

Athletic Participation Packet

Parkway South High School



The following groups must follow the procedures outlined below:

- | | | |
|----------------------|-----------------------------|-------------------|
| 1. Football | 8. Softball | 15. Track & Field |
| 2. Soccer | 9. Tennis | 16. Marching Band |
| 3. Cross Country | 10. Basketball | 17. Poms |
| 4. Swimming | 11. Wrestling/Wrestlerettes | 18. Cheerleading |
| 5. March. Band/Flags | 12. Baseball | 19. Bowling |
| 6. Field Hockey | 13. Water Polo | 20. Step Team |
| 7. Volleyball | 14. Girls Lacrosse | |

1. **Print the Athletic Participation Packet**

- Download the form online or pick one up from the Athletic Office.

2. **Have a Physical Examination (Pages 1 & 2 of the APP)**

*REMINDER: All physicals must be filled out on **our** forms. This is mandated by the MSHSAA.*

- If a student intends to play sports for the Parkway South Patriots, he/she must have a valid physical form (Page 1 & 2 Must be submitted) on file in the Athletic Office prior to participation. - *REMINDER: A valid physical is dated after Feb. 1, 2013 (for the 2013-14 school year) and must be filled out and signed by a doctor.*

3. **Complete Parent Permission/Signature Form (Page 3 of APP) and read the remainder of the packet**

After your physical has been completed, make sure page 3 of the packet is filled out in its entirety.

- Parent Permission/Signature Form (Page 3 Must be submitted) – Consent for treatment, Insurance information, Emergency contact information, Medication information, Consent for personal vehicle transportation, Document agreement signature.

Please read the following documents carefully and sign off on Page 3 indicating you have read all pages.

DO NOT SUBMIT PAGES 4-6. Retain for your records.

- Student Agreement (Page 4) – MSHSAA Eligibility information, South High eligibility information, Citizenship information. Concussion information
- Parkway Code of Conduct (Page 5) – Parkway Drug Pledge
- Electronic Use Policy (Page 6)

4. **Turn in Pages 1-3 to the Athletic Office by the dates listed below:**

- Fall Sports: No later than July 29, 2013
- Winter Sports: No later than October 21, 2013
- Spring Sports: No later than February 17, 2014

(For any Sports that have a summer camp – you may turn in your forms to your coach during camp.)

Make copies of Pages 1-3 for your records and keep pages 4-6 for your information

PRE-PARTICIPATION PHYSICAL EVALUATION HISTORY FORM

Name: _____

Grade: _____

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep a copy of this form in the chart for their records.)

Name:			Date of Birth:		
Sex:	Age:	Grade:	School:	Sport(s):	
Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking:					
Do you have any allergies: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please identify specific allergy below:					
<input type="checkbox"/> Medicines:		<input type="checkbox"/> Pollens:		<input type="checkbox"/> Food:	
				<input type="checkbox"/> Stinging Insects:	

Explain "Yes" answers below. Circle questions you do not know the answer to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for		

neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		
MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males) or spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headaches, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with the doctor?		
FEMALES ONLY	Yes	No
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

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

Signature of Athlete:	Signature of Parent(s) or Guardian:	Date:
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**PRE-PARTICIPATION PHYSICAL EVALUATION
PHYSICAL EXAMINATION FORM**

Name:	Date of Birth:
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Physician Reminders:

1. Consider additional questions on more sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplements?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
2. Consider reviewing questions on cardiovascular symptoms (Questions 5-14).



EXAMINATION

Height:	Weight:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP: / (/)	Pulse:	Vision: R 20/ L 20/	Corrected: <input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL	NORMAL	ABNORMAL FINDINGS
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Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span>height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/Ears/Nose/Throat • Pupils equal • Hearing		
Lymph Nodes		
Heart* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal pulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only)**		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic***		

MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
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Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

* Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam; **Consider GU exam if in private setting. Having third party present is recommended.
***Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

Cleared for all sports without restriction.

Cleared for all sports without restriction **with recommendations for further evaluation or treatment for:**

Not Cleared

Pending further evaluation

For any sports

For certain sports (please list):

Reason:

Recommendations:

I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of Physician (type/print):	Date of Exam:
Address:	Phone:
Signature of Physician (MD/DO/ARNP/Chiropractor*):	

*NOTE: Please refer to the MSHSAA Sports Medicine Manual, Page 2.

Name: _____ Grade: _____

PARENT PERMISSION (Authorization for Treatment, Release of Medical Information, and Insurance Information)

Informed Consent: By its nature, participation in interscholastic athletics includes risk of serious bodily injury and transmission of infectious disease such as HIV and Hepatitis B. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. **PARENTS, GUARDIANS, OR STUDENTS WHO MAY NOT WISH TO ACCEPT RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN MSHSAA-SPONSORED SPORT WITHOUT THE STUDENT'S AND PARENT'S/GUARDIAN/S SIGNATURE.**

I understand that in the case of injury or illness requiring transportation to a health care facility, a reasonable attempt will be made to contact the parent or guardian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be transported via ambulance to the nearest hospital.

We hereby give our consent for the above student to represent his/her school in interscholastic athletics. We also give our consent for him/her to accompany the team on trips and will not hold the school responsible in case of accident or injury whether it be en route to or from another school or during practice or an interscholastic contest; and we hereby agree to hold the school district of which this school is a part and the MSHSAA, their employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever which may arise by or in connection with participation by my child/ward in any activities related to the interscholastic program of his/her school.

If we cannot be reached and in the event of an emergency, we also give our consent for the school to obtain through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student, if he/she is injured in the course of school athletic activities. We authorize the release of necessary medical information to the physician, athletic trainer, and/or school personnel related to such treatment/care.

To enable the MSHSAA to determine whether the herein named student is eligible to participate in interscholastic athletics in the MSHSAA member school, I consent to the release of the MSHSAA any and all portions of school record files, beginning with seventh grade, of the herein named student, specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), residence address of the student, academic work completed, grades received, and attendance data.

We confirm that this application for the above student to represent his/her school in interscholastic athletics is made with the understanding that we have studied and understand the eligibility standards that our son/daughter must meet to represent his/her school and that he/she has not violated any of them. We also understand that if our son/daughter does not meet the citizenship standards set by the school or if he/she is ejected from an interscholastic contest because of an unsportsmanlike act, it could result in him/her not being allowed to participate in the next contest or suspension from the team either temporarily or permanently.

I consent to the MSHSAA's use of the herein named student's name, likeness, and athletic-related information in reports of contests, promotional literature of the Association and other materials and releases related to interscholastic athletics. We further state that we have completed that part of this certificate which requires us to list all previous injuries or additional conditions that are known to us which may affect this athlete's performance or treatment and we certify that it is correct and complete. The MSHSAA By-Laws provide that a student shall not be permitted to practice or compete for a school until it has verification that he/she has basic health/accident insurance coverage, which includes athletics. Our son/daughter is covered by basic health/accident insurance for the current school year as indicated below:

In case of emergency I request my child be taken to _____ hospital if possible.

Name of Insurance Company: _____ **Policy Number:** _____

Allergies (Including Drug Allergies): _____

Please provide other health information which would help us meet the needs of your child. Include such conditions as: serious allergies, asthma, diabetes, ear and eye problems, heart conditions, seizure disorders, orthopedic conditions; any specialized health care needs; dietary restrictions.

List All Health Conditions: _____

Will your child bring medication (prescribed or over-the-counter)? YES _____ NO _____

Name of Medication	Physician	Dosage/Frequency	Special Instructions

<p><i>Please circle Yes or No for each statement*:</i> I give permission for my son/daughter to:</p> <ul style="list-style-type: none"> • drive to contests. Yes No • drive other teammates to contests. Yes No • be driven by another teammate to contests. Yes No • be driven by a coach to contests. Yes No • be driven by a parent to contests. Yes No 	<p>*Golf is off campus daily and requires athletes to drive or be driven by a coach, teammate or parent. All other sports have busses for contests but teams are sometimes given the option to drive if the contest is close by, in the evening, on the weekends or the event involves a small enough number of athletes that using a bus is not cost efficient.</p>	
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Signature of Parent: _____ **Date:** _____

EMERGENCY CONTACT INFORMATION		
Parent(s)/Guardian(s)	Address	Phone Number
Name of Contact	Relationship to Athlete	Phone Number
Name of Contact	Relationship to Athlete	Phone Number

- I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE FOLLOWING DOCUMENTS (Pages 4-6) INCLUDING:**
- MSHSAA Eligibility Guidelines/Student Agreement/ MSHSAA By-Law 212 - (page 4)
 - MSHSAA Concussion Material: - (page 4) I have accessed and read the MSHSAA materials on Concussion which includes information on the definition of a concussion, symptoms of a concussion, what to do if you have a concussion, and how to prevent a concussion. Packets are available in the Athletic Office or use the following link: http://www.mshsaa.org/resources/pdf/ConcussionPacketHB300_Final.pdf,
 - The Code of Conduct for Participants in Parkway Athletics and Activities/Student Pledge- (page 5)
 - Electronic Use Policy - (page 6)

Signature of Student: _____ **Date:** _____

Signature of Parent: _____ **Date:** _____

Missouri State High School Activity Association (MSHSAA) Eligibility and Authorization Statement

STUDENT AGREEMENT (Regarding Conditions for Participation)

This application to represent my school in interscholastic athletics is entirely voluntary on my part and is made with the understanding that I have studied and understand the eligibility standards that I must meet to represent my school and that I have not violated any of them.

I have read, understand, and acknowledge receipt of the MSHSAA brochure entitled "How to Maintain and Protect Your High School Eligibility," <http://www.mshsaa.org/resources/pdf/1011EligibilityBrochure2.pdf> which contains a summary of the eligibility rules of the MSHSAA. (I understand that a copy of the MSHSAA Handbook is on file with the principal and athletic administrator and that I may review it in its entirety, if I so choose. All MSHSAA by-laws and regulations from the Handbook are also posted on the MSHSAA website at www.mshsaa.org).

I understand that a MSHSAA member school must adhere to all rules and regulations that pertain to school-sponsored, interscholastic athletics programs, and I acknowledge that local rules may be more stringent than MSHSAA rules.

I also understand that if I do not meet the citizenship standards set by the school or if I am ejected from an interscholastic contest because of an unsportsmanlike act, it could result in me not being allowed to participate in the next contest or suspension from the team either temporarily or permanently.

I understand that if I drop a class, take course work through Post-Secondary Enrollment Option, Credit Flexibility, or other educational options, this action could affect compliance with MSHSAA economic standards and my eligibility.

I understand that participation in interscholastic athletics is a privilege and not a right. As a student athlete, I understand and accept the following responsibilities:

- I will respect the rights and beliefs of others and will treat others with courtesy and consideration.
- I will be fully responsible for my own actions and the consequences of my actions.
- I will respect the property of others.
- I will respect and obey the rules of my school and laws of my community, state, and country.
- I will show respect to those who are responsible for enforcing the rules of my school and the laws of my community, state, and country.

I have completed and/or verified that part of this certificate which requires me to list all previous injuries or additional conditions that are known to me which may affect my performance in so representing my school, and I verify that it is correct and complete.

MSHSAA By-Law 212

Students who represent a school in interscholastic activities must be creditable citizens and judged so by the proper authority. Those students whose character or conduct is such as to reflect discredit upon themselves or their schools are not considered "creditible citizens." Conduct shall be satisfactory in accord with the standards of good discipline.

- A. Law Enforcement:** A student who commits an act for which charges may be or have been filed by law enforcement authorities under any municipal ordinance, misdemeanor or felony statute shall not be eligible until all proceedings with the legal system have been concluded and any penalty (i.e. jail time, fine, court costs, etc.) or special condition of probation (i.e. restitution, community service, counseling, etc.) has been satisfied. If law enforcement authorities determine that charges will not be filed, eligibility will be contingent upon local school policies. Moving traffic offenses shall not affect eligibility, unless they involve drugs, alcohol, or injuries to others. After a student has completed all court appearances and penalties, and has satisfied all special conditions of probation and remains under general probation only, local school authorities shall determine eligibility.
- B. Local School:**
1. A student who violates a local school policy is ineligible until completion of the prescribed school penalties.
 2. The eligibility of a student who is serving detention or in-school suspension shall be determined by local school authorities.
 3. A student shall not be considered eligible while serving an out-of-school suspension.
 4. A student who is expelled or who withdraws from school because of disciplinary measures shall not be considered eligible for 365 days from the date of expulsion or withdrawal.
 5. If a student misses class(es) without being excused by the principal, the student shall not be considered eligible on that date. Further, the student cannot be certified eligible to participate on any subsequent date until the student attends a full day of classes.
 6. Each individual school has the authority to set more restrictive citizenship standards and shall have the authority and responsibility to judge its students under those standards.
 7. Each school shall diligently and completely investigate any issue that could affect student eligibility.
- C. Student Responsibility:** Each student is responsible to notify the school of any and all situations that would affect his/her eligibility under the above standards. If the student does not notify the school of the situation prior to the school's discovery, then the student shall be ineligible for up to 365 days from discovery, pending review by the Board of Directors.

MSHSAA Concussion Material: I have accessed and read the MSHSAA materials on Concussion which includes information on the definition of a concussion, symptoms of a concussion, what to do if you have a concussion, and how to prevent a concussion. Packets are available in the Athletic Office or use the following link: http://www.mshsaa.org/resources/pdf/ConcussionPacketHB300_Final.pdf,

Code Of Conduct For Participants In Parkway Athletics And Activities

Rationale

Secondary students who participate in athletics and co-curricular activities are thought of as school leaders. They represent the school in the eyes of the community. They serve as role models for other students. As such, these students should be held to a high standard of behavior. Such students need to maintain their physical and mental well-being not only while at school and school-sponsored activities, but at other times as well. In an effort to achieve these goals, Parkway has developed a prevention program which includes an Athletic and Activity Student Pledge. To participate in school sponsored athletics and designated school sponsored activities, an Athletic and Activity Student Pledge must be signed by students and their parents are requested to indicate support of the Code by signing the pledge along with their student.

The Code of Conduct

The following Code of Conduct applies to secondary students who participate in sports teams sponsored by the Parkway School District and activities governed by MSHSAA. The activities will also include Student Government and National Honor Society. The Code is as follows:

1. Drugs: Students shall not use, possess or attempt to obtain any narcotic drug, hallucinogenic drug, amphetamine, barbiturate, marijuana, or other controlled substance of any kind, including performance enhancing drugs. (Unless prescribed by a physician.)
2. Alcohol: Students shall not use, possess or attempt to obtain any alcoholic beverage of any kind, including but not limited to beer, wine, and hard liquor.

This Code applies to student athletes only during the athletic season and to students involved in MSHSAA activities only during that part of the school year when the activity is taking place. However, during that time period, the Code applies to students twenty-four hours a day whether or not students are at school.

Consequences of Violation

Consequences for violation of the Code's prohibition of drug and alcohol use and possession during the season include the following:

- ◆ The first violation shall result in the student being suspended from team competition or from all co-curricular activities for two weeks. During the two week suspension, students seeking reinstatement to a team or activity must attend, with their parent or guardian, two drug and alcohol education meetings. After completion of the two week suspension and the two required educational meetings, a reinstatement meeting will be held involving the student, his or her parents or guardian, the coach or sponsor, the building activities coordinator, and the principal to allow the student to recommit to being drug and alcohol free. If, in the judgment of the school officials, the student recommits, he or she will be allowed to again participate in team competition or the designated co-curricular activities governed by MSHSAA.
- ◆ A second violation will result in the student being removed from all school-sponsored designated MSHSAA activities for a one year period. Prior to reinstatement, the student must have attended at least two drug and alcohol education meetings and must have recommitted to being drug and alcohol free at a reinstatement meeting.
- ◆ A third violation will result in the student being permanently disqualified from participation in all school sponsored designated MSHSAA activities. Exceptions must be approved in writing by the superintendent.
- ◆ Violations of the Honor Code will be deemed authentic based on the word of an authorized adult, defined as a coach or sponsor, administrator, teacher, police officer, the student's parent or guardian, **social networking sites**, or by the admission of the student.
- ◆ Students in activities or athletics who violate the district's rules and regulations on drug or alcohol use or possession at school or during school activities, in addition to the consequences set out herein, are subject to established consequences in Parkway's discipline policy.

Implementation Procedures

The following additional procedures shall apply in the implementation of the Code of Conduct:

- ◆ Prior to the suspension of a student from a team competition or co-curricular activity, the coach or sponsor shall hold an informal conference with the student wherein: (1) the student shall be informed of the alleged violation; (2) parents will be contacted immediately; (3) if the student denies the allegation, the student shall be given an explanation of the facts which form the basis for the proposed suspension; (4) the student shall be given an opportunity to present his or her version of the incident.
- ◆ In determining whether there has been a violation of the Code of Conduct, coaches and sponsors should decide, based on statements of those individuals who have been interviewed, whether they believe that a violation has occurred. Good judgment is an essential part of this process.
- ◆ A student may appeal a suspension by writing to the building principal. The building principal shall investigate and make a ruling within 2 school days of the principal's receipt of the request for an appeal.
- ◆ The decision by the building principal may be appealed in writing to the superintendent of schools. The student shall simultaneously send a copy of the appeal request to the district's Activities Director, who shall investigate and make a recommendation to the superintendent. Such an appeal shall be resolved within five school days of the superintendent's receipt of the appeal. The superintendent's judgment shall be final.
- ◆ The time frames for resolving appeals, contained herein may be extended by mutual consent. During the appeal process, students are not eligible to compete.

PARKWAY ATHLETICS AND ACTIVITIES HONOR CODE STUDENT PLEDGE

As a participant in designated sports/activities, I agree to abide by all laws and rules regarding the use of alcohol, **tobacco**, and other illegal drugs. Chemical dependency is a progressive, but treatable, disease characterized by continued drinking or other drug use in spite of recurring problems resulting from that use. Knowing that athletics and activities are a privilege, I accept and pledge to abide by the Code of Conduct attached hereto, and other rules established by my coach or sponsor. To demonstrate my commitment, I pledge:

1. To abstain from the use and possession of alcohol and other illegal drugs;
2. To seek information and assistance in dealing with any chemical dependency problems;
3. To approach my parents, coach, or sponsor about my needs and problems;
4. To follow training rules established by my coach or sponsor to promote my health and well-being.

Electronic Use Policy GBEBE.BP

1. Introduction

Parkway School District encourages the use of electronic services for effective communication, and as an effective resource for certified and non-certified staff (hereinafter designated as "staff"), students, and parents. Electronic services are assets provided through taxes and other funding. Parkway is the custodian of that property and must ensure use of electronic resources serves to facilitate and support the district's educational goals.

Parkway's electronic environment, a part of the Parkway educational environment, must be maintained at the highest levels of professional use. If and when misuse does occur, it is judicious for Parkway to be prepared to protect students, staff, the district, and the district's technology resources. This Electronic Use Policy (EUP) explains the expected standards of use of electronic resources for Parkway staff, and other users such as contractors, volunteers, students, parents and all others authorized to use Parkway electronic resources. Further, it is the intent that this policy defines the expected professional behavior associated with use of the Parkway School District's computer systems, network and any associated electronic services.

2. Electronic Communications

This policy cannot cover every possible situation. Rather, it expresses Parkway's philosophy and sets forth general principles that all users should apply when using electronic services. This category includes, but is not limited to, the following district-owned or district-accessed electronic resources: computers, the network – both wired and wireless, electronic mail, electronic records, telephones, cell phones, voice mail, pagers, fax machines, printers, document scanners, copiers, handheld devices, Internet resources, and wire services. This policy also covers applicable copyright laws and software license agreements.

Electronic Communications with Students

Staff members whose positions regularly interact with students (e.g., teachers, coaches, counselors, principals, etc.) are encouraged to communicate with students and parents/guardians for educational purposes using a variety of effective methods, including electronic communication. As with other forms of communication, staff members must maintain professional boundaries with students while using electronic communication regardless of whether the communication methods are provided by the district or the staff member uses his or her own personal electronic communication devices, accounts, web pages or other forms of electronic communication.

The district's policies, regulations, procedures and expectations regarding in-person communications at school and during the school day also apply to electronic communications for educational purposes, regardless of when those communications occur. Staff communications must be professional, and student communications must be appropriate. Staff members may use electronic communication with students only as frequently as necessary to accomplish the educational purpose.

- When communicating electronically with students for educational purposes, staff members must use district-provided devices, accounts and forms of communication (such as computers, phones, telephone numbers, e-mail addresses and district-sponsored web pages or social networking sites), when available. If district-provided devices, accounts and forms of communication are unavailable, staff members communicating electronically with students must do so in accordance with number two below. Staff members may communicate with students using district-provided forms of communication without first obtaining supervisor approval. These communications may be monitored. With district permission, staff members may establish websites or other accounts on behalf of the district that enable communications between staff members and students or parents/guardians. Any such website or account is considered district sponsored and must be professional and conform to all district policies, regulations and procedures.
- A staff member's supervisor may authorize a staff member to communicate with students using the staff member's personal telephone numbers, addresses, web pages or accounts (including, but not limited to, accounts used for texting) to organize or facilitate a district-sponsored class or activity if the communication is determined necessary or beneficial, if a district-sponsored form of communication is not available, and if the communication is related to the class or activity. The district will provide notification to the parents/guardians of students participating in classes or activities for which personal electronic communications have been approved. Staff members may be required to send the communications simultaneously to the supervisor if directed to do so. Staff members are required to provide their supervisors with all education-related communications with district students upon request.
- Staff use of any electronic communication is subject to the district's policies, regulations and procedures including, but not limited to, policies, regulations, procedures and legal requirements governing the confidentiality and release of information about identifiable students. Staff and other users who obtain pictures or other information about identifiable students through their connections with the district are prohibited from posting such pictures or information on personal websites or personal social networking websites without permission from a supervisor or building administrator.
- The district prohibits staff members from communicating with students electronically for reasons other than educational purposes. This policy does not limit electronic communication of staff members who might be related to students or have contact with students outside the school environment through friends, neighborhood or community activities, or participation in civic, religious or other organizations. These contacts might justify deviation from some of the standards set in the policy, but under no circumstances will an educational or other purpose justify electronic communications that could be deemed illegal or criminal behavior.

Violation Reporting: Violations involving Students: Any person, including a student, who has concerns about or is uncomfortable with a relationship or activities between a staff member and a student should bring this concern immediately to the attention of the principal, counselor or staff member's supervisor. If illegal discrimination or harassment is suspected, the process in policy AC will be followed.

Communication Expectations at Parkway South

- At times it may be necessary (emergency situations) for our coaches/sponsors to text (from their personal device) a student directly or in mass to ensure their safety/well-being or to communicate pertinent team information. We expect phone to phone communication (text or voice) to be kept at a minimum and only used when absolutely necessary.
- It may become necessary for a student to send a text or call directly to their coach/sponsor. Students should not text or call their coaches/sponsors anything personal in nature and the communication should always be pertinent to the activities of the group they are representing. This type of communication should be kept to a minimum and used only when absolutely necessary (emergency situations) or requested by the coach/sponsor to maintain a safe environment for our students.
- **Should a coach/sponsor use means of communicating that differ from those stated above, they will provide you with a written policy of electronic communication.**