

# Queens Grant High School Athletic Participation Packet

## ATHLETIC CODE OF CONDUCT

Participation in athletics is an important part of the educational experience at Queens Grant High School. Athletics are designed to teach students important aspects of life, such as character, hard-work, and discipline. These aspects will help the student-athlete develop to their highest potential. As a role model for their peers and within the community, students who participate in athletics are held accountable for their actions at a higher standard than their classmates. As such, student-athletes are expected to conduct themselves in a manner that reflects the high standards and ideals of Queens Grant High School. The student-athlete becomes subject to this code of conduct upon signature, on the date of signature, and will remain in effect until date of graduation from high school. Student-athletes are subject to this code throughout the calendar year, including summer months, whether on or off campus. A violation of the code in the summer or outside the season will be imposed at the beginning of the next scheduled athletic event.

### 1. DRUGS AND ALCOHOL

The possession, use, distribution and/or sale or illegal or counterfeit drugs/alcohol, including paraphernalia for ingestion of such substances by the student athlete is not acceptable or prohibited. If school officials receive credible evidence, such as a police report or criminal charges related to such an offense, the school officials will investigate. If it is determined the student-athlete is in violation, he/she shall be subject to disciplinary action as outlined below.

The school and individual coaching staff is in charge of making their student athletes aware of the detrimental effects of drugs and alcohol. Students and/or parents of students suspended for this violation will be given information regarding counseling. Any student athlete found in violation of this offense at any time while on school premises, including busses and other transportation, will be suspended from further participation according to the Queens Grant Student Hand books. All offenses occurring off campus will be determined as specified below:

**First Offense:** The athlete is suspended for a minimum of 20 days from athletic activities, including scrimmages. At the discretion of the principal, athletic director, and/or coach, the student-athlete may/may not practice with the team during their suspension. This includes travel with the team, as well as sideline or bench attendance during games.

**Second Offense:** The student-athlete will be excluded from all athletic activities from the remainder of his/her high school career at Queens Grant High School.

### 2. TOBACCO USE

A student-athlete found to have used tobacco while subject to this code is suspended from participation as outlined below:

**First Offense:** The student athlete will be suspended for a minimum of 20 days from athletic activities, including scrimmages. In order to be participate again, the student-athlete must complete an approved counseling program for substance abuse. It is as the coach's discretion whether or not the athlete is permitted to practice with the team. This includes traveling and joining the team on the sideline or bench during games.

**Second Offense:** The student athlete will be suspended for a minimum of 40 days from athletic activities, including scrimmages. In order to be participate again, the student-athlete must

complete an approved counseling program for substance abuse. It is as the coach's discretion whether or not the athlete is permitted to practice with the team. This includes traveling and joining the team on the sideline or bench during games.

Third Offense: The principal will suspend the athlete for 90 days from all athletic activities or until the remainder of the season, whichever comes first.

3. CRIMINAL CHARGES

A student-athlete charged with a criminal offense, misdemeanor or felony, other than a minor traffic violation, will be suspended from athletic participation until further review. A felony charge will result in an immediate suspension from all athletic participation in accordance with the NCHSAA. It is the student-athlete's responsibility to inform their coach an athletic director of criminal charges as soon as possible, but no later than the next schedule athletic event. Failure to do so will result in further disciplinary action.

4. SCHOOL SUSPENSIONS

In School: A student-athlete serving an in-school suspension for a full or partial day will not participate in any athletic activity that day. This includes practices.

Out of School: A student-athlete serving a short-term or long-term suspension from school will not be permitted to participate in ANY athletic activity during the suspension period.

5. INAPPROPRIATE BEHAVIOR

A student-athlete who engages in conduct or behavior, which is inconsistent with the student's position as a role model or representative of Queens Grant High School, is subject to disciplinary action, including suspension from games, scrimmages and practices. Coaches and school officials may also establish additional training regulations and rules of conduct.

We, the parent/legal guardian and the student-athlete, have read and understand the Athletic Code of Conduct and agree to comply. We also understand that participation in athletics is a privilege and participating student-athletes possess no property right to continued participation. We also understand that the student -athlete is a representative of the school and role model to other at ALL times, whether on or off campus. The parent/legal guardian and participating student-athlete further understands that inappropriate behavior, whether illegal or not, may result in suspension from athletic participation.

Signature of Student-Athlete: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## NCHSAA ELIGIBILITY, CONSENT TO PARTICIPATE AND RELEASE FORM

THIS DOCUMENT MUST BE SIGNED BY THE STUDENT-ATHLETE OF AN NCHSAA MEMBER SCHOOL AND BY THE STUDENT'S PARENT OR LEGAL CUSTODIAN BEFORE PARTICIPATION. STUDENTS MAY NOT PARTICIPATE WITHOUT THE STUDENT'S AND PARENT'S/LEGAL CUSTODIAN'S SIGNATURE.

I have read, understand and acknowledge receipt of the North Carolina High School Athletic Association's Eligibility Rules. I understand that a copy of the NCHSAA Handbook is on file with the member school's principal and/or Athletic Director, and that I may review it, in its entirety if I so choose. I know my school is a member of the NCHSAA and must adhere to all regulations that govern interscholastic athletic programs, including, but not limited to, Federal and State laws, local regulations and those imposed by the NCHSAA. I understand that local rules may be more stringent than the NCHSAA and agree to follow the rules of my school and the NCHSAA and to abide by their decisions. I acknowledge and understand that participation in interscholastic athletics is a privilege, not a right. I understand that classroom performance, dropping a class or taking coursework through other educational options could affect eligibility and compliance with NCHSAA academic standards.

### STUDENT CODE OF RESPONSIBILITY

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 understand that a student whose character or conduct violates the school's Athletic Code or School Code of Responsibility could be deemed ineligible for a period of time as determined by the principal or school system

PARENTS, LEGAL CUSTODIANS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. The student and parent/legal custodian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries including, but not limited to, serious neck, head and spinal injuries, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, serious injury or impairment to other aspects of the body, or effects to the general health and well-being of the child, and in rare cases death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate all risk. Because of these inherent risks, the student and their parent/legal custodian have a responsibility to help reduce that 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.

I authorize medical treatment should the need arise for such treatment while I or my child/ward ("student-athlete") is under the supervision of the member school. I consent to medical treatment for the student-athlete following an injury or illness suffered during practice and/or a contest. I understand that in the case of injury or illness requiring treatment by medical personnel and transportation to a health care facility, that a reasonable attempt will be made to contact the parent/legal custodian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be treated and transported via ambulance to the nearest hospital. I further authorize the use or disclosure of my student-athlete's personally identifiable health information should treatment for illness or injury become necessary.

I understand all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. Further, I understand that if my student is removed from a practice or competition due to a suspected concussion, he or she will be unable to return to participation that day. After that day, written authorization from a physician (M.D. or D.O.) or an athletic trainer working under the supervision of a physician will be required before the student is allowed to return to participation. I also acknowledge that I have received, read and signed the Gfeller-Waller Concussion Information Sheet.

I consent to the NCHSAA'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 and grant the NCHSAA the right to photograph and/or videotape the participant and further to use the participant's face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The NCHSAA, however, is under no obligation to exercise said rights herein. I further consent to the disclosure, by the member school, to the NCHSAA, upon its request, of all records relevant to the student-athlete's athletic eligibility including, but not limited to, their records relating to enrollment, attendance, academic standing, age, discipline, finances, residence and physical fitness. The student and parent/legal custodian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and discharge, without limitation, the NCHSAA its officers, agents, attorneys, representatives and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or legal custodian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student's participation in interscholastic athletics if due to the ordinary negligence of the Releasees.

By signing this document, we acknowledge that we have read the above information and that we consent to the herein named student's participation. We understand that the authorizations and rights granted herein are voluntary and that we may revoke any or all of them at any time by submitting said revocation in writing to the participant's member school. By doing so, however, we understand that the participant will no longer be eligible for participation in interscholastic athletics.

_____	_____	_____	_____
Student's Signature	Date of Birth	Grade in School	Date
_____			_____
Signature of Parent or Legal Custodian			Date

**TRANSPORTATION FORM**

Queen's Grant High School does not provide any form of transportation through the school to and from sporting events.

Coaches are NOT permitted to provide transportation to and from sporting events, and or practices.

The most ideal situation would be to have transportation provided by the athlete's parent(s) or legal guardian .

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If I am unable to provide transportation, I give permission for my child to be transported to and from a sporting event by someone other than myself. Knowing that the adult driver/chaperone will take the utmost care of my child's safety, I understand that accidents do occur and that in such situations immediate steps must be taken to secure my child's health. I hereby authorize the Staff of Queen's Grant High School to seek medical attention for my child should an emergency arise, provided that I will be contacted as soon as possible.

Failure to reach me shall not prevent an application of immediate, necessary medical or dental treatment, not excluding injection, anesthesia or surgery, at my expense. In case of an accident, I will not hold the driver of the vehicle or anyone associated with Queens Grant High School liable.

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Athlete's Name (Please print)

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Parent/Legal Guardian Name(s) (Please print)

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Parent/Legal Guardian Signature & Date

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Date

**Emergency Contact Information**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

**Primary Contact Information**

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Number \_\_\_\_\_ Email Address \_\_\_\_\_

**Secondary Contact Information**

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Number \_\_\_\_\_ Email Address \_\_\_\_\_

**Other Emergency Contact Person**

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Number \_\_\_\_\_ Email Address \_\_\_\_\_

Allergies: Please list any allergies the coaches/advisors should be aware of

Medical Conditions: Please list any allergies the coaches/advisors should be aware of

Do not write below this line - Coach Use Only

\_\_\_\_\_ Physical on File \_\_\_\_\_ Date of Physical \_\_\_\_\_

\_\_\_\_\_ Fees Paid \_\_\_\_\_

\_\_\_\_\_ Uniform Top \_\_\_\_\_ Bottom \_\_\_\_\_ Warm-up \_\_\_\_\_