

SKYLINE GRIZZLIES

ATHLETIC REQUIREMENTS and REGISTRATION FORMS – 2017-18

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.

- _____ (1) **Physical** – All Freshmen and juniors are required to have a physical dated after **May 1 of the 2017** per IHSAA rule. Any student new to Skylin High School from another state will be required to get a current physical from a physician in the State of Idaho. Transfer students from within the state of Idaho may use a current physical dated after **May 1 of the 2016** if a sophomore or senior.
- _____ (2) **Interim Physical Questionnaire** – Sophomore's and seniors who had a physical the previous year, will need to complete the interim questionnaire **BEFORE** he/she is allowed to **PRACTICE/TRYOUT** with the team. The Interim Questionnaire form is included in the registration packet.
- _____ (3) **Informed Consent form** (All athletes) -- This form is part of the registration packet and must be completed and signed by athletes and parents/guardians and turned in **BEFORE** they will be allowed to **TRYOUT/PRACTICE** and must be annually. However, a student athlete only has to do it **ONCE PER SCHOOL YEAR.**
- _____ (4) **Medical Treatment Authorization Form** (All athletes) – This form is part of the registration packet and must be completed and signed by the parents of the athletes. The **Athletic Trainer/COACH of the sport** will keep this document in his/her possession in case of a medical emergency and emergency treatment is necessary.
- _____ (5) **Acknowledgement of Receipt of Concussion Guidelines** – This form acknowledges that the parent (guardian) and participant have been notified of the Concussion Guidelines to be followed by School District 91 as per Idaho Code: I.C. § 33-1625 Youth athletes – concussion and head injury guidelines Title 54, Chapter 18 Idaho Code. This form must be turned in prior to tryouts or first athletic practice. All participants must have IMPACT testing prior to first practice.
- _____ (6) **Academically ineligible** -- Students must pass five of the six classes from the previous semester. Seminary cannot be counted as one of these required classes. An athlete **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 following the spring semester. 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. LCA's (loss of credit because of attendance) must be completed before participation will be allowed in a contest.** If a question arises about eligibility, students will be allowed to practice but may not participate in contests 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. IHSAA (Idaho High School Activities Association) catastrophic insurance coverage does not extend to ineligible students. **During the season, no athlete will be allowed to participate with failing grade(s). This will be reviewed by the program and athletic director on an individual basis.**
- _____ (7) **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 or building principal to obtain these forms immediately.
- _____ (8) **District participation fees** -- These fees are used to offset expenses. There will be a participation fee of \$120 for the first season, \$100 for the second season, and \$80 for the third season of that calendar year. Any student who is in financial need should see the administration in order to set up a payment plan [\$20 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 Idaho Falls High School until the fees have been paid, payment plans completed, or letter submitted. Checks should be made out to the order of Idaho Falls High School.
- _____ (9) **Activity Cards** -- Athletes are **REQUIRED** to purchase activity cards before their first athletic contest.

Anyone with questions is encouraged to contact Athletic Director, Bill Cairns;
Phone him at 525-7770 or E-Mail: cairbill@d91.k12.id.us

Rules & Regulations are available at district website at www.d91.k12.id.us

IDAHO FALLS SCHOOL 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 individual's school office a letter signed by him/her and the parents indicating knowledge of these regulations.

SKYLINE HIGH SCHOOL – 2017-18 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
 - Swimming

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 (Must return this form every year, once per school year)

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 5 of 6 classes last semester] and be a full time student. Seminary does not count as a one of the required classes.
2. Student will be in good academic standing during the season. A failing grade(s) will result in not being allowed to participate in competitions until grade is improved. Program and Athletic Director will assess each case individually.
3. Student must have current physical or interim questionnaire and consent form on file with the District Athletic Director before being allowed to participate in tryouts or practices.
4. Student must have 10 days of practice prior to the day of the first contest of an interscholastic athletic competition in the first sport season, mandatory for football and wrestling. 10 day requirement is not required if coming from one sport season into the next sport season if the second sport has commenced within a three week period.
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 or made other arrangements 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 on the Medical Treatment and Authorization Consent form in order for us to handle emergencies in an acceptable manner.

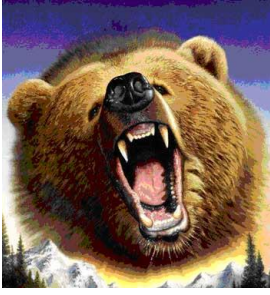
This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated by school authorities for any illness or injury resulting from his/her athletic participation.

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



**MEDICAL TREATMENT
AUTHORIZATION AND
CONSENT FORM**

**(Must return this form to the head coach
for every sport)**



The following form is designed for those situations where minors are unaccompanied by either a parent or legal guardian. This "Medical Treatment Authorization and Consent Form" gives authority to a designated adult to arrange for medical care for a minor in the event of an emergency. This is extremely important, in that, medical care cannot be provided to a minor without approval by the parents or legal guardians, unless there is written authorizing an agent to give approval.

***Must have these areas completed!**

***Minor's Full Name**

***Minor's Address**

***City, State, Zip Code**

***Minor's age and birth date**

The undersigned do hereby authorize Skyline High School/Coach/Trainer or such substitute as he/she may designate as agent for the Undersigned to consent to any X-ray, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the above named minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and/or surgeon, licensed under the Provision of Medicine Practice Act or of any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, or elsewhere.

***Parent or Guardian Signature**

***Date**

***Parent or Guardian (please print)**

***Address of Parent or Guardian**

***Home, Cell, and Work Phones of Parent or Guardian**

***Insurance Company**

Policy Number

Group Number

***Family Physician**

In case of emergency, notify:

Emergency Number:

**SKYLINE HIGH SCHOOL – 2017-18
IDAHO HIGH SCHOOL ACTIVITIES ASSOCIATION**

SPORTS INTERIM HEALTH QUESTIONNAIRE

This form is required in the seasons between Required Physical Exams

Name _____ Grade _____ Date of Birth _____

Personal Physician _____ Physicians Phone _____

DATE OF LAST PHYSICAL EXAMINATION: _____

SINCE HIS/HER LAST ATHLETIC PHYSICAL EXAMINATION, HAS THIS STUDENT:

- | | | |
|--|-----|----|
| [1] Had surgery..... | YES | NO |
| [2] Been hospitalized..... | YES | NO |
| [3] Been under a physician's care | YES | NO |
| [4] Had a serious illness | YES | NO |
| [5] Had an injury requiring a physician's care | YES | NO |
| [6] Been rendered unconscious | YES | NO |
| [7] Started taking any new medication | YES | NO |
| [8] Developed any new drug allergies | YES | NO |
| [9] Developed any health problems | YES | NO |

Please explain all YES answers in the space provided:

My child [____ Should have] [____ Should not have] a physical examination prior to participation in athletics.

Signature of Parent/Guardian

Date

SKYLINE HIGH SCHOOL – 2017-18 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: 80%;">DIABETES</td> <td style="width: 10%; text-align: center;">YES</td> <td style="width: 10%; 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: _____</p> <p>Nature of Injury: _____</p> <p>_____</p> <p>EXPLAIN "YES" ANSWERS HERE:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Have you had any other medical problems since last exam? _____</p> <p>Explain _____</p> <p>Date of last tetanus shot? _____</p> <p>Date of last measles immunization? _____</p> <p>When was last menstrual period? _____</p> <p>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 style="width: 30%;"></th> <th style="width: 35%; text-align: center;">NORMAL</th> <th style="width: 35%; 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>_____</p> <p>_____</p> <p>_____</p> <p>LIMITATIONS:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____ O.K. FOR SPORTS</p> <p>_____ NOT ABLE TO PARTICPATE</p> <p>Signed by: _____ M.D.</p> <p>DATE OF EXAMINATION: _____</p> | | NORMAL | ABNORMAL | Pulses: | _____ | _____ | Heart : | _____ | _____ | Lungs: | _____ | _____ | Skin: | _____ | _____ | Abdominal: | _____ | _____ | Genitalia: | _____ | _____ | Musculoskeletal | | | Part _____ | _____ | _____ | Part _____ | _____ | _____ |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | NORMAL | ABNORMAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pulses: | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Heart : | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lungs: | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Skin: | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Abdominal: | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Genitalia: | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Musculoskeletal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Part _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Part _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SKYLINE HIGH SCHOOL – 2017-18 IDAHO HIGH SCHOOL ACTIVITIES ASSOCIATION

Idaho Falls School District No. 91

ACKNOWLEDGMENT OF RECEIPT OF CONCUSSION GUIDELINES

Concussion References

<http://www.idhsaa.org/concussions/default.asp>
<http://www.cdc.gov/concussion/sports/index.html>
<http://www.cdc.gov/concussion/sports/recognize.html>

Parent's/Guardian's Signature

I, (print name) _____, acknowledge that I am the parent or guardian of the student (below), that I have received from the District information related student athlete concussions, including information from the State Department of Education, the Idaho High School Activities Association, and Athletic District Policy, and have had the opportunity to review and have reviewed such information. I understand that participation in school athletics leagues or sports is dangerous, and hereby agree to waive all liability against Idaho Falls School District, No. 91, its employees, agents, and trustees, related to any injury or damages that my student may experience or incur as a result of participation in such school athletics leagues or sports.

Signature

Date

Student's Signature

I, (print name) _____, acknowledge that I am a student of Idaho Falls School District, No. 91, or otherwise am allowed to participate in school athletics leagues or sports, that I have received from the District information related student athlete concussions, including information from the State Department of Education, the Idaho High School Activities Association, and Athletic District Policy, and have had the opportunity to review and have reviewed such information. I understand that participation in school athletics leagues or sports is dangerous, and accept the risk of the potential consequences of such dangers.

Signature

Date

NOTE: Both signature lines must be filled in and this form must be provided to the District prior to the student athlete participating in any school athletic leagues or sports.