

**Marathon Junior-Senior High School**

# Olympian Athletics

**2010-2011**



***ATHLETIC SCHEDULE & CANCELLATION HOTLINE: 607-849-3215***

***JV & VARSITY ATHLETIC AWARD NIGHT, FRIDAY JUNE 17<sup>TH</sup> @ 6:00 PM***

## ***STUDENT/PARENT INFORMATION PACKET***

**Interscholastic Athletics Program  
Athletics Eligibility  
Physical Examination Criteria  
Academic Eligibility  
Parental Permission Form**

# ***Marathon Central School District***

## ***Athletic Department***

*Post Office Box 339*

*1 East Main Street, Marathon, New York 13803*

*Phone 607-849-3251*

***Mr. Timothy Turecek***  
***Superintendent***

***Mr. David R. Rosetti***  
***Principal***

***Mr. Todd A. James***  
***Athletic Director***

Dear Parent(s) or Guardian:

It is a pleasure to know that your son/daughter has chosen to participate in the interscholastic athletic program here at Marathon Junior-Senior High School for one of the upcoming (fall, winter, or spring) sport seasons. The goals of learning and the fun that comes with athletic competition are very important and significant aspects of the overall program offered to students in this school district.

The Marathon Athletic Department will continue with the Athletic Training Program provided by the Cayuga Physical Therapy and Sports Medicine Center at Ithaca. This free program, provides the district with an Athletic Trainer, Certified by the National Athletic Trainers Association, to work with our athletes. The intent is to help minimize and/or rehabilitate athletic injuries. At this time, this service will be available to our athletes every Monday in the nurse's office. The specific time schedule has not been determined at the printing of this letter.

Tim Koba, ATC, CSCS will be the Certified and Licensed Athletic Trainer for this program. Tim is also a Certified Strength and Conditioning Specialist through the National Strength and Conditioning Association. Athletes who receive services from this program will be provided a copy of a three part injury and evaluation management form that offers a detailed description of Tim's assessment and recommendation. After receiving a copy of the Tim's assessment and recommendation, parents and/or coaches may contact Tim at 252-3500 if they should have any specific questions.

Athletes who wish to benefit from this service must make an appointment with the school nurse. To schedule an appointment the athletes, the coaches or the parents must contact Mrs. Val Gana the school nurse. However, before this service can be offered we are asking each parent to please complete the permission slip that is now part of the INTERSCHOLASTIC ATHLETIC PROGRAM PARTICIPATION FORM.

In addition, the safety of your child when involved in athletics is always of the utmost concern to those who coach and supervise the athletic program. Through this voluntary participation in interscholastic athletics your child risks the possibility of a serious injury or even death due to unforeseen circumstances. In our continuing efforts to reduce these risk and maintain clear communication with parents and athletes alike we would like to bring to your attention the following school policies which are enclosed in the Student-Athletes Interscholastic Athletic Handbook.

After you have read this important information, please complete and sign the attached Athletic Eligibility Permission Slip and the 30-Day Interval Health History Form. After the forms have been completed, please have your child return the forms to the nurse's office. It is essential that these forms be returned to the nurse's office as soon as possible because student-athletes cannot practice, under any circumstance, until the School Health Office has reviewed and signed these forms and forwarded them to each specific coach. If you have question or wish to fax information to the school nurse, Val Gana, please contact her using the following numbers: Office Phone 607-849-3210, Office Fax 607-849-3900.

We thank you for your attention to this matter and look forward to both your support and enjoyment of your child's participation in the interscholastic athletic program!

Very truly yours,

David R. Rosetti  
Junior-Senior High School Principal

Todd A. James  
Athletic Director

## PHYSICAL EXAMINATION

Every student who wishes to participate in the interscholastic athletic program must have a **CURRENT** physical examination on file with the school nurse. In addition, they must complete a 30-Day Interval Health History Update Form that must be kept on file in the nurse's office. **NO STUDENT-ATHLETE can practice, under any circumstance, until the School Health Office has reviewed and signed these forms and forwarded them to each respective coach.**

1. Physical exams can be scheduled through the school nurse.
2. Family doctor's physical exams are also acceptable. Forms may be obtained from the school nurse. Completed forms must be returned to the school nurse.

**Any questions should be directed to the School Nurse at 607-849-3251.**

## TRANSPORTATION POLICY

In any bus trip (athletic, spectator, field trip, etc.) the following procedure **MUST** be followed.

Students **MUST** ride both **TO AND FROM** all school events, which includes practices, where a bus has been provided. The only exception is, if a student-athlete wants to ride back from an event with **THEIR PARENTS** and the parent **PERSONALLY** contacts the coach in charge while at the event and signs the student out on the sign out form, they will be allowed to leave.

**PLEASE NOTE: COACHES CANNOT ACCEPT NOTES OR GIVE PERMISSION TO STUDENTS, UNDER ANY OTHER CIRCUMSTANCE, TO RIDE WITH ANYONE OTHER THAN THEIR PARENTS.**

<b>INTERSCHOLASTIC ATHLETIC ELIGIBILITY RULES</b>
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The Board of Education, Administration and Interscholastic Athletics Coaching Staff, governing the participation of students in the interscholastic athletic program, have established the following policy. The philosophy of the board is to provide a wide opportunity for participation in this important aspect of our instructional program. Along with participation, comes the requirement for all student-athletes to abide by these rules.

### ***1. Academic Eligibility Provisions***

Participants who are experiencing academic difficulty **MUST** receive academic assistance. The athlete, parent(s), coach, teacher(s) and guidance or counseling staff should all participate in developing a plan that will assist the student-athlete in overcoming his/her deficiencies in the appropriate subject areas. Non-compliance may result in appropriate disciplinary action, including suspension from the team, until the student has satisfied his/her academic responsibilities.

In order to remain academically eligible to participate in athletics the student will become involved in one or more of the following programs.

- Meet with the appropriate instructor(s) and make arrangements for extra help in the specific course area(s).
- Arrange for a regularly scheduled “ student tutor” through the guidance office until deficiencies are corrected.
- Return of student blue forms on WEEKLY basis, with special improvements noted by the teacher(s). This form requires coach, parent(s) and teacher(s) signatures.
- Participation in daily progress reports/agenda book to monitor homework completion and academic performance. This format requires parent(s) and teacher(s) signatures.
- Involvement in organized study skill sessions and/or organization group programs.
- Develop the necessary plan for making up missed work and bringing themselves current in their deficient courses

It is the responsibility of the student, parents, coaches, teachers, counselors and guidance personnel to see that this plan is developed and followed. Final determination about the appropriate level of academic intervention will be made by a designated school official. Regular communication between these parties will encourage and hopefully insure success for the student-athlete.

### ***2. Appropriate Behavior of Athletes***

No participant is to conduct him or herself in such a manner that results in an assignment to in-school suspension or being placed on out of school suspension. Athletes who are assigned to in-school suspension may not participate in practices or games on the day of the in-school suspension. The coach at his/her discretion may require the student athlete to attend all practices, sit with team members, with or without a uniform, at games/matches from which he or she has been suspended. In-school suspension effectively suspends student-athletes' participation on each day of assigned in-school suspension.

Student-athletes whose behavior warrants being suspended out of school for one day or more will be suspended from athletic participation for a minimum of the next two athletic contests, after they return to school. A second out of school suspension will result in removal from the athletic team for the remainder of that sport season.

Furthermore, participants must not exhibit conduct or behaviors that in the eyes of the coach or administration is detrimental to the team. Though this behavior may not have resulted in a suspension of any kind or may have taken place out of the school environment, it remains a concern for the school due to the reflection such negative behaviors may have on the school district, the athletic program, the coaching staff and fellow athletes. In arriving at a conclusion, the coach may, at his/her discretion, solicit the feelings of the other team members. Upon consultation with the administration, the coach and/or administration may determine that appropriate disciplinary action is warranted.

### **3. *Substance Abuse: Alcohol, Tobacco & Illicit Drugs***

Participants in the interscholastic athletic program are not to consume alcoholic beverages or use tobacco in any form (including cigarettes, chew, rub, etc.) Non-compliance with this regulation will result in an immediate suspension from the next two athletic contests in the school year. A second offense during the school year will result in immediate suspension from participation in the athletic program for the remainder of that school year.

Student athletes are not to use, be in the possession of, or distribute any other illegal drugs or drug related paraphernalia. The first violation will result in immediate suspension from the athletic team for the remainder of that sport season. A second offense will result in immediate suspension from participation in the athletic program for the remainder of the school year.

### **4. *Student Attendance & Athletic Participation***

To participate in a practice or an interscholastic contest STUDENTS ARE TO BE IN SCHOOL BY THE BEGINNING OF THEIR FIRST PERIOD CLASS. Students who are absent from school for a full day due to personal illness or who are illegally absent cannot participate in practice or a game on that day. (An illegal absence is any reason not acceptable to the State Education Department's guidelines listed in the BOE Attendance Policy # 5100 or in the student parent handbook under the topic of student attendance.) If a student has a legal excuse, i.e., a doctor or dentist appointment, sickness or death in the family, a religious observance, inclement weather, court appearance, etc., he/she should bring a note to the administration immediately upon returning to school so that permission to participate may be granted. Abuse of this aspect of the policy may result in the need for consultation between the parent, athlete and administration. If it is deemed necessary, the administration may impose restrictions upon the student for repeated abuse of the policy. If there is continued abuse or if extraordinary circumstances exist, the administration has the prerogative to decide whether or not the student-athlete participates.

Student athletes are to be in all classes, study halls, lunch or any other locations to which they are assigned through their academic schedule. If violations result in assignment to in-school or out of school suspension, non-participation in scheduled athletic activities will follow those noted in #2-Appropriate Behavior of Athletes. In addition, student-athletes must dress out and participate in Physical Education Class in order to practice or participate in games on that day, unless special circumstances exist and they have been approved by the administration.

## 5. *Coaches Review Panel*

If in the opinion of the coach of a particular athlete, extenuating circumstances exist that should be considered in implementing this policy the coach in question may request that the Director of Athletics convene a Review Panel to evaluate the concerns at hand. This Review Panel will consist of the Athletic Director, the High School Principal, and one other member of the district's coaching staff. In the event that the Athletic Director is also the coach requesting the review panel, the Superintendent of Schools will replace the Athletic Director.

The review panel will have the authority to alter, but not to eliminate, prescribed penalties recorded herein. When doing so, the panel must be unanimous in their decision. (NOTE: This is a review for internal purposes only. Parents and students have due process review under the following provisions).

## 6. *Due Process Appeal*

Any student who is suspended from an interscholastic team may appeal that suspension through the following process.

**Stage 1:** Request an informal meeting with the High School Principal and the coach to discuss the matter and render a decision.

**Stage 2:** Formally request a meeting with the Superintendent of Schools to grieve the decision in Stage 1. The request must be in writing and must enumerate specific points upon which the aggrieved party bases his/her appeal. The Superintendent of Schools is to respond as soon as possible, but no later than 10 days after receiving the written request.

**Stage 3:** Appeal the decision of the Superintendent of Schools to the Board of Education. This appeal must also be in writing, again recording specific points of contention on which the appeal is based.

**Stage 4:** Final appeal is made to the Commissioner of Education, State Education Department Albany, New York.

**PLEASE NOTE:** The Board of Education, administration, and Interscholastic Athletics Coaching Staff want to be clear that the appeal process is designed to provide student-athletes the opportunity to have their situation reviewed at various levels. In all issues involving behavior, alcohol or drug abuse, the school district is expressly interested in developing responses to appeals that will assist the student athlete and their parents in dealing with issues that not only effect their athletic participation, but also may result in more serious and harmful effects on the student. We look favorably upon appeals that offer a willingness on the behalf of the student athlete to participate in programs that will deal with behaviors or abuses that endanger the very lives of our students.

Below is a listing of some of the programs that are seen as constructive activities that show the willingness to alter behaviors or habits that may result in students earning back the privilege to participate in interscholastic athletics through the appeal process.

- Approved drug and alcohol counseling
- Regular individual counseling
- Behavior management plans

- Community service activities

These programs can be designed with the assistance of school staff or may be engaged in within the private sector. The individuals responsible for decisions at each stage of appeal may approve or disapprove of the plans. For those private sector plans, proof of regular participation must be submitted to the High School Principal. Failure to fully participate in these programs will result in an immediate return to the original term of suspension.

The goal of our interscholastic athletic program is to provide our students with exceptional learning opportunity through the world of interscholastic athletics competition. These rules are established to provide consistency in dealing with the many facets of conducting such an expansive athletic offering. Many of the more common issues are enumerated above. This policy is not all encompassing but sets a direction for dealing with specific issues as well as providing a philosophical approach to concerns not listed.

DO NOT COPY

**MARATHON CENTRAL SCHOOL DISTRICT  
INTERSCHOLASTIC ATHLETIC PROGRAM PARTICIPATION FORM**

**ATHLETE'S GENERAL INFORMATION TO BE COMPLETED BY PARENT/GUARDIAN**

Athlete's Name \_\_\_\_\_  
Sport \_\_\_\_\_ Gender  M  F Level  JH  JV  VAR  
Current Grade \_\_\_\_\_ Date Entered 9<sup>th</sup> Grade \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**EMERGENCY INFORMATION  
Please Provide All Of The Following Information**

Parent/Guardian \_\_\_\_\_ Father's Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Home Phone No. \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**If I Cannot Be Reached Please Contact The Emergency Contact Below**

Name of Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Family Physician \_\_\_\_\_ Phone No. \_\_\_\_\_  
Family Dentist \_\_\_\_\_ Phone No. \_\_\_\_\_

If Possible, I Would Prefer That My Child Be Taken To The Following Hospital: \_\_\_\_\_

**ATHLETE'S MEDICAL ALERTS**

Allergies to Medicines: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Important Medical Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENT/GUARDIAN MEDICAL RELEASE STATEMENT**

In the event that I/we cannot be reached in an emergency, I/we hereby give permission for a hospital or medical professional, selected by the coach, teacher, nurse, athletic director or an administrator of the Marathon Central School District, to authorize emergency treatment. Such treatment may include hospitalization, securing of anesthesia, and/or the ordering of injections or surgery for my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**(TURN OVER FOR ADDITIONAL INFORMATION)**



**ATHLETIC TRAINER PARTICIPATION CONSENT STATEMENT**

I  do  do not wish to allow my son/daughter to participate in the athletic training program offered by the Marathon Central School District and the Cayuga Physical Therapy and Sports Medicine Center at Ithaca.

I  do  do not give permission for the coach to schedule an appointment if they feel it is necessary for my child.

I  do  do not give permission for my son/daughter to schedule an appointment if it is necessary.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**RISK OF INJURY STATEMENT**

While I/we expect school authorities to exercise reasonable precautions to avoid injury, I/we realize that there is a risk of injury that is inherent in all athletic activities. I/we also realize that this risk may be severe, including, but not limited to, disability, paralysis, or even death. Because of the possible dangers of participating in athletics, I/we recognize the importance of the athlete following the coaches' instructions regarding playing techniques, training and other team rules and instructions.

In consideration of the Marathon Central School District permitting me to participate in all activities associated with the Interscholastic Athletic Program, I hereby assume all risk associated with participation and agree to follow the coaches' instructions regarding playing techniques, training and other team rules and instructions.

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Date

I/we hereby acknowledge receipt of this risk and considering such risk give permission for my child to participate in Interscholastic Athletics at the Marathon Central School District. I affirmatively state that my child is also aware of the potential of injury and has no condition(s) that would prevent participation or increase the risk of injury.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**INTERSCHOLASTIC ATHLETICS ELIGIBILITY STATEMENT**

I/we acknowledge that I/we have read and understand all the information contained in the INTERSCHOLASTIC SPORTS ELIGIBILITY POLICY as approved by the Marathon Central School District. I/we agree to comply with the terms presented in INTERSCHOLASTIC SPORTS ELIGIBILITY POLICY and all the rules set forth by the Marathon Central School District.

\_\_\_\_\_  
Athletes' Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**APPROVAL (DISTRICT USE ONLY)**

Approved for Participation:  Restrictions  No Restrictions

Date of Physical \_\_\_\_\_

Date of Tetanus \_\_\_\_\_

**Relevant Medical Information**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of School Nurse

\_\_\_\_\_  
Date

**MARATHON CENTRAL SCHOOL DISTRICT  
30-DAY INTERVAL HEALTH HISTORY FORM  
FOR SPORTS PARTICIPATION**

**Direction:** Prior to the start of practice or tryout session of each season, this health history review for each athlete must be conducted unless the athlete has received a full medical examination within 30 days of the start of the season.

**PART A: TO BE COMPLETED BY THE PARENT OR GUARDIAN**

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

Student: \_\_\_\_\_ Age: \_\_\_\_\_

Grade (check):  7  8  9  10  11  12 Date of Birth \_\_\_\_\_

Sport: \_\_\_\_\_ Level (check)  JH  JV  VAR

**Note:** "YES" to any of these questions does not mean automatic disqualification from the athletic activity indicated in Part A above. However, it will require a review and approval by the school physician before the student can report to practice or compete.

The answers to the questions on this form will be held in the school health office and will be kept confidential.

**HISTORY SINCE LAST HEALTH APPRAISAL**

If the answer to any of the following questions is "yes" in *Part B* on the reverse side of this form, please describe the condition or situation that prompted your answer.

**(CHECK)**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Any injuries requiring medical attention?                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Any illness lasting more than five (5) days?                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Taking medicine or under physician's care at this time?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Any feeling of faintness, dizziness or fatigue after exercise or exertion? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Change in wearing glasses or contact lens?                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Any surgical operations or fractures?                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Any treatment in a hospital or emergency room?                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Developed any allergies?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Any chronic disease? (asthma, diabetes, heart murmur, seizures)            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**(TURN OVER FOR ADDITIONAL INFORMATION)**



**ATHLETIC ELIGIBILITY  
PARENT CONTACT FORM**

Dear Parents:

The purpose of this notice is to inform you that presently your son/daughter \_\_\_\_\_ is experiencing serious academic difficulty in the following course(s).

Course	Teacher	Present Average

In an attempt to help \_\_\_\_\_ with this academic difficulty we have set into action the following three stage plan\*. Should \_\_\_\_\_ not show progress in these academic area(s) he/she risks becoming ineligible to practice/play with his athletic team. We would appreciate any assistance that you can offer in helping \_\_\_\_\_ meet the necessary academic obligations of these courses of study. Should you have any questions please contact the course teacher, coach, or the guidance office.

\*Unwillingness to participate in this plan may result in immediate placement on the ineligible list.

Stage I: Assistance

\_\_\_\_\_ During Stage I students must continue to participate in this activity by attending practices and may continue to participate in the team's contests/games. The student must show continued effort and participation in tutoring and in receiving extra assistance from teachers. Grades will be reviewed again at the conclusion of this marking period or at the next interim report. Should \_\_\_\_\_ not show progress or be unwilling to participate in the assistance plan that has been arranged, they will be placed at STAGE II – Academic Probation.

Stage II: Academic Probation

\_\_\_\_\_ Your son/daughter has not demonstrated sufficient effort or has been unsuccessful in raising their academic averages in this course(s) and has been placed on the STAGE II Academic Probation List. This means that \_\_\_\_\_ may continue to participate in scheduled practices with their team but will not be allowed to participate in games or contests. This will remain in effect until the next interim report or end of the marking period when grades will once again be reviewed. \_\_\_\_\_ will be removed from the STAGE II Probation list if sufficient effort in assignment completion and class average is noted when grades are reviewed. If this is not the case \_\_\_\_\_ may be moved on to STAGE III Ineligibility. If performance levels are not raised \_\_\_\_\_ will no longer be eligible to participate in any Interscholastic Athletic programs for the remainder of this season. Should this situation continue, ineligibility may continue throughout the remaining marking periods of the school year. If you have questions relative to your son/daughter's performance in these classes or this notice please contact the High School Guidance Office at 849-3229.

Stage 3: Ineligibility

After a review of grades and teacher comments by the High School Principal your son/daughter \_\_\_\_\_ :

\_\_\_\_\_ is now ineligible to participate in Interscholastic Programs for the remainder of the season/year or until such time he/she achieves passing averages in these courses.

Reason: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Will continue in the present probationary stage with the following adjustments:

\_\_\_\_\_  
\_\_\_\_\_

Reason: \_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

\_\_\_\_\_ Has met academic goals and is now fully eligible to participate in any athletic program.

\*\*\*\*\*

\_\_\_\_\_ A student tutor has been arranged for your son/daughter in these course(s)

\_\_\_\_\_

Day(s): \_\_\_\_\_ Time: \_\_\_\_\_ Tutor: \_\_\_\_\_

\_\_\_\_\_ Arrangements have been made for your son/daughter to meet with his teacher after school for additional help in the coursework. These extra help sessions must occur a minimum of "TWO" occasions per week.

Day(s): \_\_\_\_\_ Time: \_\_\_\_\_ Teacher: \_\_\_\_\_

\_\_\_\_\_  
Principal Signature                      Date

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

\_\_\_\_\_  
Guidance Counselor                      Date

Copies:

White-Parent

Yellow-Guidance

Pink-Coach

Gold-Principal