

MSHSAA Concussion Return to Play Form

If diagnosed with a concussion, an athlete must be cleared for progression to activity by an approved healthcare provider, MD/DO/PAC/LAT/ARNP/Neuropsychologist (Emergency Room physician cannot clear for progression).

Athlete's Name: _____ DOB: _____ Date of Injury: _____

THIS RETURN TO PLAY IS BASED ON TODAY'S EVALUATION

Date of Evaluation: _____ Return to School On (Date): _____

The following are the return to physical activities recommendations at the present time:

- Diagnosed with a concussion: Cannot return to physical activity, sport or competition (must be re-evaluated).
- Diagnosed with a concussion: May return to sports participation under the supervision of your school's administration after completing the return to play protocol (see below).
- Not diagnosed with a concussion. Patient has diagnosis of _____ and MAY/MAY NOT return to play at this time.

Medical Office Information (Please Print/Stamp):

Evaluator's Name: _____ Office Phone: _____

Evaluator's Specialty: _____

Evaluator's Signature: _____

Evaluator's Address: _____

Return to Play (RTP) Procedures After a Concussion

Return to activity and play is a medical decision. Progression is individualized, must be closely supervised according to the school's policies and procedures, and will be determined on a case-by-case basis. Factors that may affect the rate of progression include: previous history of concussion, duration and type of symptoms, age of the athlete, and sport/activity in which the athlete participates. An athlete with a prior history of concussion, one who has had an extended duration of symptoms, or one who is participating in a collision or contact sport may be progressed more slowly as determined by the healthcare provider who has evaluated the athlete. After the student has not experienced symptoms attributable to the concussion for a **minimum of 24 hours** and has returned to school on a full-time basis (if school is in session), the stepwise progression below shall be followed:

- Step 1:** Light cardiovascular exercise.
- Step 2:** Running in the gym or on the field. No helmet or other equipment.
- Step 3:** Non-contact training drills in full equipment. Weight-training can begin.
- Step 4:** Full, normal practice or training (a walk-through practice does not count as a full, normal practice).
- Step 5:** **Full participation.** Must be cleared by MD/DO/PAC/LAT/ARNP/Neuropsychologist before returning to play.

The athlete should spend a minimum of one day at each step before advancing to the next. If concussion symptoms return with any step, the athlete must stop the activity and the treating healthcare provider must be contacted. Depending upon the specific type and severity of the symptoms, the athlete may be told to rest for 24 hours and then resume activity at a level one step below where he or she was at when the symptoms returned.

Return to Play Protocol (Steps 1-4) Completed (Date/Signature): _____

Cleared for Return to Play (Step 5) by: _____ **Date:** _____

I accept responsibility for reporting all injuries and illnesses to my school and medical staff (athletic trainer/team physician) including any signs and symptoms of a CONCUSSION.

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

May be advanced back to competition after phone conversation with the healthcare professional that evaluated the athlete (MD/DO/PAC/LAT/ARNP/Neuropsychologist) and documented above.

This form is adapted from the Acute Concussion Evaluation (ACE) care plan on the CDC website (www.cdc.gov/injury). All medical providers are encouraged to review this site if they have questions regarding the latest information on the evaluation and care of the scholastic athlete following a concussion injury.

MSHSAA COVID-19 Return to Play Form

If an athlete has tested positive for COVID-19, he/she must be cleared for progression back to activity by an approved health care provider (MD/DO/PAC/ARNP)

Athlete's Name: _____ DOB: _____ Date of Positive Test: _____

THIS RETURN TO PLAY IS BASED ON TODAY'S EVALUATION

Date of Evaluation: _____

Criteria to return (Please check below as applies)

- 14 days have passed since symptoms first appeared
- Symptoms have resolved (No fever ($\geq 100.4F$) for 72 hours without fever reducing medication, improvement of symptoms (cough, shortness of breath)
- Athlete was not hospitalized due to COVID-19 infection.
- Cardiac screen negative for myocarditis/myocardial ischemia (All answers below must be no)
 - Chest pain/tightness with exercise YES NO
 - Unexplained Syncope/near syncope YES NO
 - Unexplained/excessive dyspnea/fatigue w/exertion YES NO
 - New palpitations YES NO
 - Heart murmur on exam YES NO

NOTE: If any cardiac screening question is positive or if athlete was hospitalized, consider further workup as indicated. May include CXR, Spirometry, PFTs, Chest CT, Cardiology Consult

Athlete HAS satisfied the above criteria and IS cleared to start the return to activity progression.

Athlete HAS NOT satisfied the above criteria and IS NOT cleared to return to activity

Medical Office Information (Please Print/Stamp):

Evaluator's Name: _____ Office Phone: _____

Evaluator's Address: _____

Evaluator's Signature: _____

Return to Play (RTP) Procedures After COVID-19 Infection

Athletes must complete the progression below without development of chest pain, chest tightness, palpitations, lightheadedness, pre-syncope or syncope. If these symptoms develop, patient should be referred back to the evaluating provider who signed the form.

- **Stage 1: (2 Days Minimum)** Light Activity (Walking, Jogging, Stationary Bike) for 15 minutes or less at intensity no greater than 70% of maximum heart rate. NO resistance training.
- **Stage 2: (1 Day Minimum)** Add simple movement activities (EG. running drills) for 30 minutes or less at intensity no greater than 80% of maximum heart rate
- **Stage 3: (1 Day Minimum)** Progress to more complex training for 45 minutes or less at intensity no greater than 80% maximum heart rate. May add light resistance training.
- **Stage 4: (2 Days Minimum)** Normal Training Activity for 60 minutes or less at intensity no greater than 80% maximum heart rate
- **Stage 5: Return to full activity**

Cleared for Full Participation by School Personnel (Minimum 7 days spent on RTP): _____

RTP Procedure adapted from Elliott N, et al. Infographic. British Journal of Sports Medicine, 2020.

MEDICAL HISTORY

Note: Complete and sign this form (with your parents if younger than 18) before your appointment. The physician should keep a copy of this form in the chart for their records.

Note: An injury or medical condition results in a separate medical release.

Name:	Date of Birth:
-------	----------------

Date of examination:

Sex assigned at birth (F, M or Intersex):	How do you identify your gender? (F, M or other):
---	---

List past and current medical conditions:

Have you ever had surgery? If yes, list all past surgical procedures:

Medicines and supplements: List all current prescriptions, over-the-counter medicines and supplements (herbal and nutritional):

Do you have any allergies? If yes, please list all of your allergies (i.e., medicines, pollens, food, stinging insects):

PATIENT HEALTH QUESTIONNAIRE VERSION 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems (circle response).

	Not at All	Several Days	Over Half the Days	Nearly Every Day
Feeling nervous, anxious or on edge:	0	1	2	3
Not being able to stop or control worrying:	0	1	2	3
Little interest or pleasure in doing things:	0	1	2	3
Feeling down, depressed or hopeless:	0	1	2	3

A sum of ≥ 3 is considered positive on either subscale (questions 1 and 2, or questions 3 and 4) for screening purposes.

PRE-PARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM – VALID FOR 2 YEARS

Name:		Date of Birth:	
Physician Reminders:			
1. Consider additional questions on more-sensitive issues. <ul style="list-style-type: none"> • 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? 		<ul style="list-style-type: none"> • Do you drink alcohol or use any other drugs? • Have you ever taken anabolic steroids or used any other performance-enhancing supplement? • 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 4-13 of History Form).			
EXAMINATION			
Height:	Weight:		
BP: / (/)	Pulse:	Vision: R 20/ L 20/	Corrected: <input type="checkbox"/> Yes <input type="checkbox"/> No
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance <ul style="list-style-type: none"> • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse (MVP) and aortic insufficiency) 			
Eyes, ears, nose and throat <ul style="list-style-type: none"> • Pupils equal • Hearing 			
Lymph Nodes			
Heart* <ul style="list-style-type: none"> • Murmurs (auscultation standing, auscultation supine and +/- Valsalva maneuver) 			
Lungs			
Abdomen			
Skin <ul style="list-style-type: none"> • Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) or tinea corporis 			
Neurological			
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS	
Neck			
Back			
Shoulder and arm			
Elbow and forearm			
Wrist, hand and fingers			
Hip and thigh			
Knee			
Leg and ankle			
Foot and toes			
Functional <ul style="list-style-type: none"> • Double-leg squat test, single-leg squat test and box drop or step drop test 			
* Consider electrocardiography (ECG), echocardiogram, referral to cardiology for abnormal cardiac history or examination findings, or a combination of those.			
<input type="checkbox"/> Cleared for all sports without restriction for two (2) years.			
<input type="checkbox"/> Cleared for all sports without restriction for two (2) years with recommendation for further evaluation or treatment for:			
<input type="checkbox"/> Cleared for all sports without restriction for less than two (2) years. Specify reasons and duration of approval below:			
<input type="checkbox"/> Not Cleared <ul style="list-style-type: none"> <input type="checkbox"/> Pending further evaluation <input type="checkbox"/> For any sports <input type="checkbox"/> For certain sports (please list): Reason:			
Recommendations/Comments:			
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 healthcare professional (type/print):		Date of issue:	
Address:		Phone:	
Signature of healthcare professional (MD/DO/ARNP/PA/Chiropractor):			

This physical is valid for a 2-year period unless otherwise noted by the physician in the "Recommendations" field listed above.

Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.

GENERAL QUESTIONS	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever ordered a test for your heart? (For example, electrocardiography (ECG) or echocardiography?)		
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		
BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament or joint injury that bothers you?		

MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you, or does someone in your family, have sickle cell trait or disease?		
24. Have you ever had, or do you have, any problems with your eyes or vision?		
25. Do you worry about your weight?		
26. Are you trying to, or has anyone recommended, that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

IF "YES," EXPLAIN ANSWERS HERE

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

Signature of Athlete:
Signature of Parent(s) or Guardian:
Date:

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, Hepatitis B, severe acute respiratory syndrome (COVID-19) and/or any mutation or variation thereof. 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, injury or illness 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.

In the event of an emergency or when the Parent(s) or Guardian is unable to directly supervise health care services needed by the student for injuries or illnesses sustained at any athletic practice, conditioning exercise or contest, I also give my consent to the rendering of necessary health care services for the student by a qualified provider (QP) covering the athletic practice, conditioning exercise or contest, including an athletic trainer, physician, physician assistant, nurse practitioner or other medically-trained professional licensed by the State of Missouri (or the state in which the student injury or illness occurs) and who is acting in accordance with the scope of practice under their designated state license and any other requirement imposed by state law. In emergency situations, the QP may also be a certified paramedic or emergency medical technician for the purpose of providing emergency health care and transport. Health care services are defined as services including, but not limited to, evaluation, diagnosis, first aid, emergency care, stabilization, treatment and referral. I further authorize the QP who provides such health care services to disclose such information about the student's injury or illness, diagnosis, care and treatment in the professional judgment of the QP to the student's athletic director, coaches, school nurse and any classroom teacher required to provide academic accommodation to assure the student's recovery and safe return to activity. If the Parent(s) or Guardian believes that the student is in need of further evaluation, treatment, rehabilitation or health care services for the injury or illness, the student may be treated by the physician or provider of his or her choice.

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 any and all portions of school record files to MSHSAA, 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:

Name of Insurance Company:	Policy Number:
Signature of Parent(s) or Guardian:	Date:

MSHSAA PRE-PARTICIPATION DOCUMENTATION – ANNUAL REQUIREMENTS

INTERIM MEDICAL HISTORY	
<p>Note: Complete and sign this form (with your parents if younger than 18). Note: An injury or medical condition results in a separate medical release.</p>	
Name:	Date of Birth:
Date:	
Sex assigned at birth (F, M or intersex):	How do you identify your gender? (F, M or other):
List past and current medical conditions:	
Have you had surgery since your last Pre-Participation Physical Examination (physical)? If yes, list those surgical procedures:	
Medicines and supplements: List all current prescriptions, over-the-counter medicines and supplements (herbal and nutritional):	
Do you have any allergies? If yes, please list all of your allergies (i.e., medicines, pollens, food, stinging insects):	
Have you been diagnosed with any medical or health condition since your last PPE (physical)? If yes, please describe:	

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

Signature of Athlete:
Signature of Parent(s) or Guardian:
Date:

Has this student incurred a medical condition since their last physical examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

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," 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 academic 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.

Signature of Athlete:	Date:
Have you experienced a medical condition since your last physical examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PARENT AND STUDENT SIGNATURE (Concussion Materials)

I accept responsibility for reporting all injuries and illnesses to my school and medical staff (athletic trainer/team physician) including any signs and symptoms of a CONCUSSION. I have received and read the MSHSAA materials on Concussions, which includes information on the definition of a concussion, symptoms of a concussion, what to do if I have a concussion and how to prevent a concussion. I will inform my school and athletic trainer/team physician immediately if I experience any of these symptoms or if I witness a teammate with these symptoms.

Signature of Athlete:	Date:
Signature of Parent(s) or Guardian:	Date:

EMERGENCY CONTACT INFORMATION

Parent(s) or Guardian	Address	Phone Number
Name of Contact	Relationship to Athlete	Phone Number

EMERGENCY INFORMATION

STUDENT NAME:

LAST

FIRST

PARENT'S NAME: _____

HOME PHONE: _____

WORK NO. MOTHER: _____ WORK NO. FATHER: _____

CONTACT IF PARENT CANNOT BE REACHED:

NAME: _____

RELATIONSHIP: _____

HOME PHONE: _____ WORK PHONE: _____

DOCTOR'S NAME: _____ PHONE: _____

HOSPITAL PREFERENCE: _____ PHONE: _____

If any non-life threatening emergency occurs while your child is participating or practicing in an event conducted within the Consolidated School District No. 2 school district, your child will be taken to Research Hospital unless you designated a hospital preference above. If the emergency occurs outside of Consolidated School District No. 2 your child will be taken to a nearby medical facility and you will be contacted as soon as possible.

Please sign and return to your coach

STUDENTS AND PARENTS NEED TO SIGN BEFORE PARTICIPATION IN ANY ACTIVITY

Student: _____ Parent: _____

Date: _____ Date: _____

RAYTOWN SCHOOL DISTRICT 7-12 ACTIVITIES PARTICIPATION AGREEMENT
Eligibility Policies/Standards – Code of Ethics – Student/Parent Consent

SPORTSMANSHIP EXPECTATIONS: Sportsmanship involves fair play, courtesy, and respect for both the activity and opponents. The values of activities should last a lifetime. We are asking for your support to promote sportsmanship by emphasizing what is expected as competitors or spectators at any activity/contest/event. Such events are an extension of the school day and we expect the same type of respectful behavior exhibited in the activities/contest/events as we do in a regular classroom. We ask students, spectators, and parents to support sportsmanship, ethics, and integrity at all times.

ACADEMIC STANDARDS: In accordance with MSHSAA By-Law 2.3 Academic Requirements, students earning a failing grade in two or more courses (must pass 6 of 7 classes) will be ineligible to participate in activities during the following semester (Grades: 9-12) / grading period (Grades: 6-8).

CITIZENSHIP STANDARDS: In accordance with MSHSAA By-Law 2.2 Citizenship Requirements, "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 'creditable citizens.' Conduct shall be satisfactory in accord with the standards of good discipline."

Participation in student activities is a privilege and not a right; therefore, the Raytown School District requires students to adhere to standards of behavior which will bring credit to students, the particular activity, the school, and the community. Students who represent the Raytown School District must demonstrate good citizenship and conduct at all times. The Raytown School District requires student behavior be in compliance with school board policy, with the school's Student Handbook Regulations, and public laws. Behavior not in compliance with these policies may result in student's suspension from all extra-curricular activities.

- You must be a creditable citizen. Creditable citizens are those students whose conduct – both in school and out of school – will not reflect discredit upon themselves or their school.
- NOTE: Conduct by the student involving law enforcement should be reported to your principal immediately as your conduct may affect eligibility or contest outcomes. (MSHSAA By-Law 2.2.1)

SUSPENSIONS

ISS - In School Suspension/OSS – Out of School Suspension

Students are not allowed to participate in activities if they have ISS or OSS the day of a contest. ISS students may practice, but OSS students cannot practice.

ATTENDANCE STANDARDS: In accordance with MSHSAA By-Law 2.2 Citizenship Requirements, students are expected to be in attendance at school the entire day he/she participants in an athletic/activity contest. Students not in attendance will be ineligible to participate in the contest unless approved by the building principal or athletic director.

As a representative of the Raytown School District and its activities program, I will sincerely endeavor to contribute my best to the success of that program. I have read the activities handbook and understand the expectations of sportsmanship, citizenship, and academic responsibility. I agree to abide by the provisions outlined in the District Activities Handbook. I am also aware that if I do not live up to this agreement, I must accept the consequences, which might include suspension from the team on which I am participating. Students are expected to be good school and community citizens as well as create, promote, and maintain elements of good sportsmanship. We expect our athletes to set a good example for the rest of the student body and represent their schools in the highest manner at all events. Students must provide their own transportation home at the appropriate dismissal time.

I have read the policies, understand them, and will abide by them.

STUDENT PARTICIPANT'S PRINTED SIGNATURE

DATE

NOTE: As a parent or guardian I am giving permission for my son/daughter to participate in organized high school activities, even though I am aware of the potential for injury which is inherent in all sports. Even with the best of coaching, the use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in disability, paralysis, or even death. We commit as a family, that we have read the activities handbook and understand the expectations of sportsmanship, citizenship, and academic responsibility and agree to abide by the provisions outlined in the District Activities Handbook.

I have read the policies, understand them, and will abide by them.

PARENT'S OR GUARDIAN'S SIGNATURE

DATE

STUDENTS AND PARENTS NEED TO SIGN BEFORE PARTICIPATION IN ANY ACTIVITY. *Please sign and return to your coach.*

RAYTOWN C-2 SCHOOL DISTRICT
Drug Testing Consent Form

I have read and completely understand the district's policy and procedures regarding the Raytown C-2 School District student drug testing program.

I hereby give consent for my student to participate in the drug testing program at Raytown or Raytown South High School. I understand that my student will be placed in the pool for random drug testing and that the Raytown C-2 School District will pay for all random drug tests if my student is selected. I understand that if my student tests positive for drugs during a random drug test, I will have to pay for drug testing for him/her to be reinstated into extra-curricular activities or park on school property.

I understand that students who wish to drop out of the drug pool must first have their parent/guardian come to the school and meet with the Activities Director. The student and parent/guardian must sign a release form stating that they no longer wish to participate in the random drug testing pool. If the student is 18 years of age and living on his/her own, he/she still needs to come in and meet with the A.D. to drop out of the testing pool. Once a student enters the pool, he/she must remain in the pool for the remainder of that school year to be eligible to participate in extra-curricular activities or park on school property for the next school year.

STUDENT NAME (please print) _____

STUDENT SIGNATURE _____

STUDENT'S GRADUATION YEAR _____

PARENT/GUARDIAN NAME (please print) _____

PARENT/GUARDIAN SIGNATURE _____

TODAY'S DATE _____

_____ I am not participating in either extra or co-curricular activities, clubs or parking on campus

Forms must be completed on or before the specified date before a student can park on school property or participate in any extra-curricular or co-curricular activity. This consent form is good through the student's completion of graduation.

**RAYTOWN SCHOOL DISTRICT
INTRADISTRICT
STUDENT TRANSPORTATION CONSENT AND RELEASE**

There are times during the school year when activity events and practices will be held away from the school. The School District provides transportation, but there are times when students can benefit from other transportation options. Please review the transportation options listed below, check any that are acceptable for your student, sign the form, and have your student return the form to the coach/sponsor.

I/We hereby give my/our student, _____
(Print Full Name)

A member of the _____, permission to:

(Please check all appropriate spaces>)

_____ ride to and from activity events and practices on school authorized vehicles.

_____ ride with his/her parent,

_____ ride with an adult licensed driver,

_____ ride with a sibling who is at least 16 years of age and a licensed driver,

_____ ride with another participant who is a licensed driver and at least 16 years of age, or

_____ my student is at least 16 years of age, is a licensed driver, and can drive himself/herself.

I/We understand that School District employees cannot supervise activity participants except when they travel to and from events and practices on school authorized vehicles. For valuable consideration, the receipt of which is hereby acknowledged, I/we knowingly and voluntarily release and forever discharge RAYTOWN SCHOOL DISTRICT and the members of it Board of Education, its employees and agents from any and all liability, actions, lawsuits, claims, demands and expenses resulting, directly or indirectly, from loss of life, personal injuries, property damage, or other damage suffered by my/our student while traveling to or from activity events or practices by transportation other than a school authorized vehicle.

Parent/Guardian Signature Student Signature Date

Parents have responsibility to ensure that their student uses the mode of transportation authorized by the parent. This consent may be revoked or modified in writing at any time. By placing his/her signature above, student Agrees to abide by permission given by parents/guardians and acknowledges that failure to do so can result in discipline at team and school levels.