

**Keller Independent School District
UIL Athletic Participation Forms
2012-2013
Due May 31, 2012**

Student Athlete's Name: _____ Student ID: _____
Grade: _____ Campus: _____
(INFORMATION FOR THE 2012-2013 SCHOOL YEAR)

Please check the box associated with the sport(s) your son/daughter participates:

High School Sports

- | | | |
|--|--|--|
| <input type="checkbox"/> Football | <input type="checkbox"/> Women's Basketball | <input type="checkbox"/> Men's Basketball |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Women's Track & Field | <input type="checkbox"/> Men's Track & Field |
| <input type="checkbox"/> Women's CC | <input type="checkbox"/> Men's CC | <input type="checkbox"/> Baseball |
| <input type="checkbox"/> Softball | <input type="checkbox"/> Men's Soccer | <input type="checkbox"/> Women's Soccer |
| <input type="checkbox"/> Women's Golf | <input type="checkbox"/> Men's Golf | <input type="checkbox"/> Power lifting |
| <input type="checkbox"/> Women's Tennis | <input type="checkbox"/> Men's Tennis | <input type="checkbox"/> Gymnastics |
| <input type="checkbox"/> Women's Wrestling | <input type="checkbox"/> Men's Wrestling | <input type="checkbox"/> Men's Swimming |
| <input type="checkbox"/> Women's Swimming | | |

Middle School Sports

- | | |
|--|--|
| <input type="checkbox"/> Men's 7 th Grade Athletics | <input type="checkbox"/> Women's 7 th Grade Athletics |
| <input type="checkbox"/> Men's 8 th Grade Athletics | <input type="checkbox"/> Women's 8 th Grade Athletics |

Parent/Legal Guardian Information

Father/Legal Guardian: _____ Address: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

Home Email Address: _____ Work Email: _____

Mother/Legal Guardian: _____ Address: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

Home Email Address: _____ Work Email: _____

High Schools

- Keller High Fossil Ridge Central High Timber Creek

Middle Schools

- | | |
|---|---|
| <input type="checkbox"/> Keller Middle | <input type="checkbox"/> Hillwood Middle |
| <input type="checkbox"/> Fossil Hill Middle | <input type="checkbox"/> Indian Spring Middle |
| <input type="checkbox"/> Trinity Springs Middle | <input type="checkbox"/> Timberview Middle |



KELLER INDEPENDENT SCHOOL DISTRICT Athletic Department

350 Keller Parkway
Keller, Texas 76248
817-744-1066
Fax: 817-744-1268

Bob DeJonge
Director of Athletics
Becky Spurlock
Coordinator of Athletic Training

Spring 2012

Dear Parents,

This year Keller ISD will begin a new procedure for athletic physicals. In the past, Keller ISD has required physicals for incoming 7th graders, incoming 9th and incoming 11th graders. It has been approved beginning with the 2012-2013 school year that our district will require an **annual** physical for athletes and cheerleaders.

The main reason for requiring an annual physical is for the safety of our students. By requiring a physical every year, physicians can detect possible medical issues that have developed in our student athletes. In addition, this procedure will clear up any confusion coaches, parents and administrators have as to who is required to submit a complete physical packet. The new requirement will also fall in line with the UIL paperwork that is required to be completed by the parent and student each year they compete for Keller ISD.

Another advantage will allow parents to turn in physicals dated anytime in the calendar year. For example: For the upcoming 2012-13 school year, parents will be allowed to turn in a physical that is dated any time in the 2012 calendar year prior to the student beginning athletics or cheerleading. This allows more time for parents to set a date for the student's wellness physical with their physician so they will have the advantage of using their family insurance.

This new requirement for yearly physicals is a positive move by our school district to allow the athletic training staff and coaches to receive the best possible information concerning the health of our athletes and cheerleaders.

Sincerely,

Bob DeJonge, Director of Athletics
Becky Spurlock, Coordinator of Athletic Training

Keller Indians



Fossil Ridge Panthers



Central Chargers



Timber Creek Falcons





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Bob DeJonge
Director of Athletics
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Spring 2012

Dear Parents,

Keller ISD and the UIL require the parent/legal guardian to complete the following required paperwork. This paperwork will need to be filled out for all students that will be participating in athletics or cheerleading for the 2012-2013 school year. Each section of the paperwork will require parent and student signature for the packet to be completed correctly.

It is important that you take time to read all the material in the packet and pay close attention to the signatures required. If any of the signatures are not completed the packet will be returned for you to complete. Although we work hard to make sure that no mistakes are made when the packets are returned, it is our recommendation that you as a parent **make a copy of the packet and retain it for your records.**

You will find the following:

- Physical/Medical History: **parent and student signature required**
- UIL Rules Acknowledgement of Rules: **parent and student signature required**
- Helmet, Medication Permit, Insurance Information: **Parent and student signature required**
- Athletic Code of Conduct: **Parent and student signature required**
- UIL Parent and Student Agreement/Acknowledgement Form
- Anabolic Steroid Use and Random Steroid Testing: **Parent and student signature required**
- Keller ISD Athletic Emergency Card: **(2 required) parent and student signature required**

The packet needs to be returned to the school your son/daughter is attending by **May 31, 2012**. If you have any questions please call Becky Spurlock at 817-744-2066.

Keller Indians



Fossil Ridge Panthers



Central Chargers



Timber Creek Falcons



PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

REVISED 1-6-09

This **MEDICAL HISTORY FORM** must be completed *annually* by parent (or guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

Student's Name: (print) _____ Sex _____ Age _____ Date of Birth _____
 Address _____ Phone _____
 Grade _____ School _____
 Personal Physician _____ Phone _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers in the box below. Circle questions you don't know the answers to. Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches**

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below.		
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf
Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many _____ When was the last _____ times? _____ concussion?			Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
How severe was each one? (Explain below)			Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	Females Only		
Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>	19. When was your first menstrual period? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	**EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):		
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	_____		

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL

Student Signature: _____ Parent/Guardian Signature: _____ Date: _____

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

For School Use Only:

This Medical History Form was reviewed by: Printed Name _____ Date _____ Signature _____

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____/_____/_____ (_____/_____, ____/_____)
brachial blood pressure while sitting

Vision R 20/____ L 20/____ Corrected: Y N Pupils: Equal Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high athletic participation and again prior to first and third years of high school athletic participation. It **must** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. *** Local district policy may require an annual physical exam.**

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			

MUSCULOSKELETAL

Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

Cleared
 Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendations: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) _____ Date of Examination: _____

Address: _____

Phone Number: _____

Signature: _____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or games/matches.

ACKNOWLEDGEMENT OF RULES

Attention School Authorities: This form must be signed yearly by both the student and parent/guardian and be on file at your school before the student may participate in any practice session, scrimmage, or contest. A copy of the student's medical history and physical examination form signed by a physician or medical history form signed by a parent must also be on file at your school.

Student's Name _____ Date of Birth _____

Current School _____

Parent or Guardian's Permit

I hereby give my consent for the above student to compete in University Interscholastic League approved sports, and travel with the coach or other representative of the school on any trips.

It is understood that even though protective equipment is worn by the athlete whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the high school assumes any responsibility in case an accident occurs.

I have read and understand the University Interscholastic League rules on the reverse side of this form and agree that my son/daughter will abide by all of the University Interscholastic League rules.

The undersigned agrees to be responsible for the safe return of all athletic equipment issued by the school to the above named student.

If, in the judgement of any representatives of the school, the above student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, licensed athletic trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

I have been provided the UIL Parent Information Manual regarding health and safety issues including concussions and my responsibilities as a parent/guardian. I understand that failure to provide accurate and truthful information on UIL forms could subject the student in question to penalties determined by the UIL.

The UIL Parent Information Manual is located at www.uil texas.org/files/athletics/manuals/parent-information-manual.pdf.

Your signature below gives authorization that is necessary for the school district, its licensed athletic trainers, coaches, associated physicians and student insurance personnel to share information concerning medical diagnosis and treatment for your student.

To the Parent: Check any activity in which this student is allowed to participate.

- | | | | |
|--|-----------------------------------|--|--|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Football | <input type="checkbox"/> Softball | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Golf | <input type="checkbox"/> Swimming & Diving | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Soccer | <input type="checkbox"/> Team Tennis | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Wrestling | | | |

Date _____

Signature of parent or guardian _____

Street address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

GENERAL INFORMATION

School coaches may not:

- Transport, register, or instruct students in grades 7-12 from their attendance zone in non-school baseball, basketball, football, soccer, softball, or volleyball camps (exception: See Section 1209 of the Constitution and Contest Rules).
- Give any instruction or schedule any practice for an individual or a team during the off-season except during the one in school day athletic period in baseball, basketball, football, soccer, softball, or volleyball
- Schools and school booster clubs may not provide funds, fees, or transportation for non-school activities.

GENERAL ELIGIBILITY RULES

According to UIL standards, students could be eligible to represent their school in interscholastic activities if they:

- are not 19 years of age or older on or before September 1 of the current scholastic year. (See Section 446 of the Constitution and Contest Rules for exception).
- have not graduated from high school.
- are enrolled by the sixth class day of the current school year or have been in attendance for fifteen calendar days immediately preceding a varsity contest.
- are full-time students in the participant high school they wish to represent.
- initially enrolled in the ninth grade not more than four years ago.
- are meeting academic standards required by state law.
- live with their parents inside the school district attendance zone their first year of attendance. (Parent residence applies to varsity athletic eligibility only.) When the parents do not reside inside the district attendance zone the student could be eligible if: the student has been in continuous attendance for at least one calendar year and has not enrolled at another school; no inducement is given to the student to attend the school (for example: students or their parents must pay their room and board when they do not live with a relative; students driving back into the district should pay their own transportation costs); and it is not a violation of local school or TEA policies for the student to continue attending the school. Students placed by the Texas Youth Commission are covered under Custodial Residence (see Section 442 of the Constitution and Contest Rules).
- have observed all provisions of the Awards Rule.
- have not been recruited. (Does not apply to college recruiting as permitted by rule.)
- have not violated any provision of the summer camp rule. Incoming 10-12 grade students shall not attend a baseball, basketball, football, soccer, or volleyball camp in which a seventh through twelfth grade coach from their school district attendance zone, works with, instructs, transports or registers that student in the camp. Students who will be in grades 7, 8, and 9 may attend one baseball, one basketball, one football, one soccer, one softball, and one volleyball camp in which a coach from their school district attendance zone is employed, for no more than six consecutive days each summer in each type of sports camp. Baseball, Basketball, Football, Soccer, Softball, and Volleyball camps where school personnel work with their own students may be held in May, after the last day of school, June, July and August prior to the second Monday in August. If such camps are sponsored by school district personnel, they must be held within the boundaries of the school district and the superintendent or his designee shall approve the schedule of fees.
- have observed all provisions of the Athletic Amateur Rule. Students may not accept money or other valuable consideration (tangible or intangible property or service including anything that is usable, wearable, salable or consumable) for participating in any athletic sport during any part of the year. Athletes shall not receive valuable consideration for allowing their names to be used for the promotion of any product, plan or service. Students who inadvertently violate the amateur rule by accepting valuable consideration may regain athletic eligibility by returning the valuable consideration. If individuals return the valuable consideration within 30 days after they are informed of the rule violation, they regain their athletic eligibility when they return it. If they fail to return it within 30 days, they remain ineligible for one year from when they accepted it. During the period of time from when students receive valuable consideration until they return it, they are ineligible for varsity athletic competition in the sport in which the violation occurred. Minimum penalty for participating in a contest while ineligible is forfeiture of the contest.
- did not change schools for athletic purposes.

I understand that failure to provide accurate and truthful information on UIL forms could subject the student in question to penalties determined by the UIL.

I have read the regulations cited above and agree to follow the rules.

Date

Signature of student

Keller ISD Helmet Warning

I understand that the helmet and shoulder pads will not prevent all head, neck, or shoulder injuries a football player might encounter while participating in football. I further understand that using the helmet to butt, ram, or spear an opposing player is a violation of the football rules, and as such can result in a severe head and/or neck injuries or death. I will follow instruction for proper use, wearing, and fitting of equipment as set forth by the manufacturer.

Please check to acknowledge you have read the previous statement:

Athlete

Parent/Legal Guardian

Keller ISD Medication Permit

Certified or Licensed Athletic Trainers do not dispense any non-prescription medication. Medication will only be prescribed for athletes by the team physicians. Consent is hereby given to administer prescription medication to said student when prescribed by the team physician and/or athlete's personal physician.

Please check to acknowledge you have read the previous statement:

Athlete

Parent/Legal Guardian

Insurance Information

Keller ISD does **NOT subsidize insurance coverage for student athletes.** The parent must provide insurance coverage, if desired. The district will work with an outside firm for those of you who wish to have additional coverage. The district recommends that you provide insurance coverage for your son/daughter while participating in athletes.

Please check to acknowledge you have read the previous statement:

Athlete

Parent/Legal Guardian

Athlete's Signature: _____ **Date:** _____

Parent/Legal Guardian: _____ **Date:** _____

Keller Independent School District

Extra Curricular Code of Conduct

Statement of Expectations:

The Keller Independent School District believes that being involved in extra curricular activities is an honor. Participation in one or more of these activities should be considered a privilege, not a right.

The following are expectations of our students:

- ✓ Obtain a quality education as the primary reason for attending school
- ✓ Compete at the highest level while promoting good sportsmanship and courteous behavior
- ✓ Exhibit positive leadership
- ✓ Develop and maintain high morals and ethical values
- ✓ Exhibit conduct becoming of a young lady or gentleman
- ✓ Exhibit respect to coaches, faculty, officials, opponents and fellow students
- ✓ Develop and show school pride

Standards for District Extra Curricular Activities

Keller ISD students are expected to adhere to the *District Student Code of Conduct* as it applies to school-related and/or school sponsored activities. Prior to participation in a Keller ISD Extra Curricular activity, student and parents must also agree to abide by all guidelines outlined in the Extra Curricular Code of Conduct. Students involved in extra curricular activities are expected to maintain high standards of ethical conduct. Extra curricular participation is a privilege and not a right. Any misconduct that reflects negatively on the Keller Independent School District will fall under these Codes of Conduct. These guidelines are developed to deal with misconduct that occurs within the school's jurisdiction as well as outside of the school's jurisdiction, regardless of time or location. Disciplinary action or suspension will be mandated to students who are involved in any disciplinary infraction on or off campus including, but not limited to possession or use of drugs, improper use of prescription medicines, alcohol or tobacco, violent behavior, any inappropriate behavior including presence at functions where illegal substances are being consumed and other offenses that result in the violation of the district Student Code of Conduct, which in turn results in a ISS (other than tardies or dress code), CPC or SRC assignment or expulsion.

Administrative Procedures for the Keller ISD Code of Conduct

The following administrative procedures have been adopted by the Keller Independent School District to deal with violations of the Extra Curricular Code of Conduct.

****All violations will adhere to the following policies:**

1. Confirmation that a violation has occurred via one of the following:
 - A. Report from a law enforcement agency
 - B. Personal disclosure by the participating student or parent/guardian
 - C. Observed behavior by a school employee
 - D. An investigation may be initiated if credible and specific information is received by a KISD representative.
2. Notification by administrative designee to parents or legal guardian within 72 hours
3. Notification by activity sponsor to campus principal or assigned administrative designee within 72 hours.
4. Meeting with parent, student, (*discipline panel*) sponsor/coach and administrative designee
5. Determination of type of discipline to be administered. Copies of meeting summary sent to the activity sponsor, campus principal and district level director
6. **Appeals:** Board Policy FNG Local (STUDENT RIGHTS AND RESPONSIBILITIES: STUDENT AND PARENT COMPLAINTS/GRIEVANCES) will be provided upon request.

Cumulative Offenses

Disciplinary offenses committed in grades 7 and 8 are cumulative for a student's middle school career, but will not carry on to high school. Any subsequent offenses that occur in high school will be cumulative during the student's high school career.

****It is an exception to this rule if the district receives credible evidence indicating that a middle school student committed an act involving the elements of a Class A misdemeanor or a felony. In this case, the offenses will carry from grade 7 through the completion of grade 12.**

Categories for Code of Conduct Offenses

Level 1 - When a student commits misconduct involving the elements of a Class B or C misdemeanor (class C traffic violations are not applicable) or misconduct that does not involve a law enforcement agency.

If a student is arrested for or commits the elements of a crime of violence, the administrative designee and coach/sponsor may suspend the student from the extra curricular activity while the case is being decided.

1st Offense (Level 1)

- ✓ Meeting with student, parent and discipline panel
- ✓ Student will be assigned by school official *one or two* of the following:
 - Twenty hours of community service (30 days to complete)
 - Twenty miles of running (14 days to complete) (Alternative consequences for students with physical limitations)
 - 2 week suspension from activities including practice

- all students will also participate in a 10 hour team service project
 - * In cases involving substance abuse, students may be asked to attend substance abuse intervention. Failure to attend assigned intervention will constitute an additional level one offense and suspension until all requirements are met.

2nd Offense (Level 1)

- ✓ Meeting with student, parent and discipline panel
- ✓ Suspension from activities for 30 days (if out of season the consequence will begin at the beginning of the next competition season)
- ✓ Student will be assigned **one or both** of the following:
 - Twenty hours of community service (30 days to complete)
 - Twenty miles of running (14 days to complete) (Alternative consequences for students with physical limitations)
 - all students will also participate in a 10 hour team service project
 - * In cases involving substance abuse, students may be asked to attend substance abuse intervention. Students involved in their second substance abuse offense **must** attend substance abuse intervention. Failure to attend shall result in continued suspension.

3rd Offense (Level 1)

- ✓ Meeting with student, parent and discipline panel
- ✓ Penalty shall include suspension from activities for one calendar year
 - In cases involving substance abuse, students may be asked to attend substance abuse intervention. Students involved in their second substance abuse offense **must** attend substance abuse intervention. Failure to attend shall result in continued suspension.

Level 2 –If a student commits misconduct that contains the elements of a felony or a Class A misdemeanor

1st Offense (Level 2)

If a student commits misconduct that contains the elements of a felony crime or a Class A misdemeanor:

- ✓ Student will be suspended from all activities until the case is completed.
- ✓ Students found NOT GUILTY will return to the activity with no further penalty.
- ✓ Students found GUILTY will be removed from all activities for a period of at least one calendar year.
 - * In cases involving substance abuse, students may be asked to attend substance abuse intervention. Students involved in their second substance abuse offense **must** attend substance abuse intervention. Failure to attend will result in continued suspension.

2nd Offense (Level 2)

If a student commits misconduct that contains the elements of a felony crime or a class A misdemeanor:

- ✓ Student will be suspended from all activities until the case is completed.
- ✓ Students found NOT GUILTY will return to the activity with no further penalty.
- ✓ Students found GUILTY will be permanently removed from the program.

Keller ISD Extra Curricular Code of Conduct Signature Page

This page must be signed by both the student and parent/legal guardian of the student and returned to the coach or activity sponsor before the student can participate in the activity.

Signing this sheet signifies that the student and parent/legal guardian of the student has read and understands the procedures and punishments set aside for a violation of the extra Curricular Code of Conduct.

Student's Name (please print): _____ Date: _____

Student's Signature: _____

Father/legal guardian (please print): _____ Date: _____

Signature of Father/legal guardian: _____

Mother/legal guardian (please print): _____ Date: _____

Signature of Mother/legal guardian: _____

This signature page must be signed and turned in to the offices of the Coaches, Sponsor, or Director prior to any practice or competition.



University Interscholastic League



Parent and Student Agreement/Acknowledgement Form Anabolic Steroid Use and Random Steroid Testing

- Texas state law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.
- Texas state law also provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person who is in good health is not a valid medical purpose.
- Texas state law requires that only a licensed practitioner with prescriptive authority may prescribe a steroid for a person.
- Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Texas Department of Criminal Justice.

STUDENT ACKNOWLEDGEMENT AND AGREEMENT

As a prerequisite to participation in UIL athletic activities, I agree that I will not use anabolic steroids as defined in the UIL Anabolic Steroid Testing Program Protocol. I have read this form and understand that I may be asked to submit to testing for the presence of anabolic steroids in my body, and I do hereby agree to submit to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at www.uilTEXAS.org. I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject me to penalties as determined by UIL.

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

Student Signature: _____ Date: _____

PARENT/GUARDIAN CERTIFICATION AND ACKNOWLEDGEMENT

As a prerequisite to participation by my student in UIL athletic activities, I certify and acknowledge that I have read this form and understand that my student must refrain from anabolic steroid use and may be asked to submit to testing for the presence of anabolic steroids in his/her body. I do hereby agree to submit my child to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my student's high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at www.uilTEXAS.org. I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject my student to penalties as determined by UIL.

Name (Print): _____

Signature: _____ Date: _____

Relationship to student: _____

Keller ISD Athletic Emergency Card

The Keller Independent School district does NOT subsidize insurance coverage for extra-curricular activities. The parent must provide insurance coverage if desired. The District will work with an outside insurance company for parent/legal guardian who wishes to purchase coverage for the student. The respective school will provide parents and students with the information.

I _____parent of _____who is an athlete in the _____ grade at Keller ISD, will take full responsibility for any medical expenses incurred by my son/daughter as a result of injury while participating in organized extra-curricular activities at Keller ISD during the 2012-13 school year.

It is understood that even though the athlete wears protective equipment (including a football helmet) whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor KISD assumes any responsibility in case an accident occurs during extra-curricular activities at KISD.

If in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request , authorize, and consent to such care and treatment as may be given said student b y a physician, athletic trainer, nurse, or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such injury and treatment of said student.

If between this date and the beginning of athletic competition, any illness or injury should occur that many limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state, that to the best of my knowledge, my answers to the above questions are complete and correct.

Student Signature: _____ **Parent Signature:** _____ **Date:** _____

Keller ISD Extra-curricular Emergency Card

Student Name: _____ Sex: M__ F__ Age: _____ Date of Birth: _____

Grade: _____ Allergies: _____ Sports: _____

Address: _____ Home Phone: _____

Father/Legal Guardian: _____ Email Address: _____

Father/Legal Guardian: Home Phone: _____ Cell Phone: _____

Father/Legal Guardian: Home Address: _____

Mother/Legal Guardian: _____ Email Address: _____

Mother/Legal Guardian: Home Phone: _____ Cell Phone: _____

Mother/Legal Guardian: Home Address: _____

Emergency Contact in Case parent/legal Guardian is not available:

Name: _____ Relation: _____

Home Phone: _____ Cell Phone: _____

Personal Physician: _____ Phone Number: _____

Orthopedic Surgeon: _____ Phone Number: _____

Insurance Company Name: _____

Keller ISD Athletic Emergency Card

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I _____ parent of _____ who is an athlete in the _____ grade at Keller ISD, will take full responsibility for any medical expenses incurred by my son/daughter as a result of injury while participating in organized extra-curricular activities at Keller ISD during the 2012-13 school year.

It is understood that even though the athlete wears protective equipment (including a football helmet) whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor KISD assumes any responsibility in case an accident occurs during extra-curricular activities at KISD.

If in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by a physician, athletic trainer, nurse, or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such injury and treatment of said student.

If between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state, that to the best of my knowledge, my answers to the above questions are complete and correct.

Student Signature: _____ **Parent Signature:** _____ **Date:** _____

Keller ISD Extra-curricular Emergency Card

Student Name: _____ Sex: M__ F__ Age: _____ Date of Birth: _____

Grade: _____ Allergies: _____ Sports: _____

Address: _____ Home Phone: _____

Father/Legal Guardian: _____ Email Address: _____

Father/Legal Guardian: Home Phone: _____ Cell Phone: _____

Father/Legal Guardian: Home Address: _____

Mother/Legal Guardian: _____ Email Address: _____

Mother/Legal Guardian: Home Phone: _____ Cell Phone: _____

Mother/Legal Guardian: Home Address: _____

Emergency Contact in Case parent/legal Guardian is not available:

Name: _____ Relation: _____

Home Phone: _____ Cell Phone: _____

Personal Physician: _____ Phone Number: _____

Orthopedic Surgeon: _____ Phone Number: _____

Insurance Company Name: _____