



**Athletic Participation Form
Parental and Student Consent and Release
For High School Level (grades 9-12) participation**

*KHSAA Form GE04
High School
Parental Permission and Consent
Rev. 4/15, page 1 of 2
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*The student and parents/guardian must read this statement carefully and sign where required. By signing this form, all parties agree that they have accurately completed all sections of the form and have read and agree to the terms of this form as detailed. This form **must** be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics. This form should be kept in a secure location until the student has exhausted eligibility, graduated from high school and reached the age of 19.*

**ATHLETE INFORMATION
(This part must be completed by the student and family)**

Name (Last, First, Initial) _____ School Year _____
 Home Address (Street, City, State, Zip): _____
 Gender _____ Grade _____ School _____
 Date of Birth: _____ Birth Place (County, State): _____

School Attendance History

Grade	School Name	School Year	Varsity Play –
9			
10			
11			
12			

I am planning to participate in the following (check all you might try to play):

- | | | | | | |
|-----------------------------------|---------------------------------------|--|--|---|------------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Football | <input type="checkbox"/> Golf | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Softball | <input type="checkbox"/> Swimming | <input type="checkbox"/> Tennis | <input type="checkbox"/> Track and Field | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Bass Fishing | <input type="checkbox"/> Bowling | <input type="checkbox"/> Competitive Cheer | <input type="checkbox"/> Other(s) _____ | |

EMERGENCY CONTACT INFORMATION

 Name (please print) _____ Relation to Student _____

 Emergency Contact Address, including City, State and Zip _____

 Daytime Phone _____ Cell Phone _____

REQUIRED INSURANCE INFORMATION (KHSAA Bylaw 12)

Prior to participation in practice or contests (including trying for a place on a team) in any sport or sport activity during the limitation of seasons as defined in Bylaw 23, all students are required to have medical insurance with coverage limits of at least \$25,000. If this coverage is provided through the school, contact the Principal or Athletic Director regarding any potential claim. Individual schools and districts may impose additional requirements for insurance or coverage during additional periods for activities outside of Bylaw 23.

Insurance Carrier _____ Policy Number / ID Number _____ Group Number _____ Plan _____

EMERGENCY TREATMENT INFORMATION

The following information is recorded solely for potential hospitalization and emergency care needs and is not required to be recorded on this form. However, those failing to provide this information should be aware that this might be required by emergency treatment facilities prior to rendering service, and failure to provide could result in lack of appropriate care.

 Social Security Number _____ Birth Date _____

**CONSENT INFORMATION TO PARTICIPATE, ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY
RULES, LIABILITY WAIVER AND CONSENT AND RELEASE**

As parent/legal guardian, I agree to allow my child to participate in interscholastic athletics.

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM



(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

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PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM



Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP / (/)	Pulse	Vision R 20/ L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) [†]		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic [‡]		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
[†]Consider GU exam if in private setting. Having third party present is recommended.
[‡]Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- Not cleared
- Pending further evaluation
 - For any sports
 - For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____
 Address _____ Phone _____
 Signature of physician _____, MD or DO

The student and parent/legal guardian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries, including but not limited to death, serious neck, head and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of the body, or effects to the general health and well being of the child. Because of these inherent risks, the student and parent/legal guardian recognize the importance of the student obeying the coaches' instructions regarding playing techniques, training and other team rules. By signing this form, the student and parent/legal guardian acknowledge that the student's participation is wholly voluntary and to having read and understood this provision.

The student and parent/legal guardian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and forever discharge the KHSAA and 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 parent/legal guardian 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.

The student and parent/legal guardian acknowledge that they have read and understood the KHSAA Bylaws by distribution at <http://khsaa.org/handbook/>. Please be aware that a student is subject to the one-year period of ineligibility the bylaw commonly referred to as the "Transfer Rule," upon participation in any varsity contest regardless of the amount of participation or lack thereof.

The student and parent/legal guardian agree to abide by the KHSAA Bylaws and Due Process Procedure as now enacted or later amended. The student and parent/legal guardian further acknowledge that they agree to abide by the rulings of the Commissioner, Assistant Commissioner, Hearing Officer and Board of Control.

The student and parent/legal guardian acknowledge that the student must have medical insurance coverage up to a limit of \$25,000 in order to be eligible to participate in interscholastic athletics.

The student and parent/legal guardian, individually and on behalf of this student, give the high school, the KHSAA and their representatives permission to release this student's demographic information (including motion picture and still photographic images) and participation statistics (including height, weight and year in school, participation history and other performance based statistics) and other information as may be requested, and agree that the student may be photographed or otherwise digitally or electronically captured during school-based competition. All of this material may be used without permission or compensation specifically related to the KHSAA and its events.

The student and parent/legal guardian consent to this student receiving a physical examination as required by the KHSAA.

The student and parent/legal guardian, individually and on behalf of this student, consent to the high school and the KHSAA and their representatives to use and disclose the necessary personally identifiable information from the student's education records including academic, financial and health care information, to third parties including school representatives, coaches, athletic trainers, medical facilities, medical staffs, KHSAA legal counsel and the media, for the purpose of receiving proper/necessary medical care and complying with the KHSAA bylaws, including making determinations regarding eligibility to participate in interscholastic athletics and any administrative or legal proceedings resulting from participation or attempted participation in interscholastic athletics, without such disclosure constituting a violation of rights under the Family Educational Rights and Privacy Act. The student and parent/legal guardian, individually and on behalf of this student, further release the high school, the KHSAA and their representatives from any and all claims arising out of the use and disclosure of said necessary personally identifiable information, and agree to release to the high school, the KHSAA, and their representatives, upon request, the detailed and completed application for financial aid.

The student and parent/legal guardian, individually and on behalf of the student, hereby acknowledge that they are aware of and will review if desired, the education materials available through the KHSAA, the Centers for Disease Control and other agencies regarding education all individuals with respect to nature and risk of concussion and head injury, including the continuance of play after concussion or head injury.

The student and parent/legal guardian, individually and on behalf of the student, hereby consent to allow the student to receive medical treatment that may be deemed advisable by the high school, the KHSAA, and their representatives in the event of injury, accident or illness while participating in interscholastic athletics, including, but not limited to, transportation of the student to a medical facility.

**STUDENT AND PARENT/GUARDIAN ACKNOWLEDGMENT OF RISK, ELIGIBILITY RULES, LIABILITY WAIVER AND
CONSENT AND RELEASE AND EMERGENCY PERMISSION FORM**

Students' Name (please print) School

Student and Parent/Guardian Address including City, State and Zip

Signature of Student Date

Please list above any health problems/concerns this student may have, including allergies (medications / others) and any medications presently being used

Name of Parent(s)/Guardian(s) who has/have custody of this student (please print) Emergency Phone Number

Signature of Parent(s)/Guardian(s) who has/have custody of this student Date

JEFFERSON COUNTY PUBLIC SCHOOLS

(Last Name) (First Name) (Middle)

(Birth date) **GENDER:** M F (circle one)

NUMBER OF YEARS IN: MIDDLE SCHOOL _____ HIGH SCHOOL _____ YEAR ENTERED 9TH GRADE: _____

NUMBER OF YEARS PLAYED VARSITY SPORTS COUNTING THIS YEAR: _____.

(Home Address) (Zip) (Home Phone #)

PARENT/GUARDIAN: _____ WORK PHONE#: _____

EMERGENCY CONTACT: _____ PHONE#: _____

PHYSICAL EXAM COMPLETED: YES _____ NO _____

GROUP ATHLETIC INSURANCE PAID: YES _____ NO _____

LAST SCHOOL ATTENDED: _____ YEAR (S): _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

PARENT PERMISSION/RELEASE – HIGH SCHOOL ATHLETICS

I acknowledge receipt of a copy of the K.H.S.A.A. Eligibility Rules and Regulations and am familiar with these requirements. _____

I understand the personal safety of the student is of first importance to the school. In the event of needed professional medical care, I give my permission for a representative of the school to transport my child to the nearest medical facility and for staff of that facility to render treatment. _____

I agree to be responsible for equipment issued by the school and to return same property upon request by the school. _____

I consent for my child to participate in athletics during this school year and understand the school will pay NO medical or drug bills for accidents incurred in this activity/sport. _____

I have medical and hospital insurance with: _____ The certificate number is: _____

I understand there is NO waiver for the Group Athletic Insurance Program for all participation athletes. I have paid the \$5.00 tryout premium and agree to pay the additional \$15.00 premium in the event my child becomes a member of any respective athletic team. This insurance is full excess and benefits are payable for "Reasonable and Customary" expenses that are not recoverable from another plan providing medical benefits to the maximum of \$25,000. If not covered by another plan, the excess provision shall not apply and benefits are payable up to but not to exceed \$25,000. The K.H.S.A.A. carries a catastrophic policy on all athletics that provides coverage in excess of \$25,000.

This Permission/Release form MUST BE SIGNED, NOTARIZED AND RETURNED to the Athletic Department before the student will be permitted to participate.

(Student's Signature) (Parent's Signature)

This form notarized the _____ day of _____ 20_____. Notary Public _____

My commission expires on the _____ day of _____ 20_____.

**JEFFERSON COUNTY PUBLIC SCHOOLS
AUTHORIZATION TO TREAT A MINOR**

TO: Any Hospital, Clinic or Physician

I / We, the undersigned parent, parents, or legal guardian of _____ authorize any hospital or clinic or licensed physician to treat my / our child with any X-ray examination, anesthetic, medical, or surgical treatment. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the physician in the exercise of his best judgment may deem advisable. It is understood that reasonable effort shall be made by the respective school representative (i.e., coach, AD, or office personnel) to contact the undersigned prior to rendering the treatment to the patient, but that treatment will not be withheld if the undersigned cannot be reached.

Signature of Coach / Witness

Signature of Parent / Legal Guardian

Date

Phone

Date

Phone

List any restrictions to your authorization to treat: _____

Preferred Hospital: _____

Preferred Physician: _____

Consent valid for school year: _____

.....
(For Office Use Only)

Initial responsibility will be the respective school

ATTEMPT TO CONTACT PARENT

Date

Time

Numbers Called

Signature of personnel who attempted to make contact

***** COPY OF THIS CONSENT TO ***
ACCOMPANY STUDENT ATHLETE TO DOCTOR'S OFFICE**

Jefferson County Public Schools

Photo/Videotape Release Form

Throughout the school year, there may be times when Jefferson County Public Schools (JCPS) staff, the media, or other organizations, with the approval of the school principal, may take photographs of students, audiotape/videotape students, or interview students for school-related stories in a way that would individually identify a specific student. Those photographs and/or audio/videotaped images or interviews may appear in district publications; in district video productions; on the district web site; in the news media; or in other nonprofit, education-related organizations' publications. Please complete this form, and return it to your child's school.

I hereby grant unto the Jefferson County Public Schools (JCPS) permission to use my child's, photograph and/or videotaped image for the purposes mentioned above. I understand and agree that JCPS may use these photos and/or videotaped images in subsequent school years unless I revoke this authorization by notifying the school principal in writing. I further grant unto JCPS permission to permit my child to be photographed, audio/videotaped, or interviewed by the news media or other organizations for school-related stories or articles.

Student's Name: _____

School: _____

Parent's/Guardian's Name: _____

Address: _____

City/State: _____ Zip Code: _____

Telephone Number: _____

Parent's/Guardian's Signature*: _____ Date: _____

* Students 18 years of age or older may sign this release form for themselves.





Parent/Guardian Student-Athlete Concussion Statement 2.0

___ I understand that it is my responsibility to report all injuries and illnesses to my coach, athletic director, athletic trainer and team doctor.

___ I have read and understand the Norton Sports Health Concussion Fact Sheet. After reading the sheet, I am aware of the following information:

Parent/Guardian Initial Each Line

___ A concussion is a brain injury, which I am responsible for reporting to my coach, trainer, or athletic director.

___ A concussion can affect my (child's) ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance.

___ You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.

___ If I suspect a teammate or other student has a concussion, I am responsible for reporting the injury to my coach, team physician, trainer or athletic director.

___ I (My child) will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.

___ Following a concussion, the brain needs time to heal. You (your child) are much more likely to have a repeat concussion if you return to play before your symptoms resolve.

___ In rare cases, repeat concussions can cause permanent brain damage, and even death.

Signature of Student

Date

Printed name of Student

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Student Name: _____

School: _____

Sports: _____

**JEFFERSON COUNTY PUBLIC SCHOOLS
SPORTS SAFETY VIDEO FORM
Combination Form (Parent and Student)**

_____ We certify that we have viewed the JCPS Sports Safety Video in its entirety and understand the contents thereof.

_____ We certify that we will abide by all of the recommendations of the JCPS video.

The part of the video that I thought was most helpful was:

Parent Name (Print)

Student Name (Print)

School

Grade

Date

Parent Signature

Student Signature

Mustang Nation

The Goal: Success On and Off the Field

You have decided you want to be a part of Mustang Nation. This is great! Our goal for you is to be successful both on and off the field. While we want all teams to be successful between the lines, we are just as concerned you are successful in all areas of life. We will work with you and help you in any way we can. We will expect the best you have to give and we as an Athletic Department will give you the best we have to give.

This is an information sheet as to what we expect of our athletes and what we can and will do to help you succeed in these expectations.

First of all you are a **Role Model** to others in the school. If students see you acting up, ignoring the dress code, being late to class etc., they will do the same and point at you saying "he/she gets to do it why can't I." Be the role model, do the right thing. Let the coaching staff be able to say, "My team goes above and beyond and can be used as an example." We will try to get you days to wear your gear, dress up, or do things, which the others do not get to do as a reward for doing the right thing. If you are in dress code, your shirt is tucked in, and a belt on, it is a lot easier for us to go to the administration and ask for something extra.

Academic Eligibility: You have to be on grade level the first day of school to be eligible to play any sport. For the first trimester there is no option that would allow you to play even if you pass a correspondence class on the second day of school and are then on grade level. Recently the KHSAA changed the rule to allowing eligibility to be reinstated at the semester break. JCPS allows schools on trimesters to give students the opportunity to get back on grade level at the end of each trimester. The requirement states that you cannot have another U for the rest of the year. For example, if a student were 1 credit short of being on grade level as a junior and the first trimester he passes every class, he would then be on grade level. The student makes the wrestling team and passes everything until the first week of February, this would make him ineligible because he did fail a class, even though he could bring it up by the end of the trimester.

Moore's academic eligibility is done weekly. Grades are checked each Friday and any changes in status start on Monday and end the following Sunday. To remain eligible you must pass a minimum of 4 classes each week. If you fail one class you must attend study skills to remain eligible to practice or play. If you are failing two or more classes you are ineligible to practice or play until you are passing 4 classes. During this time you are still required to attend athletic study skills. If you get your grade up in the middle of the week (Ex. Tuesday) you are still required to finish the week in study skills. If you were failing two classes and get both grades to passing you are still ineligible until the following week.

Study Skills Guidelines

Study skills will begin at 2:30 sharp. Not 2:31, or 2:35 or when you get there. Be in class, ready to work on time or you will not be allowed in. If you miss study skills, are late for study skills, or leave study skills early you will be ineligible for the next 7 calendar days. If you have a doctor's appointment you will be excused from study skills that day with a doctor's note, but you will be required to make the day up on the first day of study skills is held the following week. Failure to do so will result in being ineligible for the next 7 days.

The purpose of study skills is to help you improve your grades. To accomplish this you must bring work from the class you need to focus on first. In the unlikely event you do not need to work on the class you are failing, you will bring work to complete from your other classes. All work must be with you at the time you enter class. You are not to come to class and then ask to leave to get your work. If you are not making A's in all your classes you will

have something to work on. It is your grade; you are responsible for being here and you are responsible to come prepared. You will not be allowed to go to your locker or bathroom so take care of everything before you arrive.

If you do not have work in any of your classes, **YOU** are responsible for bringing a BOOK to read. If you show up to study skills without work, try to sleep, talk, or listen to iPod/MP3, etc. you will be ineligible for the next 7 days.

If you need to use a laptop, you must have a note from the teacher for the class and the reason for using the laptop. You will have to show some type of work either in progress or completed at end of study skills. If you are on the laptop for unauthorized reasons (web surfing, music listening, game playing, etc.) you will be ineligible for the next 7 days.

There will be no talking. You already have enough distractions and need to be respectful to others.

No MP3s or cell phones.

What is the purpose of study skills? _____

I have read, understand, and will follow the expectations of the Athletic Department of Moore Traditional.

Athlete Name (Printed): _____

Athlete Signature: _____

Parent Signature: _____

Date: _____