

APPENDIX A

FRANKFORT COMMUNITY UNIT DISTRICT #168 EXTRACURRICULAR ACTIVITIES CODE

RISK STATEMENT:

Parents and guardians of children who wish to participate in the Frankfort Community Unit School District Number 168 athletic program must recognize and acknowledge that such participation involves certain risks of physical injury to their children. These risks of injury include the possibility of death, neck and spinal injuries which could result in partial or total paralysis, brain damage, eye, dental, hearing and other head injuries, and injuries to the body's nerves, blood vessels, muscles, bones, and any other organs or tissues of the body, including internal and external organs.

GUIDELINES:

There are certain policies that guide our athletic program. Listed below are a few that we would like to point out.

A. The Board of Education for the boys and girls of the district will follow the rules and regulations of the I.H.S.A., the conference, and the policies of the board.

B. Conduct and Personal Appearance: Coaches and sponsors are teachers and the relationship of student athletes to coaches and sponsors should be the same as student to teachers. Coaches and student athletes represent their school and communities and therefore are expected to conduct themselves properly and exhibit a high standard of personal appearance.

C. Resumption of Athletic Activity Following Injury: When a student has suffered an injury in a school sponsored athletic practice or competitive event which requires medical examination or medical treatment, a written physician's statement stating that the student is able to return to participation in athletics must be presented before he or she will be allowed to return to the program. The physician's statement must be filed with the athletic director before the student will be able to participate in either practices or competition.

D. Suspension from Competition: Coaches have the authority to suspend student-athletes from competition and /or practice for intermediate lengths of time depending on the infraction.

E. High School Awards: Coaches shall determine the appropriate award for each level of competition. Criteria to be considered.

1. Amount of competitive time
2. Status with the team
3. Years of participation

Additional Requirements

All students wishing to take part in the high school athletic program should be enrolled in the **advanced physical education classes** and should be involved in a year-round program either in active competition in a sport or as a member of a work group during those periods. These work groups will be arranged by the instructor. Their activities will consist primarily of running, strength and agility drills. Yearly physical examinations on prescribed forms and parental signatures on an Athletic Activities Code are required prior to trying out for any sport.

I. **Purpose:**

Participation by students in extra-curricular activities is considered an extension of, but separate from, the regular education program. However, no provision or other disciplinary action herein listed is

intended to be implemented in lieu, of or contrary to, any separate provision or disciplinary action listed in any school district policy.

While the regular curricular program is a right afforded to each student, participation in the co-curricular program is a privilege and, as such, carries certain expectations beyond those found in normal classroom situations. The important goals of the activities program are to give students direction in developing healthful living habits, self-discipline, leadership, teamwork, and respect for rules and regulations.

It is to these ends that a code of conduct is established for young people taking part in athletics, cheerleading, and extracurricular activities.

A student will be considered in violation of the training rules if he/she is reported, investigated, and confirmed as being in violation of this code to the athletic director or principal by the police, to another coach or teacher at the junior high or high school, or administrator in the district.

II. Expectations:

- A. Attendance at school, practice, and contests.
 - 1. Student athletes must be in attendance for at least one-half of the school day or at a school function on the day of an event to be eligible to compete unless permission has been given in advance by an administrator.
- B. Compliance with the Illinois high school association requires that:
 - 1. You must pass twenty (25) credit hours of high school per week.
 - 2. You must have passed twenty (25) credit hours of high school work the previous semester to be eligible for the ensuing semester.
- C. Compliance with the Illinois junior high school association Requires that:
 - 1. Students must adhere to all rules of the Illinois Junior High school Association.
 - 2. Students must have a 2.0 grade point average at the end of the Quarter grading period to be eligible for the ensuing quarter.
- D. On weekly grade checks any student with 2 or more F's is automatically ineligible.
 - 1. **Any athlete that is academically ineligible 3 times during the one season will be removed from the team. They will not receive an athletic award for that season. The athlete will also have to attend athletic tutoring. The athlete may try out for sports the next season in which they wish to participate.**
- E. Adherence to all rules set forth in the student handbook.
- F. Conduct becoming a district 168 representative, including respect of persons and property at all times.
- G. Refrain from the use or possession of alcohol, other drugs and tobacco products.
- H. If an infraction of the athletic activities code occurs during the summer vacation period, the student athlete will be subject to the penalties imposed by the athletic activities code.

III. Procedures for breach of code:

- A. If a problem occurs with II-A-II-A, II-B, II-C, II-D, or II-E; the coach or sponsor will take appropriate action.
- If a problem occurs with II-F, II-G, II-H, or II-I:
- 1. The authorized administrator shall confer with any student who is under Consideration for suspension: The student shall be advised of the reasons for the proposed suspension and the evidence in support of those reasons. The student shall also be afforded an opportunity to respond. The authorized administrator conferring with the student shall make a written record.

2. The student's parents or guardians will be informed of the violation and will be invited to attend the activities board meeting. The activities board meeting will meet as soon as practical. The student is suspended from play until the activities board meets.
3. The activities board will be comprised of a building administrator (chairman), selected members of coaching and or activity staff, and appropriate coaches and/or activity sponsors. In cases where the student participates in more than one activity, respective coaches or sponsors may attend the meeting.

IV. **Actions the activities board may take are as follows:**

- A. Dismiss the charge
- B. Place the student on probation
- C. Place the student on suspension
- D. In cases involving alcohol, tobacco, or drugs, the following will apply:

Tobacco (Including e-cigarettes, vapor cigarettes, and look-alike tobacco products)

1. **First offense** - student/athlete will be suspended from competition for 10% of the regular season contests of the sport in progress or the next sport in which the student will compete. If the infraction occurs with less than 10% of the season remaining, the remaining percentage will be served during the next sport the student plays.
2. **Second offense** – student/athlete will be suspended from competition for 50 percent of the regular season contest of the sport in progress or the next sport in which the student will compete. If the infraction occurs with less than 50 percent of the season remaining, the remaining percentage will be served during the next sport the student plays.
3. **Third offense** – the student athlete will be suspended from competition for 100 percent of the regular season contests of the sport in progress or the next sport in which the student will compete. If the infraction occurs with less than 100 percent of the season remaining, the remaining percentage will be served during the next sport the student plays.

Alcohol

1. First offense – student/athlete will be suspended from competition for 20% of the regular season contests of the sport in progress or the next sport in which the student will compete. If the infraction occurs with less than 20% of the season remaining, the remaining percentage will be served during the next sport the student plays. Only sports that the student has played in the previous 365 days will count toward suspension, unless the administrator gives approval with the exception of incoming freshmen.
2. For the second offense of alcohol during their high school career, the student/athlete will be immediately suspended from all participation in any interscholastic activity and/or interscholastic athletic team for one calendar year.

The student may be offered the option of returning to the athletic program. After serving a suspension of 100% of a full season (fall, winter, spring), including post season play. If the suspension occurs while a sport is in progress, the percentage not served during that season would be served during the next sport in which the student participates. Only sports that the student has played in the previous 365 days will count toward the suspension, unless the administrator gives approval (with the exception of incoming freshmen).

In order to be offered this option, the student must agree to the following conditions:

- a. Undergo an assessment and treatment recommended by a certified Substance abuse specialist.
- b. Submit proof of assessment/treatment.
- c. Submit to a monthly substance abuse test for the first four school months after returning from suspension

- d. Accept responsibility for all costs related to treatment, assessment, and monthly testing.

Before returning from suspension from a second offense, the student must agree to submit to monthly substance abuse testing for the next four school months. Failure to agree to the monthly testing will result in suspension of one calendar year if the student tests positive for alcohol during any of these monthly tests, it will be considered the student's third offense. The student will be responsible for the costs of the monthly tests.

3. For a student's third alcohol offense during their high school career, the student will not be permitted to participate in any interscholastic activity or on any interscholastic team for the remainder of their high school career.

Drugs

1. First offense – student/athlete will be suspended from competition for 50% of the regular season contests of the sport in progress or the next sport in which the student will compete. If the infraction occurs with less than 50% of the season remaining, the remaining percentage will be served during the next sport the student plays. Only sports that the student has played in the previous 365 days will count toward the suspension, unless the administrator gives approval with the exception of incoming freshmen.
2. For the second offense of drugs during their high school career, the student/athlete will be immediately suspended from all participation in any interscholastic activity and/or interscholastic athletic team for one calendar year.

The student may be offered the option of returning to the athletic program. After serving a suspension of 100% of a full season (fall, winter, spring), including post season play. If the suspension occurs while a sport is in progress, the percentage not served during that season would be served during the next sport in which the student participates. Only sports that the student has played in the previous 365 days will count toward the suspension, unless the administrator gives approval (with the exception of incoming freshmen).

In order to be offered this option, the student must agree to the following conditions:

- a. Undergo an assessment and treatment recommended by a certified Substance abuse specialist.
- b. Submit proof of assessment/treatment.
- c. Submit to a monthly substance abuse test for the first four school months after returning from suspension.
- d. Accept responsibility for all costs related to treatment, assessment, and monthly testing.

Before returning from a suspension for a second offense, the student must agree to submit to monthly substance abuse testing for the next four school months. Failure to agree to the monthly testing will result in a suspension of one calendar year if the student tests positive for alcohol or drugs during any of these monthly tests, it will be considered the student's third offense. The student will be responsible for the costs of the monthly tests.

3. For a student's third drug offense during their career, the student will not be permitted to participate in any interscholastic activity or on any interscholastic team for the remainder of their high school career.

Drug Testing at Frankfort Community High School

The Board of Education of Frankfort CUSD #168 recognizes the health risk and dangers associated with the use of illicit drugs and alcohol. Drug and alcohol use by students is a threat to the students, faculty and staff. It jeopardizes the student's health as well as the health of other students, faculty or staff members. The use of alcohol and other drugs also diminishes the learning capacity and judgment of the individual. The risk associated with the use of alcohol and other drugs, includes but is not limited to, impaired judgment, diminished capacity, and addiction, deterioration of body organs and reduction of the capability of the individual.

Athletics and other extra-curricular activities are an integral part of the school and community. The Board of Education encourages all students to become involved in a wide variety of extra-curricular activities, but believes that the opportunity for participation is a privilege not a right.

In order to prevent the harmful effects of alcohol and drugs, to help students achieve to their highest possible level, and to arm our students with another reason to say "NO", the Frankfort Community School District is conducting mandatory drug testing aimed at all students involved in extracurricular activities.

The privilege to participate in extracurricular activities requires an agreement by the student and his or parent(s)/guardian(s) to submit to testing for the use of alcohol and other drugs. The drug-testing program will be applied to all high school students who participate in extracurricular activities provided that the extracurricular activities do not affect a student's grade.

The drug-testing program is not intended to be a punitive measure but rather a way to help our students stay away from the usage of alcohol and other drugs, to help our students who do have a substance abuse problem, and to promote a drug free environment for our students. Drug testing is to be used only to determine and maintain the eligibility for extracurricular activities.

Procedures Consent:

Any student involved in extracurricular activities at Frankfort Community High School, and his or her parent(s)/guardian(s), must sign a written consent for drug testing (appendix B). If any student or parent/guardian refuses to sign the consent, the student will be ineligible for extracurricular activities and will remain ineligible until the consent is signed.

Random Drug Test:

All students involved in extracurricular activities will have a number assigned to them. A computer program will generate a random list of students to be tested on a specific day. The principal will keep a list of students and the number assigned to each student. The list will be confidential and will not be shared with anyone except the assistant principal, athletic director and superintendent. Whenever a student's number is chosen, the Principal, Athletic Director, School Nurse, Athletic Trainer or designee will escort the student to the testing area.

The test times will be on different days and different times. There may be more than one test in a week and other weeks there may be no test. A minimum of 10 percent of the students involved in extracurricular activities will be tested. Once a student has been randomly tested, his or her number will still be used in the next random testing, therefore, said student has just as good chance at being selected for the next random testing. If a student's number is selected and they are absent on the day of the testing, the student will be tested the next day they are in attendance.

Once a student has been brought to the testing area, a district employee of the same sex will escort the student to a restroom where a urine sample will be collected. The district employee will not actually witness the collection unless there is a reason to believe the student will attempt to alter or substitute the sample.

If a student refuses to submit to the urine test, he/she will fill out a refusal statement (appendix C) and will be ruled ineligible for one calendar year.

The sample will be collected in a self-contained jar that will be able to test for Cocaine, Meth/Amphetamines, Marijuana, Phencyclidine, Opiates, Benzodiazepines, Barbiturates, Methadone, Ecstasy, and, Oxycodone. The principal, principals' secretary, assistant principal, athletic director, or athletic director's secretary, school nurse, or athletic trainer will read the results. If the results are positive for any of the ten drugs, the results will be verified by one of the other individuals. The sample will then be sealed, initialed by the student giving the sample, and identified with the student's identification number. The sample will be kept in a secure place until picked up by a lab for further testing. While in custody of **Frankfort Community High School**, the samples will follow the legal chain of custody.

Retesting:

The parents may, at their own expense, have a separate lab run a drug screening. This sample must follow the legal chain of custody and the results must be sent directly to Frankfort Community High School. This test must be made within 12 hours of the original test if its results are to be used in determining the usage of alcohol or drugs. The test must test for creatinine, specific gravity, and any masking agents.

Notification of Test Results:

The school district will notify the parent(s)/guardian(s) of the students being tested, once all of the testing has been completed. We will notify the parents by phone. We will also notify all parents by mail that the test has taken place. The notification will state whether or not their child has tested positive or negative for any of the banned substances.

It is imperative that the administration of Frankfort Community High School has up to date phone numbers of the parent(s)/guardian(s) of students involved in extra-curricular activities. Please fill out appendix A with up to date phone numbers

If the district's drug screening is positive and the parent's drug test is negative, there will be a meeting to judge the proper response. If the parent's drug test followed the proper chain of custody, and the results were sent directly to the high school, the following scenario would play out.

The student may be eligible to participate if the student submits to drug tests whenever random drug tests are run. These tests will be at the parent's expense. The test will run through the time period of what the suspension would have been.

Reasonable Suspicion:

The Frankfort Community School district specifically reserves the right to test any student involved in extracurricular activities, at any time, where reasonable suspicion of drug usage has

occurred. Employees may use the guidelines for suspicion of alcohol or drug usage available in the office.

Prescription and Over the Counter Medication:

Once a student has been selected for testing, he or she must stipulate what prescription medication, or over the counter medication, if any, they are presently taking (appendix E). A doctor must have prescribed the prescription medication, and the student and or parent must be able to verify the prescription by showing the original prescription or a doctor's note. If the student is unable to verify that the medicine was prescribed to him/her; he/she will be subject to the actions of a positive test.

V. General rules:

- A. Each game during tournaments, invitationals, and double headers will be counted Individually.
- B. Voluntary admission of an infraction of the rules regarding substance abuse will not result in a suspension, but will count as a first offense. In such a case, mandatory contact with the principal is required. (the purpose of this provision is to allow a student to seek help.) This voluntary admission may not be used by a student if the training infraction is already known to the school or the proper authorities.
- C. The right of appeal is available to the parents or guardians. If you wish to have the suspension reviewed, you must contact the superintendent within five (5) days after the decision of the activities board. The superintendent will hear the incident and present the findings to the board of education for final review.
- D. When a student is ruled ineligible for a contest or performance, the student must attend the activity for the suspension to be completed. If the student is not in attendance, the suspension will be applied to the following activity.

VI. Transfer rules:

- A. If a student transfers to a district #168 school after having been suspended from another school's athletic program for athletic or activities code violations, that student will not participate in this district's athletic or activity program until his or her suspension would have been over at the school from which he or she is transferring. If the penalty for the violation is more severe at the district 168 school than it would have been at the school from which he or she is transferring, the student will be suspended according to this district's guidelines.
- B. This transfer rule shall apply to any transfer student who registers in this district after October 16, 1995.

VII. In-school suspension (ACR) policy:

- A. If the student is scheduled to end the day in the alternative classroom ACR), the student will be ineligible for the contest or performance that night.
- B. If the student is scheduled to end the week in ACR, he/she will be ineligible for the contest or performance that same day or night. The student will be eligible the following day(s) if the ACR placement has been completed.
- C. If the student's scheduled ACR placement continues from the end of one week to the beginning of the next week, the student will be ineligible for all the activities during the time that school is not in session.

Extracurricular Activity Defined

Extracurricular Activity is defined as being any activity where students represent Frankfort CUSD #168 on a voluntary basis for which no academic credit or grades are rewarded or an activity which is in addition to or in part of an academic credit, but that the consequences of the results of a random drug test will not affect the academic credit or grade awarded in said class. The activities covered by this policy include, but are not limited to: all IHSA recognized activities, Student Council, clubs, Pom Pons, National Honor Society, play and musical participants, Jazz Band, Jazz Choir, Marching Band, Pep Band, Life Savers etc.

Once a student signs up for an extracurricular activity, he/she is subject to the Random Drug Testing Policy. Any student who withdraws from participation in an extracurricular activity shall do so in writing to the sponsor and principal. Any student that wishes to be reinstated may be subject to drug testing prior to reinstatement.

Students participating in the following extracurricular activities will be subject to random drug testing as stipulated in Board Policy. Bass Fishing and Outdoorsman, Cross-Country, Golf, Football, Volleyball, Cheerleading, Basketball, Wrestling, Baseball, Softball, Track, Beta, Art Club, Business Club, Creative Writing, Drafting Club, Electronics Club, FFA, Foreign Language Club, Home Ec Club, Honor Society, Key Club Life Savers, Pom-Pon/Dance Team, Scholar Bowl, Science Club, Student Council, SubDebs, Thespians, Youth & Government

IHSA STERIOD TESTING POLICY - CONSENT TO RANDOM TESTING

In January 2008, the Illinois High School Association's Board of Directors approved a plan developed by the IHSA'S Sports Medicine Advisory Committee to implement random testing for steroids and performance enhancing dietary supplements of teams and individuals qualifying for state finals competition.

Beginning with the 2008-09 school term, any student-athlete who ingests or otherwise uses substance's banned drug classes, without written permission licensed physician, to treat a medical condition, violated IHSA By-law 2.170 and its subsections, and is subject to IHSA penalties, including ineligibility from competition. The IHSA will test certain randomly selected individuals and teams that participate in state series competitions for banned substances. The results of all tests shall be considered confidential and shall only be disclosed to the student, his or her parents, and his or her school.

By signing below, we consent to random testing in accordance with the IHSA's steroid testing policy. We understand that, if the student or the student's team participates in state series competitions, the student may be subject to testing for banned substances.

No student-athlete may participate in IHSA state series competition unless the student and the student's parent/guardian consent to random testing.

A complete list of the current IHSA Banned Drug Classes can be accessed at:
<http://www/ihsa.org>



IHSA Sports Medicine Acknowledgement & Consent Form

Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Headaches • "Pressure in head" • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns | <ul style="list-style-type: none"> • Amnesia • "Don't feel right" • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/comment |
|--|---|

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can't recall events prior to hit
- Can't recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness



IHSAA Sports Medicine Acknowledgement & Consent Form

Concussion Information Sheet (Cont.)

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The Youth Sports Concussion Safety Act requires athletes to complete the Return to Play (RTP) protocols for their school prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest.

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:
<http://www.cdc.gov/ConcussionInYouthSports/>

Adapted from the CDC and the 3rd International Conference on Concussion in Sport
Document created 7/1/2011 Reviewed 4/24/2013, 7/16/2015, July 2017



IHSA Sports Medicine Acknowledgement & Consent Form

IHSA Performance-Enhancing Substance Policy

In 2008, the IHSA Board of Directors established the association's Performance-Enhancing Substance (PES) Policy. A full copy of the policy and other related resources can be accessed on the IHSA Sports Medicine website. Additionally, links to the PES Policy and the association's Banned Drug classes are listed below. School administrators are able to access the necessary resources used for policy implementation in the IHSA Schools Center.

As a prerequisite to participation in IHSA athletic activities, we have reviewed the policy agree that I/our student will not use performance-enhancing substances as defined by the policy. We understand that failure to follow the policy could result in penalties being assigned to me/our student either by the my/our student's school or the IHSA.

IHSA PES Policy

http://www.ihsa.org/documents/sportsMedicine/2017-18/2017-18_PES_policy.pdf

IHSA Banned Drug Classes

http://www.ihsa.org/documents/sportsMedicine/current/IHSA_Banned_Drugs.pdf



IHSA Sports Medicine Acknowledgement & Consent Form

Acknowledgement and Consent

Student/Parent Consent and Acknowledgements

By signing this form, we acknowledge we have been provided information regarding concussions and the IHSA Performance-Enhancing Testing Policy. We also acknowledge that we are providing consent to be tested in accordance with the procedures outlined in the IHSA Performance-Enhancing Testing Policy.

STUDENT

Student Name (Print): _____ Grade (9-12) _____

Student Signature: _____ Date: _____

PARENT or LEGAL GUARDIAN

Name (Print): _____

Signature: _____ Date: _____

Relationship to student: _____

Consent to Self Administer Asthma Medication

Illinois Public Act 098-0795 provides new directions for schools concerning the self-carry and self-administration of asthma medication by students. In order for students to carry and self-administer asthma medication, parents or guardians must provide schools with the following:

- Written authorization from a student's parents or guardians to allow the student to self-carry and self-administer the medication.
- The prescription label, which must contain the name of the asthma medication, the prescribed dosage, and the time at which or circumstances under which the asthma medication is to be administered.

A full copy of the law can be found at <http://www.ilga.gov/legislation/publicacts/98/PDF/098-0795.pdf>.

Each year IHSA member schools are required to keep a signed Acknowledgement and Consent form and a current Pre-participation Physical Examination on file for all student athletes.

FRANKFORT COMMUNITY UNIT SCHOOL DISTRICT #168

CONSENT FORM FOR CONTROLLED SUBSTANCE, ILLICIT DRUG, AND ALCOHOL TESTING

I/We have received a copy of the Frankfort Community High School Extracurricular Testing Policy and have read and understand the policy.

I/We desire that _____ (student's name) be permitted to participate in extracurricular activities and hereby voluntarily agree to the terms of this program.

I/We accept the method of obtaining urine samples, testing of such specimen, and all other aspects of the program as explained in the policy. I/We agree that the above named student will cooperate in furnishing urine specimens whenever requested within the specifications of the policy. Refusal to comply with the testing program will result in ineligibility in extracurricular activities for the remainder of the school year.

I/We further consent to the disclosure of sampling, testing, and results as explained in this policy.

This consent is given to all State and Federal Privacy Statues and is a waiver of rights to non-disclosure of such test records and results only to the extent of the disclosures in the program.

Up to date Phone Numbers

Home Phone _____

Father's Name _____ Mother's Name _____

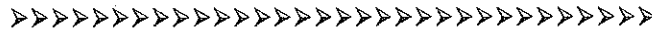
Father's Home Phone _____ Mother's Home Phone _____

Father's Work Phone _____ Mother's Work Phone _____

Father's Cell Phone _____ Mother's Cell Phone _____

Any Emergency Phones _____

ATHLETIC/ACTIVITES CODE PARENT – STUDENT SIGNATURE PAGE



YOUR SIGNATURE INDICATES THAT YOU HAVE READ THE ATTACHED INFORMATION. PLEASE SIGN AND RETURN. YOUR CHILD WILL NOT BE ALLOWED TO PARTICIPATE UNTIL A SIGNED FORM IS ON FILE.

PRINT STUDENT'S NAME: _____

SIGNATURE OF STUDENT: _____ DATE: _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

IMPORTANT INSURANCE INFORMATION

Frankfort CUSD purchases student accident insurance to cover all student while they are at school and participating in school activities. The coverage starts the first day of school and ends the last day of school. The exception is that it follows the IHSA sports calendar, so sports that start practice two weeks before school or sporting events such as state track, softball, or baseball that occur after the last day of school are still covered. The insurance is excess to ANY other insurance that you have on your student. With the exception of football there is no deductible. The insurance that is provided is at no cost to the parents or students and exceeds what is required by law to participate in IHSA sports.

The District has went a step farther and made other student accident insurance available for our students. You can purchase, 24 hour coverage for the year or for just the summer to protect your children during any sports or extracurricular camps they might be participating in. **The parents can also purchase Football coverage that will eliminate the \$25000 deductible.** The steps to purchasing this coverage are listed below.

Steps to purchase 24 Hour, Summer Time, or Football Coverage

- 1) Go to : www.kandkinsurance.com
- 2) *On the right side of the screen you will see Quote/Buy Online. Go down to K-12 Student Accident and click on the Blue letters "Voluntary Accident"*
- 3) *Under Enroll Now go under select a program select K12 Voluntary and click on go.*
- 4) *Select from Current School Year (Note Summer Coverage starts the day after school is out so it would always be current) or Next School Year starting in Fall.*

Enter Frankfort and Enter Illinois

- 5) *Click on Frankfort CUSD #168 and hit Continue*
- 6) *Type in the Student's Name, Birth Date, and School level and Click on Load Available Plans.*
- 7) You will see this in the middle of the page: Prices shown below are a one-time payment. Click **here** to view the brochure with details on High and Low options. If you click on the "here" button it will explain the difference in the high and low coverage.
- 8) Choose the coverage you wish to purchase and continue with the instructions to purchase whichever coverage you wish.

CLAIM FORMS FOR BOTH PROGRAMS CAN BE OBTAINED FROM JAN GRANT IN THE UNIT OFFICE, BUT IT IS THE RESPONSIBILITY OF THE PARENT OR GUARDIAN TO FILE THE CLAIM USING THE DIRECTIONS ON THE CLAIM FORM.

*******ONLY FOOTBALL PLAYERS MUST ATTACH A COPY OF
A CURRENT INSURANCE CARD*******

PARTICIPATION IN ATHLETICS

FRANKFORT COMMUNITY UNIT SCHOOL DISTRICT #168

In accordance with the policy of the Frankfort Community Unit School District #168, a parent or legal guardian must complete and sign this form consisting of a RELEASE AND HOLD HARMLESS AGREEMENT, VERIFICATION OF INSURANCE, AND PERMISSION TO PARTICIPATE and Submit it along with an up-to date medical examination before his/her child will be allowed to participate in the district athletic program during the current school year.

RELEASE AND HOLD HARMLESS AGREEMENT

As a parent or guardian of a child who desires to participate in the Frankfort Community Unit School District #168 athletic program, I recognize and acknowledge that such participation involves certain risks of physical injury to my child. I know that these risks of injury include the possibility of death, neck and spinal injuries which could result in complete or partial paralysis of my child, brain damage, eye, dental, hearing and other head injuries, and injuries to the body's nerves, blood vessels, muscles, bones and any other organs or tissues of the body including internal and reproductive organs.

I will willingly and voluntarily agree to assume all risks of any injuries, damages or losses which I or my child may sustain as a direct or indirect result of my child's participation in the Frankfort Community Unit School District #168 athletic program and all activities connected with and associated with the program. I understand that by my agreement I am forever waiving and foreclosing any right on the part of myself or my child to make claims or demands against the Frankfort Community Unit School District #168 on account of injuries which my child may sustain.

Accordingly, I do hereby waive and relinquish all present or future claims, known or unknown, which I may now have or which may hereafter arise, directly or indirectly as a result of my child's participation in the Frankfort Community Unit School District #168 athletic program against such Unit and any of its officers, agents, servants, or employees. This Release is intended to include any claims which may or could be now or hereafter asserted by myself, my child or anyone on behalf of my child including any of my, my child's heirs, executors or administrators.

In the event any person makes claim against Frankfort Community Unit School District #168 or any of its officers, agents, servants or employees on account of any claim of injuries to my child, I agree to fully indemnify such Unit or its officers, agents, servants or employees against any such claims and do therefore agree to hold such Unit School District and its officers, agents, servants or employees harmless against such claims and I will defend such claims on behalf of such Unit District and its officers, agents, servants, or employees.

VERIFICATION OF INSURANCE

As a parent or guardian of a child who wishes to participate in the Unit #168 athletic program, I do hereby acknowledge that I have been advised that the Frankfort Community Unit School District #168 does not maintain any medical insurance which may be available to pay health care costs of any kind incurred by me or my child as a result of injuries to my child as a participant in the Unit #168 athletic program. I further hereby acknowledge that medical insurance is currently in force and effect, which will pay for health care costs which may be incurred as a result of physical injuries which may be sustained by my child as a participant in the Unit #168 athletic program. I further understand and hereby acknowledge that I will cause such insurance to be maintained over the full period of time that my child is a participant in the Unit #168 athletic program. I understand that in the event that such insurance that I maintain in force and effect does not pay all health care charges as a result of physical injuries which may be sustained by my child that I may be required to pay such charges out of my own pocket and that neither Frankfort Community Unit School District #168 nor any of its officers, agents, servants or employees will have any obligation whatsoever to pay all or any part of such charges.

_____ is covered by _____

(Name of Student)

(Name of Insurance Company)

WITH HOSPITAL AND MEDICAL INSURANCE FOR THE SCHOOL YEAR OF _____.

Policy Number: _____ Agent's Name: _____

PERMISSION TO PARTICIPATE

I hereby acknowledge that I have read and fully understand this form consisting of RELEASE AND HOLD HARMLESS AGREEMENT and VERIFICATION OF INSURANCE as well as the ACTIVITY CODE BOOK. With this knowledge and understanding, I hereby give permission for my child,

NAME OF STUDENT: _____

(Last)

(First)

(Initial)

to engage in interscholastic athletics in Frankfort Community Unit School District #168 and to accompany the team as a member on its out-of-town trips. I further consent to any treatment deemed necessary by any licensed physician designated by proper school authorities for any illness or injury resulting from his/her athletics participation.

SIGNATURE of Parent/Guardian: _____ Date: _____

Legal Residence of Parent/Guardian

ADDRESS: _____

PHONE of Parent/Guardian: _____



REDBIRD EMERGENCY TREATMENT CONSENT

Effective Dates of this form: July 1, 2018 – June 30, 2019

Child/Dependent's Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Date of Birth: _____

Parent/Guardian: _____ Work Phone: _____ Cell phone: _____

Email of parent/guardian: _____ @ _____

Physician's Name: _____ Physician's Phone number: _____

Emergency Contact (if listed parent/guardian unavailable):

Name: _____ Home Phone: (____) _____ Cell phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship to child: _____ Work Phone: (____) _____

Health History

Special Medical Problems: _____

Last Tetanus Shot (Td) (MM/DD/YY) ___/___/___

Medications to be taken with directions: _____

Medication Allergies: _____

History of Asthma? Y N History of seizures or other loss of consciousness? Y N

History of heart problems? Y N If yes, nature of problem: _____

May be given as necessary: Ibuprofen? Y N Tylenol? Y N

Any specific activities:

Encouraged? _____ Discouraged? _____

Health Insurance Company: _____

Group Number: _____ ID Number: _____

"I hereby give my consent in advance to the coaching staff of the **FCHS Athletic Department** and to **the physicians or hospital** selected by them to render emergency treatment as in their judgment is reasonably necessary, including, but not limited to, hospitalization, diagnosis including taking specimens and x-rays, giving blood transfusions and medications, anesthesia and surgery for my dependent listed above. I understand that a member of the coaching staff will attempt to contact me before securing medical treatment, but that this consent is given in case I am not available in an emergency.

I specifically release Frankfort Community Unit District #168 from any and all claims, loss, cost, damage or expense arising out of or from any accident or other occurrences causing injury to any person or property."

Signature of Parent/Guardian

Date

Signature of non-related adult witness

Date