |
| 31. | _____ | _____ | Are you uncomfortably short of breath after running 1/2 mile (2 times around a track) without stopping? | 23. | _____ | _____ | Knee surgery? |
| 32. | _____ | _____ | List all medications you are presently taking, including asthma inhalers, and the condition the medication is for: | 24. | _____ | _____ | Ankle injury? |
| | | | A. | 25. | _____ | _____ | Broken bones (fractures)? |
| | | | B. | 26. | _____ | _____ | Other serious joint injuries? |
| | | | C. | 27. | _____ | _____ | Use of protective equipment or braces? |
| 33. | What is the most and least you have weighed in the past year? Most _____ Least _____ | | | | | | |
| | Date of last known tetanus (lockjaw) shot: _____ | | | | | | |

FOR WOMEN ONLY:

1. How old were you when you had your first menstrual period? _____
2. In the past year, what is the longest time you have gone between menstrual periods? _____

Use this space to explain any of the above numbered YES answers or to provide additional information:

PHYSICAL EXAMINATION RECORD (To be completed by a licensed professional as designated in Article VII 36.14(1). *This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance examinations.*)

Athlete's Name _____

Height _____ Weight _____ Pulse _____ Blood Pressure _____ Vision R 20/_____ L 20/_____

	NORMAL	ABNORMAL FINDINGS	INITIALS
1. Appearance (esp. Marfan's) _____			
2. Eyes/Ears/Nose/Throat _____			
3. Mouth & Teeth _____			
4. Neck _____			
5. Lymph Nodes _____			
6. Heart (Standing & Lying) _____			
7. Pulses (esp. femoral) _____			
8. Chest & Lungs _____			
9. Abdomen _____			
10. Skin _____			
11. Genitals - Hernia _____			
12. Musculoskeletal - ROM, strength, etc. (See questions 20-27) _____			
13. Neurological _____			

Comments regarding abnormal findings: _____

ATHLETIC PARTICIPATION RECOMMENDATIONS:

_____ **Full & Unlimited Participation**

_____ **Limited Participation** - May NOT participate in the following (checked):

- Baseball Basketball Cross Country Football Golf Soccer
 Softball Swimming Tennis Track Volleyball Wrestling

_____ **Clearance Pending Documented Follow up of** _____

_____ **NOT CLEARED FOR ATHLETIC PARTICIPATION**

Licensed Professional's Name (Printed)

Date

Licensed Professional's Signature

Phone

Parent's or Guardian's Permission and Release (Sign after the physical examination has been completed.)

I hereby give my consent for the above named student to engage in approved athletic activities as a representative of his/her school, except those activities indicated above by the licensed professional. I also give my permission for the team's physician, athletic trainer, or other qualified personnel to give first aid treatment to my son or daughter at an athletic event in case of injury.

 Typed or printed Name of Parent or Guardian

 Signature of Parent of Guardian

 Address (Street/PO Box, City, State, Zip)

 Phone Number

**REQUEST TO PARTICIPATE IN AN ACTIVITY
ACKNOWLEDGMENT OF RISK
AGREEMENT TO OBEY INSTRUCTIONS**
Waukee Community Schools

Date: _____

I, the undersigned, am familiar with the practice and play areas/facilities used for participating in sport's activities and request permission for my son/daughter

(Student's Name - please print)

Grade

to participate in any sport's activities that are offered at or through the Waukee Community Schools.

Due to the nature of these activities I realize that there are risks and dangers involved in participating in these activities which may lead to serious injury.

Because of the dangers involved in these activities I recognize the importance of all participants following the Activity Director's and Coach's instructions regarding playing techniques, training and other activity rules, etc. and agree that my son/daughter shall obey such instructions.

I certify that my son's/daughter's attendance and participation in any sport's activity offered at or through the Waukee Community Schools is voluntary.

I HAVE READ AND UNDERSTAND THE FOREGOING REQUEST, ACKNOWLEDGMENT AND AGREEMENT TO OBEY INSTRUCTIONS.

(Student's Signature)

(Date)

(Parent/Legal Guardian's Signature)

(Date)

INSURANCE WAIVER

[] We have our own family plan insurance which covers the athlete.
Provider _____ Member # _____

[] We will purchase a plan offered by Student Assurance Services, Inc.

[] If a parent/guardian wishes the child to participate without insurance, they will assume full responsibility by signing a written statement to that affect.

(Parent/Guardian Signature)

(Date)

(This form will be on file at the Waukee High School Activities Office throughout all '2006-2007 sport's seasons and will apply to all sports your son/daughter participates in during those seasons.)