

WALTON CENTRAL SCHOOL SPORTS PERMISSION PACKET

Please read the entire sports permission packet.

The packet needs to be filled out by the Parent/Guardian and student-athlete, only the first four pages need to be turned in. Please keep the rest of the packet for your information.

All forms and the emergency card needs to be filled out and signed. The information that need to be turned in are the first four pages of this packet.

Please return to your coach during the meet the coaches night, or the middle or high school office as soon as possible.

Your child cannot participate in a sport until this packet is completed and returned.

EMERGENCY INFORMATION RECORD FOR ATHLETIC EVENTS "PLEASE PRINT"		STUDENT LAST NAME		FIRST NAME		DOB			
		PARENT/GUARDIAN				HOME PHONE			
HOME STREET ADDRESS				CITY		STATE		ZIP CODE	
Mother's Business Phone		Cellular		Father's Business Phone				Cellular	
IN CASE OF EMERGENCY DURING THE EVENT AND PARENT NOT AVAILABLE-PLEASE CONTACT									
NAME:			ADDRESS				PHONE		
NAME:			ADDRESS				PHONE		
STUDENT'S PHYSICIAN			PHONE#		STUDENT'S DENTIST			PHONE	
ALLERGIES AND OTHER MEDICAL CONDITIONS: (Please explain, if necessary, use other side of card)				<input type="checkbox"/> Allergies <input type="checkbox"/> Epilepsy <input type="checkbox"/> Asthma <input type="checkbox"/> Bleeding Disorder				<input type="checkbox"/> Heart Problems <input type="checkbox"/> Diabetes <input type="checkbox"/> Recurring Illness <input type="checkbox"/> Other	
If it is impossible to contact the student's physician, I authorize the school to follow the instructions given by the emergency contact people, set forth above, and I hereby consent to and authorize any medical treatment obtained or delivered at their direction. In the event that no one listed above can be contacted, I authorize the Walton Central School, its agents and employees to obtain such medical treatment as they in their discretion, deem necessary or advisable and I hereby consent to and authorize such treatment.									
SIGNATURE OF PARENT OR GUARDIAN								DATE	

WALTON CENTRAL SCHOOL ATHLETIC HEALTH HISTORY

Name: _____

Grade: _____

Age: _____

Health History to be completed by PARENT

- | | Yes | No |
|--|--------------------------|--------------------------|
| Is your child under medical care? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your child currently taking medication?
If so why? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your child felt dizzy, fainted or had chest pain during or after
exercise or exertion? If so, explain | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your child had racing of his/her heart or skipped heartbeats?
If so, explain | <input type="checkbox"/> | <input type="checkbox"/> |
| Has anyone in your family died of heart problems or sudden death
before (50) years of age? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has a physician ever denied or restricted your child's participation in
sports for any heart problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have any worries about your child's health or other questions
you would like to discuss with a doctor? | <input type="checkbox"/> | <input type="checkbox"/> |

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING:

- | | | |
|---|--------------------------|--------------------------|
| One eye or severe uncorrectable loss of vision in one or both eyes. | <input type="checkbox"/> | <input type="checkbox"/> |
| Severe hearing loss in both ears | <input type="checkbox"/> | <input type="checkbox"/> |
| One kidney | <input type="checkbox"/> | <input type="checkbox"/> |
| One testicle | <input type="checkbox"/> | <input type="checkbox"/> |
| Describe the condition or situation that caused any of the above
questions to be answered "yes." | | |

Has your child ever had an illness, condition, or injury that required him/her to go to the hospital, either as a patient overnight or in the emergency room or for x-rays, required an operation; caused your child to miss a game or practice?

Has your child ever had: (please check)

	Yes	No		Yes	No
Allergies/Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	Elevated Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Bee Sting allergy	<input type="checkbox"/>	<input type="checkbox"/>	Headaches	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Head Injury/Concussion	<input type="checkbox"/>	<input type="checkbox"/>
Anemia	<input type="checkbox"/>	<input type="checkbox"/>	Heart Problem/Murmur/Chest Pains	<input type="checkbox"/>	<input type="checkbox"/>
Bladder/Kidney Problems/Injury	<input type="checkbox"/>	<input type="checkbox"/>	Nosebleeds/Frequent/Severe	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding disorder	<input type="checkbox"/>	<input type="checkbox"/>	Back Pain/Injury	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions/Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Fracture/Dislocation, bones, joints	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Knee Pain/Injury	<input type="checkbox"/>	<input type="checkbox"/>
Fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>	Neck Injury	<input type="checkbox"/>	<input type="checkbox"/>
Ear Problems/Hearing Loss	<input type="checkbox"/>	<input type="checkbox"/>	Nose Fracture	<input type="checkbox"/>	<input type="checkbox"/>
Eye Problems/Vision Loss	<input type="checkbox"/>	<input type="checkbox"/>	Stomach Ulcer	<input type="checkbox"/>	<input type="checkbox"/>
Injury to the Spleen	<input type="checkbox"/>	<input type="checkbox"/>	Menstrual problems (girls)	<input type="checkbox"/>	<input type="checkbox"/>

Describe the condition or situation that caused any of the above questions to be answered "yes."



	Yes	No
Does your child have:	<input type="checkbox"/>	<input type="checkbox"/>
Orthodontic Appliances?	<input type="checkbox"/>	<input type="checkbox"/>
Capped teeth?	<input type="checkbox"/>	<input type="checkbox"/>
Wear contacts for sports?	<input type="checkbox"/>	<input type="checkbox"/>
Wear glasses or protective eyewear for sports?	<input type="checkbox"/>	<input type="checkbox"/>
Wear special protective or corrective equipment or devices that are not usually used for their sport or position (Ex: knee brace, foot orthotics)?	<input type="checkbox"/>	<input type="checkbox"/>
When did your child receive his/her last tetanus shot:	<input type="checkbox"/>	<input type="checkbox"/>

I agree that all of the above answers are complete and correct to the best of my knowledge. I consent to participation of my child in the interscholastic program of his/her school including practice sessions and travel to and from athletic contests.

I also agree to emergency medical treatment as deemed necessary by the physicians designated by school authorities.

Parent Signature: _____

Date: _____

INSURANCE

ASSUMPTION OF RISK: (See permission slip for exclusions and limitations.) The participant and his/her parents/guardians must realize that this activity may involve injury. The Walton Central School carries accident insurance, which is secondary and non-duplicating.

THIS INSURANCE WILL NOT COVER ALL COSTS THAT WILL RESULT BECAUSE OF AN INJURY SUSTAINED DURING A SCHOOL SPONSORED ACTIVITY. ALL CLAIMS AND BILL MUST FIRST BE SUBMITTED TO THE PARENT'S/GUARDIAN'S OWN INSURANCE CARRIER AND INJURY TO THE SCHOOL NURSE WITHIN FOUR (4) DAYS FOLLOWING THE ACCIDENT.

DATE _____

STUDENT _____

The undersigned, parent/guardian of the individual who has signed the Risk of Injury statement, hereby acknowledges receipt of the Risk of Injury Statement and considering such risk, gives permission for the student to participate in an extracurricular athletic activity. If I withdraw my permission, I understand that the withdrawal must be in writing and given to the principal as well as the coach of the particular athletic activity.

DATE _____

PARENT/GUARDIAN _____

We understand all of the information in this packet and agree to comply with all rules. My permission is hereby given for my son/daughter to participate in all sport activities during this school year.

Parent/Guardian signature _____

Date _____

Student signature _____

Date _____

Parent/Athlete Concussion Information Sheet



Did You Know?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding”, “getting your bell rung”, or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and 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 listed below after a bump, blow or jolt to

the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it’s OK to return to play.

SIGNS OBSERVED BY COACHING STAFF

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction

SYMPTOMS REPORTED BY ATHLETES

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness

Is unsure of game, score or opponent

Double or blurry vision

Moves clumsily

Sensitivity to light

Answers questions slowly

Sensitivity to noise

Loses consciousness (even briefly)

Feeling sluggish, hazy, foggy, or groggy

Shows mood, behavior, or personality changes

Concentration or memory problems

Can't recall events *prior* to hit or fall

Confusion

Can't recall events *after* hit or fall

Just not "feeling right" or "feeling down"

CONCUSSION DANGER SIGNS

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.

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 not only does not diminish, but 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 a brief loss of consciousness should be taken seriously*)

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

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

WHY SHOULD AN ATHLETE

Rest is key to helping an athlete recover

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.*

from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or 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.

RISK OF INJURY STATEMENT

I am aware that competing or practicing in any athletic activity can be a dangerous activity involving risk of injury. I understand that the dangers and risks of competing and practicing in the activity include, but are not limited to death, neck, and spinal injury which may result in complete or partial paralysis, brain damage, exposure to blood borne diseases such as HIV and Hepatitis. There may also be a possibility of exposure to skin infections. Injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of a muscular-skeletal system and injury or impairment of future abilities to earn a living, to engage in business, social and recreational activities and generally to enjoy life.

If I am a participant in baseball, basketball, football, field hockey, soccer, softball, or wrestling, I specifically acknowledge that it is a contact sport involving even greater risk of injury than other sports.

Because of the possible dangers of participation in the activities, I recognize the importance of following the coaches' instructions regarding playing techniques, training and other team rules and agree to obey such instructions.

In consideration of the school district's permitting me to try out for and to engage in all activities related to the participating in that activity, I hereby assume all risks associated with participation.

STUDENTS

HAZING/BULLYING POLICY

The Board of Education recognizes that hazing/bullying is abusive behavior that harms victims and negatively impacts the school culture by creating an environment of fear, distrust, intimidation and tolerance. The Board further recognizes that preventing hazing/bullying in schools is essential to ensure a healthy, nondiscriminatory environment in which all students can learn.

The Board is committed to providing an educational environment that promotes respect, dignity and equality and that is free from all forms of hazing/bullying. To this end, the Board condemns

and strictly prohibits all forms of hazing/bullying on school grounds, school buses and at all school-sponsored activities, programs and events, including those that take place at locations outside the district, including any incidents involving electronic transmission.

- I. “Hazing”, means committing an act against a student, or coercing a student into committing an act that creates a risk of emotional, physical or psychological harm to a person, in order for the student to be initiated into or affiliated with a student organization, or for any other purpose.

Hazing includes, but is not limited to:

1. Any humiliating, degrading or dangerous activity demanded of a student to join a group, regardless of the student’s willingness to participate (conduct has the potential to endanger the mental or physical health or safety of a student).
2. Any hurtful, aggressive, destructive or disruptive behavior or other activity that subjects a student to an unreasonable risk of harm or that adversely affects the mental or physical health or safety of that student.
3. Any coercion to force the use or abuse of any type of tobacco, alcohol or other drug.
4. Any inappropriate activity that intimidates or threatens the student with ostracism, that subjects a student to emotional, physical or psychological stress, embarrassment, shame or humiliation that adversely affects the health or dignity of the student or discourages the student from remaining in school or participating in any student organization.
5. Any inappropriate activity that causes or requires the student to perform a task or act that involves violation of state or federal law or of school district policies or regulations.

(1)

- II. Bullying is a conscious, willful, deliberate activity intended to harm where the perpetrator (s) get pleasure from the targeted child’s pain and/or misery. It can be verbal, physical, and/or relational; have as its overlay race, ethnicity, religion, gender (including sexual orientation), physical or mental ability; includes all forms of hazing and cyberbullying (sending of offensive or threatening messages to others through any form of technology). It can be and often is continuous and repeated over time, but does not have to be. Once is enough to constitute bullying. Bullying may take place on school property, at any school-sponsored function or on a school bus and that is designed to or has the effect of interfering with one’s ability to attend school and/or to be educated in a safe, non-hostile environment.

Bullying may include, but is not limited to, actions such as verbal or written taunts, name-calling and put-downs, ethically-based or gender-based verbal put-downs, extortion of money or possessions, exclusions from peer groups within school

In order for the Board to effectively enforce this policy and to take prompt corrective measures, it is essential that all victims of hazing/bullying, and persons with knowledge of hazing/bullying report the harassment immediately. The District will promptly investigate all complaints of hazing/bullying, either formal or informal, verbal or written. To the extent possible, all complaints will be treated in a confidential manner. Limited disclosure may be necessary to complete a thorough investigation. There shall be no retaliation taken against any individual making a good faith report of hazing/bullying to school authorities.

If, after appropriate investigation, the District finds that a student has violated this policy, prompt disciplinary action will be taken in accordance with the Districts Code of Conduct:

The Board prohibits any retaliatory behavior directed towards any person who reports an act of hazing as well as against anyone who participated in the investigation of a complaint of bullying.

Adopted: January 3, 2008

WALTON CENTRAL SCHOOL DISTRICT
Walton, New York

Because Section IV believes that the purpose of interscholastic athletics is to help promote sportsmanship and also believes that coaches, athletes and officials should be setting examples by their behavior. It is recommended that the following policy be implemented

MISCONDUCT POLICY

Any coaches or players should refrain from unsportsmanlike conduct. Any specific act of misconduct of the kind described herein by any coach or player from the modified level through the varsity level in any sport shall result in action by the Section as set forth below.

COACHES AND PLAYERS:

Any school whose coach or player is ejected from an interscholastic competition for having used profanity, engaged in unsportsmanlike conduct or who physical assaults an official shall be sanctioned for such conduct on the part of such coach or player in the following manner:

Disqualification for Use of Profanity or unsportsmanlike Conduct

A. COACH:

1. Any coach excluded by a certified official from an interschool competition for unsportsmanlike conduct is ineligible to coach any interschool competition in that sport until after the next previously scheduled contest at the same level (e.g. junior varsity, varsity, etc.) has been completed. **The coach may not be present at the game site.**

NOTE: “Not being physically present at the site” means the disqualified coach is not to be present in the locker room, on the sidelines, in the stands or site area before, during, or after the game/meet.

2. A coach who strikes, shoves, kicks, or makes other physical contact with the intent to do so to another person (e.g. official, another coach, player, fan) shall be expelled immediately and banned from further participation or coaching in all sports for one year from the date of the offense.

B. PLAYER:

1. Any member of a squad ruled out of a contest for unsportsmanlike conduct or for a flagrant foul shall not participate in that sport in the next previously scheduled contest with a member school or in NYSPHSAA tournament play. Disqualification from one season carry over to the next season of participation.
2. Any member of the squad who strikes, shoves, kicks or makes other physical contact with the intent to do so to an official shall be expelled from the game immediately and banned from further participation in all sports for one year from the date of the offense

NOTE: Member of the squad includes player, manager, score keepers, timers, and statisticians.

C. OFFICIAL:

1. Unprofessional conduct on the part of the official such as, but not limited to, taunting, baiting, use of profanity, shall be reported by a school administrator from the aggrieved school to the section executive director. A request will be made to the appropriate sport official’s chapter to investigate the incidence and to report their action to the section in a timely manner.

General Rules:

Any player or coach cited for misconduct which occurs before or after the contest is played, and if found guilty, shall subject the school to the same penalties as if the offense occurred during the game. Events occurring away from the site of the contest shall not be handled under this policy, but may be reviewed by the Ethics committee under its general authority.

Although multiple acts may be cited as evidence of the offense, for purposes of the sanctions set forth above, no more than one offense shall be deemed to have occurred in anyone game, except that if a coach or player is ejected from a contest by an official for unsportsmanlike conduct or the use of profanity, any continuation of such unsportsmanlike conduct or profanity following ejection may be cited as an additional offense.

DEFINITIONS

Player-Any student athlete participating in an interscholastic sport at any level from modified to varsity.

If a player has been accepted for an individualized Education Program prior to the time of offense, and the hearing panel determines that the offense arose out of the particular condition which rendered the student eligible for an Individualize Education program, such Player shall not be deemed to have committed an offense and neither the student nor the school shall be penalized under these rules.

(3)

Co-Curricular Eligibility Policy

Eligibility to participate in any form of extracurricular activity (athletics, clubs, competitions, drama, musicals, selective organizations etc...) shall require certification of proper physical condition by a school physician, maintenance of satisfactory scholarship, written consent of a parent/guardian and agreement by the student to observe the guidelines for student behavior.

Students in co-curricular activities must balance the roles of being a full-time student and a part-time participant in the co-curricular activity. Our expectations are that students can 1 maintain passing averages in their courses, 2 seek extra help from staff when needed to help them maintain passing averages, and always place a high level of importance on their academic achievement. Students and parent/guardians should be familiar with the co-curricular eligibility guidelines which are listed in the student handbook.

Co-curricular activities include but are not limited to (for example only): Athletic Teams, Clubs and Societies, Musical, FFA, Forensics (Speech and Debate), Student Council, Activity Nights, Dances, Yearbook, FBLA, Class events, Honor Society.

Parent – Coach Relationship

Both parenting and coaching are very difficult vocations. By establishing an understanding of each person's role, we will be better able to accept the actions of the other and provide great benefits to children participating in Interscholastic Athletics. When your child(ren) become involved in our sports program, you should have an understanding of what expectations are placed on your child. This begins with clear communication from the coaches of your child's program.

Communication you may expect from your child's coach

1. Philosophy of the coach
2. Expectations that the coach has for your child as well as for the participants on the team
3. Location and times of all practices and contests
4. Team requirements (i.e., fees, special equipment, attendance, etc.)
5. Procedure should your child be injured during a practice/contest
6. Discipline that may result in the denial of your child's participation

Communications coaches expect from parents

1. Concerns expressed directly to the coach
2. Notifications of any schedule conflicts well in advance
3. Specific concerns in regard to coach's philosophy and/or expectations
4. Health related issues that may impact child's ability to participate.

As your child becomes involved in programs at Walton Central Schools, they will experience some of the most rewarding moments in their lives. It is important to understand that there also may be times when things do not necessarily go the way that you or your child may wish. At these times, discussion with the coach is encouraged.

Appropriate concerns to discuss with the coach

1. The treatment of your child mentally and physically
2. Ways to help your child improve (i.e., attendance at camps, summer leagues, etc.)
3. Concerns about your child's behavior

It is very difficult to accept your child's not playing as much as you and your child may hope. Coaches are professionals. As such, they make judgment decisions based on what they believe to be the best for all athletes involved as well as the team as a whole. There are bound to be areas where you as a parent disagree with a coach's decision. While the issues above are appropriate to be discussed with the coaches, certain things must be left to the discretion of the coach.

Issues NOT appropriate to discuss with coaches

1. Team strategy
2. Play calling
3. Amount of playing time

4. Other student athletes

There are situations that may require a conference between the coach and a parent. These are to be encouraged, since it is important that both parties involved have a clear understanding of the other's position. When such a conference is necessary or desired, the following procedure should be followed to help promote a resolution to the issue of concern.

Procedure to follow to discuss an issue with a coach

1. Call or email the coach to discuss the issue with the coach or to arrange an appointment to meet with the coach.
2. If the coach cannot be reached at school, call the Athletic Director, Mr. Gates, to arrange an appointment to discuss or meet with the coach.
3. Do not attempt to confront a coach before, during or after a contest or practice. These can be emotional times for both the parent and the coach. Meetings of this nature do not promote resolution of issues.

What can a parent do if the meeting with a coach did not provide a resolution?

1. Call the Athletic Director, Mr. Gates, to discuss the issue and possibly arrange a meeting with the parent, coach and athletic director.
2. If this step does not provide solution, then a meeting with the principal, athletic director, parent and coach may be arranged.

We sincerely hope that this information will assist in making you and your child's experiences with the Walton Central School Athletic Department more enjoyable and rewarding!

ATHLETE'S RULES
WALTON CENTRAL RULES FOR PARTICIPATION IN EXTRACURRICULAR
ACTIVITIES

Eligibility to participate in any form of extracurricular activity shall require certification of proper physical condition by a school physician, maintenance of satisfactory scholarship, written consent of a parent/guardian, and agreement by the student to observe the following regulations.

Practice and Conduct

1. Participation in extra-curricular activities is a privilege. Participants are expected to adhere to all behavior guidelines in the District code of conduct. Failure to do so may result in the loss of that privilege.
2. Refrain from the possession and/or use of tobacco, alcohol, drugs, marijuana, or controlled substances except for any drugs taken in accordance with a current prescription signed by a physician which is to be taken by that student at the time in question. **VIOLATION OF THIS REGULATION MAY RESULT IN SUSPENSION FROM THE TEAM OR GROUP FOR THE REMAINDER OF THE SEASON.**
3. Attend all practice sessions punctually unless excused by the advisor/coach.
4. Follow all directions of the advisor/coach promptly and cheerfully.
5. Refrain from the use of all profane and/or vulgar language while participating in practice or contest.
6. Treat all officials, guest, judges, coaches and other participants with respect and courtesy.
7. Act as a good ambassador for our school and community.

Hazing

See attached policy

Scholarship

Must carry at least three courses per semester including Physical Education (High School).

1. Must maintain a satisfactory level of scholarship and abide by the Co-Curricular Eligibility Policy.

Attendance

In order to practice or participate in single or group extracurricular activities sponsored by Walton Central School, a student must:

1. Be in attendance by 8:30 a.m. every day during their designated season if they intend on participating in a practice or contest on that day. Excused absences are the only exception to this. If a student/athlete is found abusing this policy, consistently (3 or more times per season) showing up between 8:15 a.m. – 8:30 a.m., he/she will receive consequences on an individual basis.

Students with **late arrival** are expected to be in school by their designated time period. Any student consistently (3 or more times per season) showing up tardy will receive consequences on an individual basis.

2. **Students may not go home sick and then return the same day for practice or an event.**

Theft of Valuables

Since the school district cannot be responsible for valuables such as money, jewelry, rings watches and the like, each student is responsible for the safe keeping of such items. In relation to activities outside of the school, it is suggested that either the student not carry such items or make appropriate arrangements with non-school personnel for the safe keeping of such items. The district does not assume any responsibility for the loss, misplacing or theft of any such items.

EXCLUSIONS: NO BENEFITS SHALL BE PROVIDED FOR:

1. Cosmetic surgery (cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma) sickness, disease, orthodontia treatment.
2. No benefits will be paid for care in connection with the detection and correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference and the effects hereof where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column.
3. Self-inflicted injuries.

LIMITATIONS:

1. No benefits will be paid unless the first treatment has been provided within 45 days from the date of injury.
2. No benefits will be paid for treatment rendered after 2 years have elapsed from the date of Injury. (Except open dental).

