

# SKYLINE GRIZZLIES

## ATHLETIC REQUIREMENTS and REGISTRATION FORMS – 2010-11

According to School District #91 and Idaho High School Activities Association rules, all students interested in participating in athletics must complete the following list of requirements. Please read and complete these items as directed. **Forms are also available on the district web site at [www.d91.k12.id.us](http://www.d91.k12.id.us). Go to Skyline High School, Other Sites; Athletics, registration packets are listed; select one.**

- \_\_\_\_\_ (1) Physical -- Generally, Freshmen, Juniors, or any student new to Skyline High School must have a current physical form on file **BEFORE** the athlete is allowed to **PRACTICE**. For the 2010-11 school year, a physical must be dated **after May 1 of 2009**. A physical is good for a maximum of two years from the date of exam. Use the white registration packet when a physical is needed.
- \_\_\_\_\_ (2) Interim Physical Questionnaire -- Generally, sophomores and seniors. Students complete this form in lieu of a physical exam every other year. The interim questionnaire must be turned in **BEFORE** a student is allowed to **PRACTICE** with the team. Use the yellow registration packet for the Interim Questionnaire.
- \_\_\_\_\_ (3) Consent forms (All athletes) -- This form is included on both the physical & interim questionnaire packets and must be completed, signed, by **ALL** athletes and parents and turned in **BEFORE** they will be allowed to **PRACTICE**. This form must be renewed **EVERY YEAR**. Each student athlete needs to do this **ONLY ONCE PER SCHOOL YEAR**.
- \_\_\_\_\_ (4) Academically ineligible -- Students attending schools that hold six classes a day must pass five classes the previous trimester/semester. Students attending schools that hold five classes a day must pass four classes the **PREVIOUS TRIMESTER/SEMESTER**. Seminary cannot be counted as one of these required classes. At the same time, the student **must be a full time student during the season in which they are participating**. Credits can be gained during summer school in the case a student does not meet the above requirements for the fall sports. Correspondence credit will only be allowed if it is completed prior to the first day of practice for any sport. Work study credit will only be granted if the student is registered for the program prior to completing the hours of work. If a question arises about eligibility, students will be allowed to practice until their status is determined. If they are determined to be ineligible, they will not be allowed to participate in any way with the team. Insurance coverage does not extend to ineligible students.
- \_\_\_\_\_ (5) Transfer and foreign exchange students. -- Transfer and foreign exchange papers [required by the state athletic association] must be completed and filed with the Idaho High School Activities Association before that student will become eligible to participate. Please contact the athletic director to obtain these forms immediately.
- \_\_\_\_\_ (6) District participation fees -- These fees are used to offset expenses of the entire athletic program. There will be a participation fee of \$120 for the first season, \$100 for the second season, and \$80 for the third season. Any student who is in financial need should see the Athletic Director in order to set up a payment plan [\$10 down payment is required] that will meet the needs of the student. If a student is unable to meet the participation fee obligation, then a letter stating financial hardship must be submitted to the building principal prior to the first contest. No one will be allowed to participate in an athletic contest for Skyline High School until the fees have been paid, payment plans completed, or letter submitted. Checks should be made out to the order of Skyline High School.
- \_\_\_\_\_ (7) Activity Cards -- Athletes are **REQUIRED** to purchase activity cards before their first athletic contest.

Anyone with questions are encouraged to contact our Athletic Director, Kerry Martin;  
Phone him at 525-7798 or 569-5421. E-Mail: [markerr@d91.k12.id.us](mailto:markerr@d91.k12.id.us)

**Rules & Regulations are available at district website at [www.d91.k12.id.us](http://www.d91.k12.id.us)**  
**See Athletic Schedules, Updates, and Scores at [www.highschoolsports.net](http://www.highschoolsports.net)**

# ***DISTRICT # 91 TRAINING RULES***

The coach can set rules for training as long as they do not conflict with school policy.

Athletes are, because of their exposure to the public, ambassadors of the School District. The schools are often judged by the members of the community and in other communities by the actions of the young people who represent them in the athletic area. This is a weighty, but nonetheless real, responsibility that we place on the shoulders of our young people.

Because of the representative role that our athletes must naturally assume, and because athletic programs are optional, it is expected that all athletes, both boys and girls, will adhere to certain minimum standards of behavior and scholarship as established by the Board, the building administration, and the coach.

Violation of these standards at any time during the sport season in question shall be considered in two categories to be defined as:

## **I. MAJOR OFFENSES**

- a) sale, use, or possession of drugs, alcohol, or tobacco,
- b) felony offenses,
- c) petty theft,
- d) other serious disruptive acts or repeated minor offenses

## **II. MINOR OFFENSES**

All disruptive actions not listed above to include but not limited to:

- a) unsportsmanlike actions;
- b) insubordination;
- c) violations of other rules and regulations as established by the coach and/or the building administration.

Those individuals found to be guilty of violating the behavior standards shall be dealt with in the following manner:

- I. Minor offenses should be handled by the coach and/or the building principals.
- II. Major offenses are to be reviewed by the coach and principal.
  - a) First violation: Suspension for 10% of the season's scheduled games meant to be no less than one (1) game. If the offense occurs with less than 10% of the present season remaining, the suspension will then carry over to the next sport season in which the athlete participates.
  - b) Second violation: Suspension from the activity for remainder of that sport season with forfeiture of all awards gained during that season. The first violation may have occurred in a prior sports season. If less than 10% of the season remains, the suspension will carry over to the next sport season in which the athlete participates.
  - c) Third Violation: Suspension from the activities for the remainder of the school year. Previous two violations may have occurred in a prior sports season.
  - d) If there should be a fourth or subsequent violation, it will be treated the same as a third violation.
  - e) In the instance of extreme violations (such as felonies) any of the above steps may be bypassed.

The above penalties and standards are to be considered as minimum only. Coaches and administrators may set more rigid standards of conduct and dress, and they may take more serious action as the circumstances indicate.

It shall be the responsibility of the principal or his designee, to see that every athlete has on file in the individuals school office a letter signed by him/her and the parents indicating knowledge of these regulations.

# SKYLINE HIGH SCHOOL – 2010-11

## IDAHO HIGH SCHOOL ACTIVITIES ASSOCIATION

**REGISTRATION—Please Print Neatly and Complete all blanks.**

**Circle Sports**

Cross Country  
Football  
Boys Soccer  
Girls Soccer  
Volleyball  
Basketball  
Wrestling

Name of Athlete: \_\_\_\_\_ Grade: 9 10 11 12  
Parents Names: \_\_\_\_\_  
Mailing Address \_\_\_\_\_ 8340\_\_\_\_  
Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Circle One: Female Male  
Special Status: [Circle one] Transfer Exchange  
Name of school attended last year: \_\_\_\_\_

**Circle Sports**

Baseball  
Golf  
Softball  
Tennis  
Track  
Cheerleader  
Dance Team

### ATHLETIC CONSENT FORM

I/We give our consent for \_\_\_\_\_ to participate in organized high school athletics, realizing that such activity involves the potential for injury which is inherent in all sports. I/We acknowledge that even with the best coaching, 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 total disability, paralysis or even death. I/We acknowledge that I/we have read and understand this warning.

Our signature below confirms that we agree to abide by the IHSAA rules and training rules as established by the School District #91 School Board. These include, but are not limited to:

1. Student must be academically eligible to participate in the activity [passed 4 of 5 or 5 of 6 classes last trimester/semester]
2. Student must have current physical or interim questionnaire and consent form on file with the school.
3. Student and parent must view or have viewed "Informed Consent" Video.
4. Student must have 10 days of practice prior to the day of the first contest of an interscholastic athletic competition.
5. A student who participates in organized non-school sports scrimmage or competition after the first day of the school season is ineligible for the school team for the remainder of that sport season.
6. Student's attendance in school is required on days of practice and contest days unless excused in advance.
7. Student has paid the appropriate participation fee prior to the team's first contest.
8. Student has purchased an activity card prior to the team's first contest.

I/We also understand that school health insurance is not provided by the school district. Insurance coverage is strongly recommended, but it is the responsibility of the individual family to arrange their own coverage. Please supply your insurance information below in order for us to handle emergencies in an acceptable manner

This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated by school authorities for any illness or injury resulting from his/her athletic participation.

The signatures below indicate that participation in interscholastic athletics for the above school is entirely voluntary on my part, and also confirms that we have read and understand all of the requirements and regulations as printed on the attached papers.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Date

### INSURANCE INFORMATION

Parents: Father \_\_\_\_\_ SS \_\_\_\_\_; Mother \_\_\_\_\_ SS \_\_\_\_\_  
Employer: Father \_\_\_\_\_; Mother \_\_\_\_\_  
Primary Insurance Carrier: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Group Number \_\_\_\_\_; Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
In case of emergency, notify: \_\_\_\_\_ Phone: \_\_\_\_\_

# SKYLINE HIGH SCHOOL – 2010-11 IDAHO HIGH SCHOOL ACTIVITIES ASSOCIATION

## SPORTS PHYSICAL EXAM REPORT FORM

Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Personal Physician \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

HISTORY FORM – PLEASE COMPLETE IN ADVANCE OF EXAM	TO BE COMPLETED AT THE TIME OF EXAM																																																						
<p>DOES THE STUDENT HAVE/HAD:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">DIABETES</td> <td style="width: 10%; text-align: center;">YES</td> <td style="width: 20%; text-align: center;">NO</td> </tr> <tr> <td>ALLERGIES</td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>ASTHMA</td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>RHEUMATIC FEVER</td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>HEART TROUBLE</td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>FAINTING SPELLS</td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>KIDNEY DISORDER</td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>HOSPITALIZATIONS</td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> </table> <p>INJURIES [Head, joints, bones]</p> <p>Part Injured: _____            Nature of Injury: _____            _____            _____</p> <p>EXPLAIN "YES" ANSWERS HERE:            _____            _____            _____            _____</p> <p>Have you had any other medical problems since last exam? _____            Explain _____</p> <p>Date of last tetanus shot? _____            Date of last measles immunization? _____            When was last menstrual period? _____            What was the longest time between periods last year? _____</p>	DIABETES	YES	NO	ALLERGIES	YES	NO	ASTHMA	YES	NO	RHEUMATIC FEVER	YES	NO	HEART TROUBLE	YES	NO	FAINTING SPELLS	YES	NO	KIDNEY DISORDER	YES	NO	HOSPITALIZATIONS	YES	NO	<p>HEIGHT _____ WEIGHT _____ B/P _____</p> <p>PULSE _____ R _____</p> <p>VISUAL ACTIVITY: R 20/ _____; L 20/ _____</p> <p>CORRECTED: Y N PUPILS _____</p> <table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">NORMAL</th> <th style="text-align: center;">ABNORMAL</th> </tr> </thead> <tbody> <tr> <td>Pulses:</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Heart: :</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Lungs:</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Skin:</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Abdominal:</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Genitalia:</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Musculoskeletal</td> <td></td> <td></td> </tr> <tr> <td>  Part _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>  Part _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table> <p>FINDINGS:            _____            _____            _____</p> <p>LIMITATIONS:            _____            _____            _____</p> <p>_____ O.K. FOR SPORTS            _____ NOT ABLE TO PARTICPATE</p> <p>Signed by: _____ M.D.            DATE OF EXAMINATION: _____</p>		NORMAL	ABNORMAL	Pulses:	_____	_____	Heart: :	_____	_____	Lungs:	_____	_____	Skin:	_____	_____	Abdominal:	_____	_____	Genitalia:	_____	_____	Musculoskeletal			Part _____	_____	_____	Part _____	_____	_____
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