NORTH COLLINS CENTRAL SCHOOL DISTRICT SPORTS PROGRAM

Student and Parent/Guardian Assumption of Risk - Acknowledgement and Release

Student Name: _____ Grade: _____

Sport: _____ Level desired: _____

Health History:

Allergies (Bee Sting, Medication, Food, Latex, etc.)? ☐ Yes ☐ No

Explain: _____

Does (s)he carry epinephrine because of life-threatening allergy? ☐ Yes ☐ No

Does (s)he have asthma? ☐ Yes ☐ No

Does (s)he carry and inhaler? ☐ Yes ☐ No

Has (s)he had a recent (past 30 days) injury and/or serious illness? ☐ Yes ☐ No

Explain: _____ Date: _____

Concussion/Head injury/Seizures/Cardiac issue? Explain:_____ ☐ Yes ☐ No Date: _____

Does (s)he take any medications? ☐ Yes ☐ No List: _____

Physician Name: _____ **Preferred Hospital**: _____

Address: _____ **Health Insurance Carrier**: _____

Phone : _____ **ID or Policy #:** _____

Emergency Parent Contact and/or other responsible individual:

Name: _____ Name: _____

Phone: _____ Phone: _____

I understand participation in _____ (Sport) involves rigorous physical activity and risks of physical injury.

I acknowledge that I have access to injury-related information on the school website: *www.northcollins.com/athletics* where these risks and concussion management are explained. I understand that the risks include a full range of injuries, from minor to severe, including death. Although protective equipment may be used, safety rules employed, coaching instructions provided, medical care provided, and other efforts taken, there is no guarantee that my child will not be injured. I agree to assume responsibility and accept these risks.

I understand that the district will make every effort to reach me, but in the event that an emergency treatment is necessary, I give the district the right to transport and authorize medical treatment on behalf of my child. North Collins CSD is not responsible for the costs associated with any treatment.

❑ **My child and I have read and understood the District's Code of Conduct and Drug and Alcohol Policy.**

❑ **My child and I have read and understood the Dominic Murray Sudden Cardiac Arrest Act.**

❑ **My child and I have read and understood the Concussion Management and Awareness Information.**

We agree to abide by these rules and acknowledge that the above information is correct by providing a legally binding physical or electronic signature below.

_____ _____

Student Signature Date

_____ _____

Parent/Legal Guardian Signature Date

Rev. 05/30/2023

North Collins Central School

Drug and Alcohol Policy

FOR ALL ATHLETIC PARTICIPATION

During the season (first day of practice to the last day of competition) a student athlete will not manufacture, distribute, possess, procure, or use illegal drugs or controlled substances, alcohol or tobacco products. Possession means having physical possession.

During the season, a student athlete will not attend any gathering in which underage drinking or illegal drug use and/or possession is present.

Reports of a violation (from above) coming from: a district employee, an adult acting as a chaperone, a law enforcement office or agency, or a parent/legal guardian of a student involved in an alleged violation, will be investigated.

Reports of alleged violations from persons other than those mentioned above must be submitted by the person witnessing the incident. Such report will then be given consideration by the Building Principal.

RESPONSES TO VIOLATION

First Violation

Upon determination that a violation has occurred, the student shall be removed from athletic participation for a period of four (4) weeks. The student will be reinstated after two (2) weeks of the suspension if the student provides documentation/verification of attendance at a voluntary session for substance abuse prevention education. These sessions are at the cost of the student/family.

Suspension will begin the day school district personnel determine that a violation has occurred.

Second Violation

Upon determination of a second violation, the student will be removed from participation in all athletic activity for the remainder of the current season.

Students will not be allowed to earn any awards or attend the Awards Ceremony.

PROCEDURES

1. Upon report of an alleged violation or if the student admits a violation has occurred, the Building Principal and /or Athletic Director shall provide verbal notice to the student and his/her parent(s)/guardian(s) that an investigation of the alleged violation is/has been taking place. The reasons for the investigation and the possibility of suspension or removal from the activity will be included in the notice.
2. The student and his/her parent(s)/guardian(s) will meet the Principal and other staff, as appropriate, within two (2) school days following the initial notification. Those attending will be given the opportunity to submit additional information or explanation for the alleged violation.
3. The Principal, as appropriate will make a final determination and within two (2) days of conducting the investigation; give verbal and written notice to the student, parent (s)/guardian (s) and the coach or advisor.

APPEALS

The Athletic Review Board is to handle any serious violations for the above Athletic Team Policy where and when the athlete or coach requests such action. The Athletic Review Board consists of the High School Principal, the Athletic Director, the coach involved and one other non-coaching member of the faculty. This non-coaching member will be selected by the Review board and involved athlete: Any athlete who feels the Athletic Team Policy has been unjustly applied to his/her situation shall have the right to appeal.