

ACTIVITIES CODE OF CONDUCT
BISHOP KELLY HIGH SCHOOL
7009 Franklin Road • Boise, ID 83709 • (208)375-6010

It is the policy of Bishop Kelly High School to prevent and prohibit the possession, use, sale, distribution, and/or intent to distribute any illegal or controlled mood-altering chemical, medication, look-alike drug or abused chemical by any student. Consequently, should any member of the school's administration, faculty, staff, or coaching staff witness or have evidence that a student is using, in possession of, or under the influence of any of the previously mentioned substances, that student will be dealt with according to the following procedure. Athletes, cheerleaders, and dance team members may be asked to take a random drug test during their activity season.

1. **First Offense**: A student will be **ineligible to participate for a minimum of 25% of the total regular season contests** and must attend practice and complete the current season; the time of ineligibility will begin with the first scheduled event after the infraction. Should a student violate the Code of Conduct between seasons, ineligibility will begin at the beginning of the next sport in which the student participates.

2. **Second Offense**: A student will be **ineligible to participate for a minimum of 50% of the total regular season contests** and the time of ineligibility will begin with the first scheduled event. These consequences are in effect for the entire school year.
Note: When figuring percent of the season to be missed, any part of a contest will be **rounded up to the next whole number**, i.e. 25% of 13 regular season contests = 3.25; contests missed = 4.

3. **Third Offense**: The student will be ineligible to participate in any athletic activity for a minimum of one year from the date of infraction; the police and juvenile office will be notified.

4. **Possession or use of tobacco and tobacco products**: The student will be **suspended for a minimum of one contest**.

Should a student decide to submit an appeal, a panel composed of the Principal, Assistant Principal, Athletic Director, and head coach or activity moderator will convene upon the Principal's receipt of a written request from the student and parent. This request for a hearing/review should clearly state the reasons why the hearing is being requested.

I have carefully read, understand, and will comply with the Activities Code of Conduct.

Print Student Athlete's Name

Date

Signature of Parent/Guardian
(First and Last Name)

Signature of Student
(First and Last Name)

COMPLETE OTHER SIDE

Bishop Kelly High School
7009 Franklin Road, Boise, ID 83709 208-375-6010
Sports Medicine Information/Participation Permission Slip
School Year 20__ - 20__.
PLEASE PRINT ALL INFORMATION

Athlete

Last Name First Name Grade Birth Date Gender

Medical Doctor _____ Phone _____

Medications _____ Allergies _____

Known Medical Conditions _____

Insurance Company _____ Phone _____

Plan or Group Number _____ Policy or Subscriber Number _____

My signature below confirms my consent that the team physician, athletic trainer, sports medicine staff, or coaches may apply first aid treatment until the athlete's primary physician can be contacted. AND, team physician, athletic trainer, sports medicine staff or coaches are to use their own judgment in securing medical aid and ambulance service in case the parents can't be reached.

Parent/Guardian Signature Date

WARNING, AGREEMENT TO OBEY INSTRUCTIONS, RELEASE ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS

- Student athlete AND a parent or guardian much read carefully and sign prior to participation in any athletic activity/ students must check off all sports in which they may participate.

Football Soccer Volleyball Swimming Cross Country Basketball Wrestling Track
 Baseball Lacrosse Softball Golf Tennis Cheerleading Dance

We, the undersigned, are aware that participation in any sport can be a dangerous activity involving MANY RISKS OF INJURY. We understand the dangers and risks of participation in practice or competition in the sport(s) checked above. These include, but are not limited to; death; serious neck and spinal injuries which may result in complete or partial paralysis; serious injury to virtually all internal organs; serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the musculoskeletal system.

Because of the dangers of participation in athletic activities, we recognize the importance of following coaches' instructions regarding playing techniques, training, and other team rules, etc. and agree the student athlete shall obey such instructions.

In consideration of Bishop Kelly High School for permitting the student athlete to try out for sport(s) checked above and to engage in all activities relating to that sport, including, but not limited to, trying out, practicing or competition in that sport, we hereby assume all the risks associated with participation and agree to hold Bishop Kelly High School's employees, agents, representatives, coaches, sports medicine staff, and volunteers harmless from any and all liabilities, action, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with the student athlete's participation in any activities related to the sport(s) checked above.

The terms hereof shall serve as a release and assumption of risk for the student athlete and parent/guardian and their heirs, estate, executor, administrator, assignees, and for all members of our family.

I specifically acknowledge that the following checked sport(s) is (are) a VIOLENT CONTACT SPORT(S) and participation involves greater risk of injury than other activities. Football Wrestling Soccer Volleyball Baseball Basketball Softball Lacrosse

Print Student Athlete Name Date

Student Athlete Signature Parent/Guardian Signature

RETURN COMPLETED FORM TO: Sport Medicine Coordinator @ Bishop Kelly High School