

WASHOE COUNTY SCHOOL DISTRICT 2013-2014

ATHLETIC AND ATHLETIC SUPPORT GROUP CLEARANCE FORMS

Please read this booklet carefully and be sure to tear out and return PAGES 2-18. All items listed below must be completed and turned in prior to any / all participation.

- ✓ Sport/Activity Acknowledgement Form – White (page 2)
- ✓ High School Residency/Custody Statement – White (page 3)
- ✓ Transfer Eligibility Form – White (pages 4)
(A fillable version is also available online at www.niaa.com under Forms)
- ✓ Private Transportation Release Form – Gold (Page 5)
- ✓ High School Off-Season Sport/Conditioning Permit – Yellow (pages 6-7)
- ✓ NIAA Health Questionnaire/Interim Form – Pink (pages 9-10)
- ✓ Pre-Participation History Form – Green (pages 11-12)
- ✓ NIAA Pre-Participation Physical Examination – Blue (page 15)
(This form to be completed every other year, ie...9th and 11th)
- ✓ Parent/Legal Guardian & Student Acknowledgement – Drug, Alcohol, Tobacco Policy - White (pages 16-17)
- ✓ Athletic Emergency Information Form – 3 Part NCR Form (page 18)
- ✓ \$25.00 Athletic Transportation Fee
- ✓ \$25.00 Student Body Fee
- ✓ \$ 5.00 2nd Impact (Concussion) Assessment Fee
(all athletics and cheerleading / dance)
- ✓ \$5.00 Athletic Training and Supply Fee (each sport played – if applicable)

To be eligible to participate in athletics and support groups, including but not limited to cheerleading, song team, or mascot, it will be necessary for a student and his/her parent to sign the enclosed forms on pages 2-18. Page 1, and pages 20-24 contain important information that must be reviewed prior to participation and should be kept for reference throughout the school year.

La versión en Español del paquete de Atletismo esta disponible en:
http://www.washoe.k12.nv.us/district/departments/student_activities.

WASHOE COUNTY SCHOOL DISTRICT

ATHLETIC INFORMATION

PHILOSOPHY OF THE WCSD ATHLETIC DEPARTMENT

High school interscholastic athletics is an integral part of the total educational program in the Washoe County School District. Interscholastic athletics provide opportunities for boys and girls to participate in competitive sports with the emphasis on the development of skills, work ethic, sportsmanship, and teamwork. Our goal is to develop a confident, intrinsically-motivated adolescent; a young adult who begins to understand how their personal habits and attitudes in sports carry over into their adult lives.

Effective schools use athletics as a vehicle to enhance academic achievement, school pride, healthy lifestyles, and team building. Interscholastic athletics are a key component in shaping a dynamic school culture where academics come first. As a District we thank you for allowing us to teach and coach your child in interscholastic athletics and activities.

STUDENT RIGHTS

Students participating in the Interscholastic Athletic Program are governed by the rights, protection, and responsibilities as prescribed by the Nevada Interscholastic Activities Association (NIAA) Handbook, (available for view in its entirety at www.niaa.com), Washoe County School District Policies and Regulations, and their respective schools.

STUDENT RESPONSIBILITIES

Participants are required to conform to the rules and regulations of their school, the Washoe County School District, and the Nevada Interscholastic Activities Association (NIAA). Student athletes should conduct themselves in a safe and sportsmanlike manner. Violators are subject to probation, suspension, or expulsion.

ATHLETIC PARTICIPATION IN COLLEGE (NCAA ELIGIBILITY)

If you think you might be interested in college sports you should know that the NCAA (National Collegiate Athletic Association) has very strict requirements you must fulfill in high school in order to participate in Division I or Division II intercollegiate athletics. The NCAA Eligibility Center must determine your initial eligibility status. Interested student should consult the most current NCAA "Guide for the College-Bound Student-Athlete" or the NCAA website. Obtaining and understanding the necessary information is the responsibility of the student athlete and their parent/guardian and should begin upon their enrollment in high school.

For more details and guidance, talk with your counselor or visit www.eligibilitycenter.org. To contact the NCAA write to P.O. Box 6222, Indianapolis, Indiana 46206-6222 or (317) 917-6222. The Eligibility Center number is (877) 262-1492 or go to the web address at www.ncaa.org.

ATHLETICS CHAIN-OF-COMMAND

Should you have any questions or concerns regarding your student's participation in athletics, the following is the order of contact to resolve those issues:

- Coach
- Head Coach
- Athletic Director
- Athletic Administrator
- Principal
- WCSD Student Activities Office
 - ❖ Phone calls during school hours are acceptable. If a meeting is necessary it should be scheduled. It is never acceptable to interrupt a practice or game.
- Please be aware that there are four main roles in sports: Coaching, Playing, Officiating and Spectating. When we avoid crossing over from our role we help to ensure a positive experience for all.

TRANSFER STUDENTS FROM OUTSIDE THE WASHOE COUNTY SCHOOL DISTRICT

All students coming from outside the Washoe County School District must provide a copy of their last report card or transcript with grades from the prior semester. Athletes will not be eligible to play until grades are provided and verified by the school registrar.

WEBSITE GUIDELINES FOR ATHLETICS

All athletic websites must be directly related to the WCSD mission and not in conflict with any district policies, rules and regulations. Individual athletic teams may not use any social networking sites such as Facebook, MySpace, or similar sites to promote their athletic teams or as a tool for communication for the season. Permission for any additional sites must be approved by WCSD Student Activities office.

Individual teams may have a website that must be linked to the school website and follow all WCSD policies, rules and regulations. Go to www.washoe.k12.nv.us/staff/web-development/guidelines for all guidelines.

SPORT/ACTIVITY ACKNOWLEDGEMENT

To be eligible to participate, read this booklet carefully and be sure to return this form and those indicated below.

PLEASE TYPE OR PRINT

(Last Name)	(First)	(MI)	(Male/Female)	Grade	School Year
/ /	Current Age	Date Entered This High School		Date Entered 9 th Grade	

Parent Name/Address	Telephone
---------------------	-----------

SPORT / ACTIVITY

Parent Initials	Student Initials	
		I have read and understand where to find information regarding <i>NCAA ELIGIBILITY</i> if my student is planning to participate in college sports. (page 1) SIGN & RETURN: HIGH SCHOOL RESIDENCY/CUSTODY STATEMENT (white) (page 3)
		SIGN & RETURN: PRIVATE TRANSPORTATION RELEASE FORM (gold) (page 5)
		SIGN & RETURN: AGREEMENT TO OBEY INSTRUCTIONS, RELEASE, ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS IN ATHLETICS. (yellow) (pages 6-7)
		SIGN & RETURN: FORM E, HEALTH QUESTIONNAIRE/INTERIM FORM (pink) (pages 9-10) Must be completed each year after the initial Pre-Participation Physical Evaluation. A positive response to any of the questions requires the student to retake the Pre-Participation Physical Evaluation before any activity can resume.
		SIGN & RETURN: FORM B, PRE-PARTICIPATION HISTORY FORM (green) (page 11-12), AND FORM D, PRE-PARTICIPATION PHYSICAL EVALUATION (blue) (page 15). A student shall undergo an initial pre-participation physical examination and be approved for interscholastic competition by a provider licensed to perform such service. These forms will be completed the first and third year of athletic participation (typically the athlete's freshman and junior years).
		SIGN & RETURN: ATHLETIC EMERGENCY INFORMATION (3-part form) (page 18)
		I have read and understand the <i>ELIGIBILITY REQUIREMENTS FOR ATHLETES AND ATHLETIC SUPPORT GROUPS</i> , including <i>ACADEMIC ELIGIBILITY INFORMATION (NRS 386.800)</i> (pages 19-20)
		I have read and understand the <i>NIAA ALCOHOL, TOBACCO AND OTHER DRUG, POSSESSION, USE, ABUSE AND PENALTIES POLICY</i> (pages 21-22)
		I have read and understand the <i>WCSD HAZING POLICY</i> (page 23)
		If student is participating in FOOTBALL, I have read and understand the <i>FOOTBALL PARTICIPATION WARNING</i> (page 25)
		I have read and understand the <i>IMPACT – CONCUSSION MANAGEMENT PROGRAM</i> information (page 24)
		HEALTH/ACCIDENT INSURANCE: I understand my child/ward must be covered by health/accident insurance to participate in this athletic activity and it is solely my responsibility to ensure my child/ward is covered by health/accident insurance. By initialing and signing this form, I attest that my child/ward is covered by health/accident insurance.
		I understand my student must purchase a student body activity card, (\$25.00), Transportation fee (\$25.00) and Impact (concussion) assessment fee (\$5.00) to participate in this athletic activity.

I agree to the participation of my above-named child/ward in the program or programs that have been listed above and acknowledge that **I HAVE READ AND UNDERSTAND THE RULES, REGULATIONS AND REQUIREMENTS OF THIS BOOKLET.**

Student's Signature	Date	Parent/Guardian Signature	Date
---------------------	------	---------------------------	------

HIGH SCHOOL RESIDENCY/CUSTODY STATEMENT

The Administration of this high school recognizes most parents and students abide by athletic eligibility and residency policies. We also recognize some policies can be confusing and unclear. It is our intent to educate parents and students as well as protect those who follow the regulations. Please read the statements below and provide both parent and student initials on the spaces to the left of each item. Your awareness of some of the more significant policies and assistance in maintaining an effective and respected athletic program will benefit everyone associated with the Washoe County School District.

Please answer the following questions (Yes) or (No):

1. Has your son/daughter attended another high school? (circle one) Yes No

If yes, name all schools attended and years of attendance _____

2. Was your son/daughter or any member of your family recruited by any member of the faculty or coaching staff for the purpose of participating in athletics at the school you will be attending (circle one) Yes No

***IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE CONTACT THE SCHOOL ATHLETIC ADMINISTRATION TO DETERMINE THE STUDENT'S ATHLETIC ELIGIBILITY.**

Parent Initials	Student Initials	<i>ALL BOXES MUST BE INITIALED BY BOTH STUDENT AND PARENT/GUARDIAN</i>
		RESIDENCY: We understand this student must reside with a parent in the attendance zone of this high school as listed on the Athletic Packet. Failure to do so is considered an attempt to circumvent residency policies and may result in loss of eligibility and forfeitures.
		We understand that if we move to another attendance zone, we must entirely abandon our former residence to be eligible for high school athletics.
		RESIDENTIAL AFFIDAVIT: We understand that if we are living with someone else on a residential affidavit the student is ineligible for high school athletics and an appeal must be submitted to be considered for athletic eligibility.
		TRANSFERS: We understand that if a student transfers from a private to a public school or from a magnet school he/she is ineligible for varsity athletics.
		ZONE VARIANCE: We understand that if a student is enrolled on a zone variance he/she is ineligible for varsity athletics.
		GUARDIANSHIP: We understand that notarized guardianships and parent appointed guardianships are not accepted for athletic eligibility. We understand a legal guardian must be court appointed by a judge in accordance with NAC 386.785 (Sec. 3a-b), and an appeal must be submitted to be considered for athletic eligibility.
		SEPARATED PARENTS: We understand that if a parent/guardian is separated, the student's athletic eligibility will remain at the current school of enrollment.
		DIVORCED PARENTS: We understand if a parent/guardian is divorced, the student's eligibility is in the zone of the court-appointed primary custodial parent or remains in the school of current enrollment.
		FALSE DOCUMENTATION: We understand falsification of any portion of the Athletic Packet may result in permanent loss of athletic eligibility for the remaining years of this student's high school education, as well as forfeiture of any event in which this student was a participant. Forfeiture of games has a serious effect on all members of a team. Final standings are impacted and League, Regional and State championships may be forfeited.

If you have any questions or concerns in regards to the above statements, please contact the Athletic Administrator at your school, the Student Activities Office, or the NIAA.

Please sign the appropriate line below.

Parent/Guardian Signature

Date

Student Signature

Date

NEVADA INTERSCHOLASTIC ACTIVITIES ASSOCIATION TRANSFER ELIGIBILITY FORM

This form must be typed or completed in the pdf format and faxed to the NIAA office 775 453-1016.

All students in grades 9-12 who transfer from one school to another school must complete and submit this form to the NIAA to obtain athletic eligibility.

Name of Student: _____

Grade: _____ Gender _____ Student #: _____

Sport(s) Participated in: _____ / _____ / _____ / _____
(previous school) Sport (Fall) Level Sport (Winter) Level
Sport (Spring) Level

New School: _____ Date of Enrollment _____

Former School: _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Student's Current Address: _____

Street _____

City _____ State _____ Zip Code _____

Student's Former Address: _____

Street _____

City _____ State _____ Zip Code _____

Status of previous residence? _____ Sold _____ Leased _____ Vacant _____ Still Own (Explanation required)

We, the undersigned, certify that our son / daughter is in compliance with the transfer and admission policies of the NIAA. He / she is not changing schools for athletic purposes and was not recruited. We understand that any false or incorrect information may result in ineligibility and could result in the forfeiture of any contests in which he / she was a participant. We understand that all legal guardianships must comply with **NAC 386.785**. Legal guardianships must be approved by appropriate district personnel prior to review by the NIAA Executive Director.

Print Parent Name _____ Parent's Signature _____ Date _____

FORMER SCHOOL CERTIFICATION AND RELEASE:

Former School: _____

- | | | |
|-------|-------|--|
| Yes | No | |
| _____ | _____ | 1. Was there any conflict or dissatisfaction between the student, parents, and/or the coach at the school? |
| _____ | _____ | 2. Was this student recruited to attend another school or was any undue influence exerted upon this student or family to change schools? |
| _____ | _____ | 3. Did this student quit an athletic activity while enrolled in your school? |
| _____ | _____ | 4. Was this student ever suspended or removed from your school's athletic program? |
| _____ | _____ | 5. Would this student be prohibited from participation in athletics had he/she not changed schools? |
| _____ | _____ | 6. Based on your knowledge of the student, is this student changing schools for athletic purposes? |

Note: All YES responses require a written explanation to be submitted to the appropriate district athletic office or to the Executive Director of the NIAA.

Principal/Athletic Administrator's Signature _____ Date _____

I certify the aforementioned student is:
Approved _____ Denied _____

Approved _____ Denied _____

Appropriate District Athletic Office

Eddie Bonine, NIAA Executive Director

Revised 8/2012

This form must be sent to the NIAA with the Clearance Form and a copy of student's information page (name, address, parent(s) name, etc..)

PRIVATE TRANSPORTATION RELEASE FORM

I acknowledge that I am the lawful parent or legal guardian of _____ a student, currently participating in a Washoe County School District sponsored activity or activities that may include, but are not limited to field trips, mentor programs, athletics, band, choir, curricular, or other extra-curricular activities for (school) _____.

It is my understanding that as part of the above-referenced activity or activities, the student referenced herein will attend numerous practices, rehearsals, meetings, games, fieldtrips and other related activities (hereafter collectively referred to as "Events") for which the Washoe County School District **MAY** or **MAY NOT** provide student transportation. A parent may transport his/her own child/children in both mentioned cases, if written notice has been submitted at least 24 hours prior in person by the parent to the school's Principal or principals designate. This parent would not be subject to the conditions described in (c). Authorization for an employee, volunteer, parent, or student to transport student(s) on any district-sponsored event(s) in a personally-owned vehicle is subject to:

- a. Principal's or administrative designee's approval
- b. Current State of Nevada driver's license
- c. Department of Motor Vehicles driving record check: An employee, volunteer, or student will not be allowed to transport other student(s) in his/her personally-owned vehicle if he/she has been:
 - 1) Cited for three (3) moving violations within the past two (2) years, or
 - 2) Convicted of driving while intoxicated or under the influence of drugs or reckless driving within the past five (5) years;
- d. Automobile insurance coverage with limits equal to or greater than those required by the State of Nevada

Transportation and Accommodations for State Tournaments

When a school / team participates in a State Tournament, all athletes and coaches **MUST** use the travel and room accommodations arranged by the Washoe County School District Student Activities Office. Athletes who fail to use district travel and accommodations may **NOT** compete at State Tournaments.

I hereby assume full responsibility and obligation for the private transport of said student both to and from all such Events to the extent the Washoe County School District does not provide student transportation, or I and/or my child choose not to use District transportation when provided, whether such Events are currently scheduled or are scheduled at some future time. In consideration of the rights afforded herein, **I HEREBY RELEASE AND FOREVER DISCHARGE THE WASHOE COUNTY SCHOOL DISTRICT, ITS INSURERS, AGENTS, EMPLOYEES, REPRESENTATIVES, AND ASSIGNS FROM ANY AND ALL CAUSES OF ACTION, CLAIMS, DEMANDS OR EXPENSES IN ANY WAY CONNECTED WITH OR ARISING OUT OF PRIVATE TRANSPORTATION OF (student) _____ TO AND FROM ALL EVENTS REFERRED TO ABOVE.**

I understand that I may rescind this release by providing the appropriate School District personnel with a written retraction, and that **such retraction will be effective for only those future Events specifically referenced in the retraction and shall not be effective as to any prior transportation.**

I hereby represent and warrant that in signing this release, I have been fully advised and represented by legal counsel of my own selection, or that I have had full opportunity to do so, that I am fully familiar with all circumstances incident hereto, that in executing this release, I rely wholly upon my own judgment and the advice of counsel of my own independent selection, or that I have waived the right to rely on such advice, and that I have been in no way influenced in making this release by any representative or servant of the Washoe County School District.

Signature of Parent/Guardian

Date

**WASHOE COUNTY SCHOOL DISTRICT
HIGH SCHOOL REGULAR SEASON AND OFF-SEASON
SPORT/CONDITIONING PERMIT**

**AGREEMENT TO OBEY INSTRUCTIONS, RELEASE, ASSUMPTION OF RISK AND
AGREEMENT TO HOLD HARMLESS IN ATHLETICS**

Instructions to Student and Parent:

Please read both the STUDENT and PARENT provisions of this form. Sign, date, and return this form.

STUDENT

I am aware playing or practicing to play/participate in any sport can be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing or practicing to play/participate in an off-season sport/conditioning program include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participating in a sporting activity, I recognize the importance of following coaches' instructions regarding playing techniques, training, and other team rules, etc., and agree to obey such instruction.

In consideration of the Washoe County School District permitting me to participate in a regular season or off-season sport/conditioning program and to engage in all activities related to said program, I hereby assume all risk associated with participation and agree to indemnify, defend, and hold the Washoe County School District, its Trustees, employees, agents, representatives, coaches and volunteers harmless from any and all liability, actions, causes of action, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with my participation in a regular season or off-season sport/conditioning program.

I fully understand that participation in an off-season program does not guarantee me a position on a team and/or a place in the starting line-up. I have not been pressured by a coach to participate nor have I been informed that this off-season program is a requirement in order to be a member of said team.

The terms hereof shall serve as a release and assumption of risk for me, my heirs, estate, executor, administrator, assignees, and for all members of my family.

Signature of Student

Date

PARENT/LEGAL GUARDIAN

I affirm that I am the lawful parent/legal guardian of the previously mentioned student. I have read the student warning and release and understand its terms. I understand that all sports can involve **RISK OF INJURY**, those risks outlined in the **Student** section above. I also certify that my child/ward has no ailment or organic defect that would make participation in a sport activity dangerous to his/her health.

In consideration of the Washoe County School District permitting my child/ward to participate in a regular season or off-season sport/conditioning program and to engage in all activities related to said program, I hereby agree to indemnify, defend, and hold the Washoe County School District, its Trustees, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims or demands of every kind and nature whatsoever which may arise by or in connection with participation of my child in any activities related to a regular or an off-season sport/conditioning program.

As parent/legal guardian, I authorize and direct the Washoe County School District to obtain medical care for my child/ward in the event such care is necessary. I understand that, if possible, I will be contacted in the event my child/ward requires medical attention. I grant to a licensed health care provider or accredited hospital permission to perform any necessary medical and/or surgical procedures that are essential for the treatment of my child/ward and agree to be responsible for payment for such care. I release the Washoe County School District, its Board of Trustees, employees, volunteers and agents from any costs, damages, liability or loss resulting from the exercise of discretion in securing medical care for my child/ward.

I fully understand that participation in an off-season does not guarantee my child/ward a position on a team and/or a place in the starting line-up.

The terms hereof shall serve as a release for me, my heirs, estate, executor, administrator, assignees, and for all members of my family.

Signature of Parent

Date

PHYSICAL INFORMATION

Dear Parent or Guardian:

Enclosed is an information packet for your child's sport's history and physical examination. The actual physical examination will be required every other year, (i.e. 9th and 11th grades). The purpose of this exam is to detect any conditions that may increase your child's risk of injury or death while practicing or competing in his or her sport. Although there are many beneficial aspects of participating in high school sports (improved self-image, self-motivation and health habits), as with any activity there are some associated risks. Overall, the risk of death in high school sports is extremely low; fewer high school students die due to their sports each year than in automobile accidents. In recent years there has been an average of 20 to 40 non-traumatic deaths in high school sports each year, or one per 100,000 to 200,000 student athletes per year.

The major causes of non-traumatic deaths in sports are heart problem, with a syndrome called "Hypertrophic Cardiomyopathy (HCM)" being the most common. Fortunately, not all athletes with HCM are at risk for sudden death. Our goal is to identify those student-athletes who may be at risk. Currently, the method for doing this is by having a physician perform a specific "Preparticipation Exam" (PPE). By taking the appropriate history and performing the appropriate physical, we can detect some of the student-athletes at risk for sudden death. Unfortunately, this is not a perfect system and some athletes with HCM will be missed and many others without HCM or other heart problems will be referred for other tests, which will turn out to be normal.

Other parts of the history and physical focus on areas that may not lead to death but are more commonly associated with problems. The musculoskeletal and neurologic history and exam is critical in detecting old injuries or other problems that need special attention in order to prevent future injuries.

The final role of the PPE is to provide the student-athletes with a chance to ask a physician health related questions and receive some health counseling. While this exam is very limited and should not replace a regular visit to his or her personal doctor, the limited contact that young adults have with doctors is a recognized fact. Therefore, this provides a much needed opportunity for young athletes to have contact with a physician.

We hope that this letter explains some of the reasons that this history and physical is so important and we urge you to take the time to complete the history form carefully.

Published by the NIAA Sports Medicine Advisory Committee

Approved: February 2000
Revised (5/08)

NIAA / WCSD HEALTH QUESTIONNAIRE / INTERIM FORM

This evaluation should be completed only if you have a physical on file from last year.

(Typically an athlete's 2nd and 4th years of athletic participation.)

This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance examinations. A positive response to any of the following questions requires a medical examination before activity can resume. Additionally, if a positive response has been made, both Form B (green) and Form D (blue) must be completed in full.

NAME: _____ AGE: _____ GRADE: _____ DATE: _____

ADDRESS: _____ PHONE: _____

SPORT(S): _____

DATE OF LAST COMPLETE SPORTS PHYSICAL (PPE): _____ WHERE: _____

SINCE YOUR LAST COMPLETE PPE:

YES NO

- | | | |
|--|-------|-------|
| 1. Have you had an illness or injury that required you to visit a physician and miss FIVE or more consecutive days of school or sports? | _____ | _____ |
| 2. Have you been hospitalized overnight? | _____ | _____ |
| 3. a. Have you passed out or been dizzy with exercise? | _____ | _____ |
| b. Have you had chest pain (or pressure) with exercise? | _____ | _____ |
| c. Have you had excessive unexplained shortness of breath or fatigue with exercise? | _____ | _____ |
| d. Has someone in your family died, or developed serious problems, due to heart disease that was younger than 50 years old? | _____ | _____ |
| e. Have you learned of anyone in your family who has any history of hypertrophic cardiomyopathy, dilated cardiomyopathy long QT syndrome or Marfan's syndrome? | _____ | _____ |
| 4. a. Have you had a head injury or concussion? | _____ | _____ |
| b. Have you been knocked out, become unconscious, or lost your memory? | _____ | _____ |
| c. Have you had a seizure? | _____ | _____ |
| d. Have you developed frequent or severe headaches? | _____ | _____ |
| e. Have you developed numbness or tingling in your arms, hands, legs, or feet? | _____ | _____ |
| 5. Have you become sick from exercising in the heat? | _____ | _____ |
| 6. Have you developed a cough, wheeze, or have trouble breathing during or after activity? | _____ | _____ |

SINCE YOUR LAST COMPLETE PPE:

YES NO

- 7. Have you started requiring any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aide)? _____ _____
- 8. Have you had any problems with your eyes or vision, **other than requiring glasses or contacts?** _____ _____
- 9. Have you had any problems with sprains, dislocations, fractures, pain or swelling in the following muscles, tendons, bones, or joints **that continue to bother you?** _____ _____

If yes, check appropriate item below.

- | | | |
|-----------------|-----------------|-----------------|
| _____ Head | _____ Elbow | _____ Hip |
| _____ Neck | _____ Forearm | _____ Thigh |
| _____ Back | _____ Wrist | _____ Knee |
| _____ Chest | _____ Hand | _____ Shin/Calf |
| _____ Shoulder | _____ Finger(s) | _____ Ankle |
| _____ Upper Arm | _____ Foot | _____ Toe(s) |

- 10. **Would you like to talk to a physician about your weight, about stress, anger, depression or any other issues?** _____ _____
- 11. Have you developed any new allergies (for example to pollen, medicine, food, or stinging insects)? If so, please list them:

FEMALES ONLY

- 12. If you have been having periods for one year or longer, have they become less regular? _____ _____

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

Approved: February 2000; Revised May 2006; February 2009;

FORM B -- NIAA PRE-PARTICIPATION HISTORY FORM
(COMPLETED THE ATHLETE'S FIRST AND THIRD YEARS OF PARTICIPATION WITH PHYSICAL)

HISTORY NAME: _____	DATE OF EXAM: _____
SEX: _____	AGE: _____
D.O.B.: _____	
GRADE: _____	SCHOOL: _____
SPORT(S): _____	
ADDRESS: _____	PHONE: _____
PERSONAL PHYSICIAN: _____	
IN CASE OF EMERGENCY, CONTACT- (NAME): _____	
RELATIONSHIP: _____	PHONE (H): _____
	(W): _____

EXPLAIN "YES" ANSWERS BELOW.
CIRCLE QUESTIONS YOU DON'T KNOW THE ANSWERS TO.

- | | YES | NO |
|--|-------|-------|
| 1. Do you have a chronic medical condition (asthma, diabetes, high blood pressure, etc.)? | _____ | _____ |
| 2. Have you ever been hospitalized overnight? | _____ | _____ |
| 3. Are you currently taking any prescriptions or non-prescriptions (over-the-counter) medications or pills or using an inhaler? | _____ | _____ |
| 4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? | _____ | _____ |
| 5. a. Have you passed out or been dizzy during exercise? | _____ | _____ |
| b. Have you had chest pain (or pressure) with exercise? | _____ | _____ |
| c. Have you had excessive unexplained shortness of breath or fatigue with exercise? | _____ | _____ |
| d. Is there a family history of premature death or morbidity from cardiovascular disease in a relative younger than age 50? | _____ | _____ |
| e. Is there a history in your family of hypertrophic cardiomyopathy, dilated cardiomyopathy long QT syndrome or Marfan's syndrome? | _____ | _____ |
| f. Has a physician denied or restricted your participation in sports for any heart problem? | _____ | _____ |
| 6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus or blisters)? | _____ | _____ |
| 7. a. Have you had a head injury or concussion? | _____ | _____ |
| b. Have you been knocked out, become unconscious, or lost your memory? | _____ | _____ |
| c. Have you had a seizure? | _____ | _____ |
| d. Do you have frequent or severe headaches? | _____ | _____ |
| e. Have you had numbness or tingling in your arms, hands, legs, or feet? | _____ | _____ |
| 8. Have you become ill from exercising in the heat? | _____ | _____ |
| 9. Do you cough, wheeze, or have trouble breathing during or after activity? | _____ | _____ |

- | | YES | NO |
|--|-------|-------|
| 10. a. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? | _____ | _____ |
| b. Are you missing an eye, kidney, testicle or ovary? | _____ | _____ |
| 11. a. Have you had any problems with your eyes or vision? | _____ | _____ |
| b. Do you wear glasses, contacts or protective eyewear? | _____ | _____ |
| 12. Have you had any problems with pain or swelling in muscles, tendons, bones, or joints? | _____ | _____ |

If yes, check appropriate item and explain below:

- | | | | |
|----------------|-----------------|-------------|-----------------|
| _____ Head | _____ Elbow | _____ Hip | _____ Neck |
| _____ Forearm | _____ Thigh | _____ Back | _____ Wrist |
| _____ Knee | _____ Chest | _____ Hand | _____ Shin/Calf |
| _____ Shoulder | _____ Finger(s) | _____ Ankle | _____ Upper Arm |
| _____ Foot | _____ Toe(s) | | |

- | | | |
|---|------------------|-------|
| 13. Are you actively trying to gain or lose weight? | _____ | _____ |
| 14. Would you like to talk to someone about stress, anger, depression, or other issues? | _____ | _____ |
| 15. Record the dates of your most recent immunizations (shots) for: | | |
| Tetanus _____ | Measles _____ | |
| Hepatitis B _____ | Chickenpox _____ | |

FEMALES ONLY:

- | |
|---|
| 16. When was your first menstrual period? _____ |
| 17. When was your most recent menstrual period? _____ |
| 18. How much time do you usually have from the start of one period to the start of another? _____ |
| 19. How many periods have you had in the last year? _____ |
| 20. What was the longest time between periods in the last year? _____ |

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

Dear Health Practitioner:

Enclosed is the revised Nevada Interscholastic Activities Association (NIAA) packet for High School Pre-participation Physical Evaluation (PPE's). You will notice that the form we are using incorporates recommendations from the Second PPE Task Force 1997 (supported by the AAFP, AAP, AMSSM, AOSM and AOASM) and separately from the AHA. We anticipate that this form will be reviewed every few years and we will keep you apprised of any changes. Also, for young athletes with known cardiovascular abnormalities, we recommend following the guidelines of the 26th Bethesda Conference. We recommend you reference the Task Force monograph, the AHA recommendations or the 26th Bethesda Conference before performing high school athletic physicals in Nevada.

While many of you have been performing these evaluations for years, we would like to bring your attention to a few points. As discussed in the introduction to the monograph, there are multiple reasons for performing PPE's; the foremost reasons are to prevent injury and sudden cardiac death.

It is estimated that between one and two deaths (predominantly cardiovascular in etiology) per 200,000 high school athletes occur per year. The prevalence of cardiovascular disease capable of causing sudden cardiac death in these athletes is around 1/20,000. The most common cause of cardiac death in this population is hypertrophic cardiomyopathy (HCM).

Since the vast majority of PPE's will be completely normal, and, conversely, most students with abnormalities on history or physical exam do NOT have significant cardiac pathology, extreme diligence is required when performing these exams so that the few students with serious conditions are not missed.

ANSWERS ON THE HISTORY FORM THAT WOULD SUGGEST A NEED FOR A CARDIOLOGY CONSULTATION INCLUDE:

- **Excessive systolic murmur greater than II/VI.**
- **Any diastolic murmur.**
- **A murmur that increases in intensity from supine to standing (suggests HCM).**
- **Stigmata of Marfan's syndrome. (Attachment 7).**

A second goal of the PPE is to detect chronic illness or old injuries that may hamper the athlete's performance (such as Exercise Induced Asthma) or lead to injury ("the most common cause of injury is re-injury").

The final goal of the PPE is to provide our young athletes with a chance to talk to a physician about health issues. While this exam does not replace ongoing care by a personal physician, it may be the only contact these students have. Therefore, a brief discussion of health issues such as breast and testicular cancer screening, alcohol and tobacco use, automobile safety, etc., may be appropriate during the PPE.

Thank you for your willingness to help ensure a safer future for Nevada's young athletes.

Published by the NIAA Sports Medicine Advisory Committee

Approved: February 2000

References:

26th Bethesda Conference: Recommendations for Determining Eligibility for Competition in Athletes with Cardiovascular Abnormalities. JACC. 1994;24(4):849-99.

Corrado D, Basso C, Schiavon M and Thiene G. Screening for Hypertrophic Cardiomyopathy in Young Adults. NEJM. 1998;339(6):364-9.

Epstein SE, Maron BJ. Sudden death and the competitive athlete: Perspectives on pre-participation screening studies. J Am Coll Cardiol 7:220-230, 1986.

Maron BJ, Thompson PD, Puffer JC, et al. Cardiovascular participation screening in competitive athletes. Circ. 94:850-856, 1996.

Glover DW, Maron BJ. Profile of preparticipation cardiovascular screening in high school athletes. JAMA. 279:1817-1819. 1998.

Pelliccia A and Maron BJ. Preparticipation Cardiovascular Evaluation of the Competitive Athlete: Perspectives from the 30-Year Italian Experience. Am J Cardiol. 7(41)15/95:827-9.

Preparticipation Physical Evaluation, 2nd ed. AAFP, AAP, AMMSSM, AOSM, AOASM. McGraw-Hill. 1992.

Smith J and Laskowski ER. The Preparticipation Physical Examination: Mayo Clinic Experience with 2,739 Examinations. Mayo Clin Proc. 1998;73:419-29.

Libertson R. Sudden Death from Cardiac Causes in Children and Young Adults Current Concepts. 1996;334(16):1039-44.

VanCamp SP, Bloor CM; Mueller OF, Cantu RC, Olson HG. Nontraumatic sports death in high school and college athletes. Med Sci sports Exerc. 27:641-647, 1995.

Fuller C.M., McNulty C.M., Spring DA., et al. Preparticipation Screening of 5,615 High School Athletes for Risk of Sudden Cardiac Death, MSSE. 29:1131-1138, 1997.

Attachment 7

Suggested Screening Format for Marfan's Syndrome

Screen all men over 6 feet and all women over 5 feet 10 inches in height with echocardiogram and slit lamp examination when any two of the following are found:

1. Family History of Marfan's syndrome*
2. Cardiac murmur or mid-systolic click
3. Kyphoscoliosis
4. Anterior thoracic deformity
5. Arm span greater than height
6. Upper to lower body ration more than one standard deviation below the mean
7. Myopia
8. Ectopic lens

*This finding alone should prompt further investigation.

From Hara JH, Puffer JC. In Mellion MD: Sports Injuries & Athletic Problems. Philadelphia. Hanley & Belfus, Inc., 1998.

NIAA ALCOHOL, TOBACCO AND OTHER DRUG POSSESSION, USE, ABUSE and PENALTIES

PARENT / LEGAL GUARDIAN AND STUDENT ACKNOWLEDGEMENT

THIS POLICY CAN BE VIEWED IN ITS ENTIRETY AT www.niaa.com

The Nevada Interscholastic Activities Association (NIAA) recognizes and understands that parents / guardians take the primary role in instilling values for their students. It is the goal of the NIAA to work cooperatively with parents to provide guidelines and programs that assist student athletes in making positive choices.

IMPORTANT – Please read the following information and acknowledge with your signature below.

We understand that participation in high school athletics is a privilege, not a right, and that underage drinking and drug use is against the law. It is against the law to sell tobacco to people under the age of 18 and usage is against school policy. Substance abuse negatively impacts athletics and academic performance, and research indicates that early onset of alcohol use increases the occurrence of addiction in adulthood by four times. Alcohol and drug use interferes in learning processes, brain development and increases the chance of physical injury while participating in athletic competition. Because of these risks, and in addition to the laws of the State of Nevada, the NIAA requires participants and parents to agree to the following:

1. We have read the NIAA Drug, Alcohol and Tobacco Possession, Use and Abuse Penalties Policy (page 20 & 21) and agree to abide by the Policy as written.
2. We realize that a video and Power Point presentation regarding the Policy is available and we have either seen this presentation or agree to waive the requirement of viewing the presentation.
3. We understand that we are encouraged to notify our school's athletic administrator/director if our son/daughter violates this Policy and/or the laws of the state of Nevada. It would also be acceptable for our child to self-report any violation of this policy to our school's athletic administrator/director.
4. ***We understand that knowingly providing erroneous information during the course of an investigation of an alleged violation of the policy will result in a one calendar year suspension for false information from all high school athletic activities.***
5. We further acknowledge that once our son/daughter begins participation as a student athlete in high school athletics that this policy remains in effect for every calendar school year during the course of their high school career and when he/she is directly involved in a school activity occurring at any time (summer leagues/camps, etc.). This policy remains in effect regardless of whether our son/daughter is currently participating on a high school athletic team.
6. We have also reviewed the following NRS 202.020, Purchase, Consumption or Possession of Alcoholic Beverage by Minor, and understand the laws of Nevada and how they pertain to our family.
7. We understand that although it is not technically against the law to use tobacco in the state of Nevada (NRS 202.2493 and 202.24935 prohibits anyone from supplying a person under the age of 18 with any kind of tobacco product), we realize it is against this policy and general school policy, and that scientific evidence demonstrates it is unhealthy and a detriment to athletic performance.
8. We understand that the use of steroids and other performance enhancing drugs are dangerous, illegal, provide only temporary gains and are a form of cheating other competitors.

NEVADA LAW

NRS 202.020 Purchase, consumption or possession of alcoholic beverage by minor.

1. Any person under 21 years of age who purchases any alcoholic beverage or any such person who consumes any alcoholic beverage in any saloon, resort or premises where spirituous, malt or fermented liquors or wines are sold is guilty of a misdemeanor.
2. Any person under 21 years of age who, for any reason, possesses any alcoholic beverage in public is guilty of a misdemeanor.
3. This section does not preclude a local government entity from enacting by ordinance an additional or broader restriction.
4. For the purpose of this section, possession "in public" includes possession:
 - a. On any street or highway;
 - b. In any place open to the public; and
 - c. In any private business establishment which is in effect open to the public.
5. This term does not include:
 - a. Possession for an established religious purpose;
 - b. Possession in the presence of the person's parent, spouse or legal guardian who is 21 years of age or older;
 - c. Possession in accordance with prescription issued by a person statutorily authorized to issue prescriptions;
 - d. Possession in private clubs or private establishments; or
 - e. The selling, handling, serving or transporting of alcoholic beverages by a person in the course of his lawful employment by a licensed manufacturer, wholesaler or retailer of alcoholic beverages.

[1:272:1947; 1943 NCL § 10594.02] – (NRS A 1967, 482; 1987. 482)

We acknowledge that this form must be signed by **both** parent/legal guardian and our child before our son/daughter will be cleared for athletic competition at his/her high school.

STUDENT

PARENT

Print Name

Print Name

Student Signature

Parent / Legal Guardian Signature

Date

Date

Sport(s)

**WASHOE COUNTY SCHOOL DISTRICT
ATHLETIC EMERGENCY INFORMATION FORM**

Student's Name _____ Date of Birth _____

Parent/Guardian's Name _____

Address _____

Home Phone _____	Cellular Phone number(s) _____
------------------	--------------------------------

Mother's Business Phone _____	Father's Business Phone _____
-------------------------------	-------------------------------

Two persons you recommend we call in the event you cannot be reached:

1. _____ Phone: _____

2. _____ Phone: _____

Preference of physicians: (Please include name, telephone number and address.)

1. _____	Name	Phone	Address
----------	------	-------	---------

2. _____	Name	Phone	Address
----------	------	-------	---------

Preference of Hospital: _____

Medical history and physical limitations or problems that should be known by the coach:

HEALTH/ACCIDENT INSURANCE: I understand my child/ward must be covered by health/accident insurance to participate in this athletic activity and it is solely my responsibility to ensure my child/ward is covered by health/accident insurance. By signing this form, I attest that my child/ward is covered by health/accident insurance.

As parent/legal guardian, I authorize and direct WCSD to obtain medical care for my child/ward in the event such care is necessary. I understand that, if possible, I will be contacted in the event my child/ward requires medical attention. I grant to a licensed health care provider or accredited hospital permission to perform any necessary medical and/or surgical procedures that are essential for the treatment of my child/ward and agree to be responsible for payment for such care. I release WCSD, its Board of Trustees, employees, volunteers and agents from any costs, damages, liability or loss resulting from the exercise of discretion in securing medical care for my child/ward.

Student Signature _____ Parent Signature _____

Date _____ Date _____

ORIGINAL
YELLOW
PINK

Office
Athletic Trainer
Coach – With Athletic Eligibility Clearance Form (must have both forms before athlete can participate)

ELIGIBILITY REQUIREMENTS FOR ATHLETES AND ATHLETIC SUPPORT GROUPS

TO BE ELIGIBLE TO PARTICIPATE IN AN INTERSCHOLASTIC CONTEST, A STUDENT MUST:

- A. be a student of the 9th, 10th, 11th, 12th grade.
- B. any student whose twentieth (20) birthday occurs during a sport season will be ineligible to compete in interscholastic athletics during that season and all further competition. The term "season" is defined as the first day of practice for that season, through the last day of the state tournament.
- C. have been enrolled in a high school in the semester of participation no later than twenty (20) days after the beginning of the semester.
- D. be entitled to four (4) consecutive years of participation after entering the ninth grade, or eight (8) consecutive semesters.
- E. not accept any award of material value for athletic participation other than those given by the school or the association or approved by the NIAA Board of Control.
- F. be in good standing and not under current suspension or expulsion from any school in the Washoe County School District, affiliate school, school district, or other state association, school or school district authorized to regulate interscholastic activity, or any combination thereof.
- G. not conduct himself/herself in a manner which reflects discredit on the school which includes, but is not limited to, the use of tobacco (smoking and chewing), drinking of alcoholic beverages, stealing, vandalism, the use of drugs other than prescribed by a qualified physician, violation of any of the provisions of the Washoe County School District Administrative Regulation 5144.4, Prohibited Conduct, or violation of any team attendance, training and curfew rules.

NRS Regulations 386.800, ACADEMIC ELIGIBILITY

To participate in athletics or athletic support groups, it will be necessary for a student to meet the requirements set forth in NRS regulation 386.800, **Academic Eligibility**. These regulations are subject to change and can be viewed in their entirety on the NIAA web site at www.niaa.com.

A pupil must meet the following minimum criteria to be considered academically eligible for high school athletic competition sanctioned by the NIAA. Member schools may wish to have more stringent guidelines.

1. A first semester ninth grade pupil will be eligible for athletic competition and follow all other NIAA eligibility guidelines.
2. A pupil must be enrolled in two units of credit and be in regular attendance at a member school for each semester the pupil participates.
3. A pupil must pass a minimum of two units of credit the previous semester. Students failing to do this will be ineligible for one semester unless they are passing two units at the nine-week grading period, at which time they will be placed on weekly probation. If at any time during the probationary period the student receives a failing grade, he/she will become ineligible for the remainder of the semester without further recourse.
4. **A school district must adopt one of the following options for academic eligibility and then must continually monitor the academic progress of their student athletes.**
 - a. A pupil must maintain a passing academic grade in all courses during the sport season. Progress must be checked a minimum of once every three weeks. School district's choosing to use this option are subject to the terms of the "F" rule.
 - b. A pupil must maintain a 2.0 GPA in academics during his/her previous semester. This average must be based on a 4.0 grading system. Students failing to do this will be ineligible until grades are checked at the next nine-week period.
 - c. **A pupil must maintain both passing grades and a 2.0 GPA as outlined in subsections a and b. (WCSD has adopted this rule.)**
 - d. A pupil must maintain either passing grades in all classes or a 2.0 GPA as outlined in subsections a and b.
5. Special education pupils must meet the same academic requirements as mainstream pupils. A prospective exception recommendation of an IEP Committee will be considered by the NIAA according to the NIAA student hardship appeal procedure when the exception is based on the pupil's disability. No exception recommended after a pupil becomes academically ineligible will be considered until the start of the next nine weeks grading period.
6. Students who were home-schooled during the previous semester must prove by a preponderance of evidence that he/she passed the equivalent of 2 units of credit and maintain a 2.0 GPA if applicable (9-11th grade) to be academically eligible at the school where he/she is now a full-time student.
7. Subject to the prior written approval of a pupil's high school principal that such course work will be accepted as meeting a pupil's graduation requirements, a pupil may enroll for one unit of credit per semester in college, summer school, night school or by correspondence course work for the purpose of satisfying the NIAA academic eligibility requirement. Such class work will become part of the student's records and count toward eligibility standards when the grade appears on the student's transcript. NOTE: It is the responsibility of the school to make sure these classes are checked for the eligibility status of the student.

NIAA Scholastic Eligibility and Maintenance Minimum Requirements

A school district may choose to have more stringent guidelines.

A. "F" Rule

1. Students involved in extracurricular activities must maintain passing grades in academics during the semester grading period.
2. A three-week check will be maintained by each school to reflect the student's academic status from the beginning of that semester to the date of the grade check. To have uniformity in all schools, the three-week eligibility grade checks will be set up starting at the end of the semester and working back in three-week segments. (Three-week grade check dates will be sent out from the Student Activities Office each year.)
NOTE: All classes must be checked for academic eligibility. This includes classes in which a student is taking outside the regular high school, and also includes, but is not limited to, vocational, night, college and magnet school programs.
3. If a student receives a failing grade in academics at the three-week check, the student will be put on probation for one week. On the Friday of that probationary week, if there is still a failing grade, that student will be declared ineligible the following Monday through Saturday.
4. Students declared ineligible after probationary status will be checked weekly until they become eligible. When a student is declared eligible, he/she will be checked again at the regular three-week checking point.
5. A student who remains ineligible during an entire three-week grade check period is not entitled to another probationary period.
6. A student who withdraws/failing or a student who is excluded/failing at any time during the semester is ineligible the following Monday through Saturday. This one-time per class penalty should be administered as soon as the records are available.

B. 2.0 Minimum GPA

1. A student must have maintained a minimum 2.0 grade point average (GPA) in academics during the previous semester using a 4.0 grading system.
2. Students who fail to attain a 2.0 GPA in academics the previous semester will be declared ineligible for the first nine-week grading period.
3. A student who is below a 2.0 GPA at the end of a semester and remains below a 2.0 GPA at a nine-week progress check remains ineligible the remainder of the semester.
4. A student must have passed two units of credit and accumulated a GPA of 2.0 even if there is an incomplete grade.
5. If a student repeats a class during summer school, grades will be computed as per the regulations of the specific school district. The summer school grade may be used as it best benefits the student in the previous or current semester. Grades may only be used one time for this purpose.
6. A student receiving an incomplete grade at the end of each semester has three weeks to make up the grade. The teacher may decide upon a specified amount of time before accepting make-up work for an incomplete within the three-week period. After the three-week period, a permanent grade is issued which will then be used to compute the final grade. The student must be given a permanent grade after the three-week period. An incomplete grade will not be computed in the GPA for eligibility until the student has received the permanent grade.

C. General

1. If an eligibility check falls on the last day before any vacation, the suspension will go into effect the following school day. If a student is declared ineligible one or two weeks before a vacation, that individual remains ineligible until he/she no longer has a failing grade. If a student is on probation the week before a vacation, the grade on that Friday will determine eligibility. The student is eligible if the grade is brought up. If the grade remains failing, they are ineligible during the vacation and until the grade is no longer failing.
2. Athletes who have been eligible but failed to achieve a 2.0 GPA and two (2) semester credits will become ineligible no later than 12:00 noon Friday the week grades are recorded with the District.
3. Students who have been ineligible through the semester but who have practiced with the permission of the principal may become eligible on the day when grades are officially submitted to the computer.
4. If a situation arises that involves a mistake by a teacher, a student will regain his/her eligibility immediately. The principal or his designee will make this decision.

For clarification, or any questions that arise, the Office of Student Activities and/or the NIAA Office will assist the school with the interpretation.

Revised: February '97; June '97; June '98; May '99; December '99; February '00; June '00; May '01, May 2006; Jan 2009;

NIAA ALCOHOL, TOBACCO AND OTHER DRUG POSSESSION, USE, ABUSE and PENALTIES POLICY

THIS POLICY CAN BE VIEWED IN ITS ENTIRETY AT www.niaa.com

Participation in NIAA sanctioned sports is a privilege and responsibility which requires all participants to adhere to athletic training rules imposed by the school district and member or affiliate school the student attends and represents. Adherence to training rules ensures that all student-athletes are in top physical condition, minimizes potential for injury, and further ensures that all member and affiliate school athletic teams are appropriately represented by their student-athletes. *Therefore, the possession or use of any controlled substance, designer or synthetic drug or naturally occurring drug, alcohol or any tobacco products, e-cigarettes or other product that delivers nicotine or mimics the reaction of nicotine without a prescription from a physician by a student athlete, whether it occurs on or off of school property, is prohibited and shall result in the penalties set forth herein.*

This regulation shall begin once our son/daughter begins participation as a student athlete in high school athletics. This policy remains in effect for every calendar school year during the course of his/her high school career and when he/she is directly involved in a school activity occurring at any time (summer leagues/camps, etc.). This policy remains in effect regardless of whether our son/daughter is currently participating on a high school athletic team.

a. Definitions The following terms or phrases shall have the meaning ascribed to them for purposes of interpreting this Policy.

1. Competitive Week – means a seven (7) day period of time beginning with the **first scheduled competition** after a violation occurs in which a student athlete is participating as a member of an athletic team for a member or affiliate school, and in which that team is officially competing in NIAA sanctioned competition.
2. Controlled Substance – includes any mind altering substance or beverage set forth in Schedule I-V of the list of Controlled Substances as identified by the office of the Drug Enforcement Administration or as set forth in 21 U.S.C. §812.
3. Period of Suspension – means a student athlete is prohibited from appearing in any NIAA sanctioned sport or event as a member of an athletic team or in individual competition. A suspension from athletic competition begins with the first scheduled competition after a violation occurs. A student athlete who is suspended under this regulation who does not serve the entire period of suspension during the sport season in which suspension occurs shall serve any remaining period of suspension during the next sport season in which the student athlete appears on a NIAA roster. A violation of this regulation that occurs during a time when a student athlete does not appear on a NIAA roster shall be implemented at the commencement of the next sport season in which the student athlete participates. ***The period of suspension is only satisfied after the student athlete completes the next sport season on a team in which the student athlete has previously appeared on a NIAA roster as a member in good standing. The student must finish the sport season during which the suspension is being served in good standing, otherwise the suspension will need to be served during the next sport season.*** Attendance in a summer school class shall not apply toward satisfying any period of suspension.
4. Possession means a student/athlete who is in actual physical control of alcohol, tobacco or a controlled substance.

b. Possession or Use of Tobacco/Alcohol/Controlled Substance/Narcotics. Any student athlete determined to be in possession of, or to have used tobacco, including smoking tobacco, chewing tobacco or snuff, an alcoholic beverage (as defined by NRS 202.020 **and any relevant local ordinances**), controlled substance and/or narcotic (unless prescribed by the student athlete's physician for medical purposes), is in violation of this policy. If after an investigation by the school it is determined that the student athlete is in violation of this regulation the student athlete shall immediately be declared ineligible to compete in any NIAA competition beginning with the first scheduled competition after a violation occurs. Additionally, the student athlete shall be subject to the following discipline:

1. First Violation: a six (6) competitive week suspension from participation in interscholastic competition *from a sport in which the student's name has appeared on any NIAA roster*, beginning with the first scheduled competition after the suspension occurs. Four (4) competitive weeks of the suspension of eligibility may be waived if the student successfully completes all components of the appropriate substance abuse intervention program set forth in subparagraphs (d) (1) (A) and (d) (1) (B) below. The student may practice with the team during the period of suspension if approved by the coach and principal.

2. **Second Violation:** The student shall be suspended from interscholastic competition *from a sport in which the student's name has appeared on any NIAA roster for a minimum of ninety (90) school days* which shall include a minimum of six (6) competitive weeks of competition. The student shall not be allowed to practice with the team, or participate in any out of season activities and must complete the requirements set forth in subparagraphs A and B below, in order to be considered for reinstatement of future athletic eligibility, which shall be determined following the **ninety (90) school days suspension** of athletic eligibility by a group composed of one of the student's parents/legal guardians, the school principal, athletic director, coach and a substance abuse program coordinator.
 - A. A substance abuse evaluation assessment conducted by a licensed alcohol and drug counselor at the expense of the parent/legal guardian of the student must be completed within ten (10) school days following the suspension and all assessment recommendations must be satisfactorily met before athletic eligibility may be reinstated.
 - B. The student must successfully participate in all sessions of the appropriate substance abuse intervention program set forth in subparagraphs (d) (1) (a) and (d) (1) (B) below, and successfully complete a minimum of ten (10) tobacco or alcohol/drug related support sessions.
 3. **Third Violation:** The student shall be ineligible to participate in interscholastic athletics for the remainder of the student's high school career.
 4. **Appeal:** A student that serves their third violation and still has more than one year of remaining eligibility can appeal through the NIAA Board of Control. Both the students and his / her parents must attend this meeting of the Board to present their appeal.
- c. **Cumulative Effect of Suspensions:** Multiple suspensions of a student athlete's athletic eligibility based on violations of this Regulation shall be considered as cumulative over the length of each student athlete's high school career, 9th through 12th grade.
 - d. **Substance Abuse Intervention Program:** Any student who has been suspended from athletic eligibility for violation of the provisions of this Regulation and whose future athletic eligibility is contingent on successful completion of a Substance Abuse Intervention Program, or whose suspension of athletic eligibility may be reduced through successful participation in a Substance Abuse Intervention Program, shall complete the Substance Abuse Intervention Program developed by the NIAA in conjunction with the State of Nevada, Department of Human Resources Division of Child and Family Services Program available through the Juvenile Justice Programs Office: (775) 684-7294.
 1. Successful completion of the Substance Abuse Intervention Program shall require, at a minimum:
 - A. The completion of a video program specific to the nature of the student athlete's offense, by the student athlete, and his/her parent(s) or legal guardian(s), as demonstrated by the successful completion of an assignment on the content of the video by the student athlete and his/her parent(s) or legal guardian(s).
 - B. The completion of a minimum of an eight (8) hour assignment selected from a list of ten (10) possible assignments by school personnel. Successful completion shall be determined through a meeting between the student athlete, his/her parent(s) or legal guardian(s), the head coach of the sport in which the student athlete was participating at the time of offense, and the school counselor or dean of students.

All investigations and penalty enforcements will be conducted by the school and/or District with support through the NIAA office.

WASHOE COUNTY SCHOOL DISTRICT HAZING POLICY

Student / Parent Agreement Concerning Hazing

The Washoe County School District supports only those athletic activities which are constructive, educational, inspirational, and that contribute to the personal development of student/athletes. The Washoe County School District unequivocally opposes any situation created intentionally to produce mental or physical discomfort, embarrassment or ridicule.

Definition

Hazing is a broad term that encompasses any intentional action or activity which does not contribute to the positive development of a student/athlete; which inflicts or intends to cause physical or mental harm or anxieties; which may demean, degrade or disgrace any person regardless of location, intent or consent of participants; any action or situation which intentionally or unintentionally endangers a student for admission or affiliation with any athletic team or other school organization. Additionally, hazing can include any exaggerated or excessive teasing. Any requirements by a student which compels another student to participate in any hazing activity which is against this Washoe County School District policy or state/federal law will be defined as hazing. The fact that a hazing victim may seem willing or may even agree to participate in some form of personal embarrassment or physical/mental danger does not change or lighten the responsibility of the one who is doing the hazing. Any person who knowingly witnesses or fails to report knowledge of any incidents of hazing may be considered to be a participant in the hazing.

Actions and activities which are prohibited include, but are not limited to, the following:

- Any type of initiation or other activity where there is an expectation of individuals joining a particular team to participate in behavior designed to humiliate, degrade, or abuse the student/athlete regardless of the person's willingness to participate.
- Any requirement or pressure put on an individual to participate in any activity which is illegal, perverse, or publicly indecent, contrary to his/her genuine moral and/or beliefs, e.g. lewd conduct or public profanity.
- Any activity or action that creates a risk to the health, safety, or property of the Washoe County School District or any member of its surrounding community.
- Expecting or pressuring individuals to participate in an activity in which the full membership is not willing to participate in.
- Forcing, encouraging, or pressuring someone to wear in public apparel which is conspicuous and not in accordance with the WCSD dress code policy or what is not generally considered to be in good taste.
- Assigning or endorsing "pranks" such as stealing or the harassment of another organization.
- Degrading or humiliating games or activities that make the member the object of amusement, ridicule or intimidation.
- Subjecting a member to cruel and unusual psychological conditions.

I have been given an opportunity to read and understand this policy and understand the following:

I agree and promise not to participate in any activity deemed to be hazing. I have read the examples of hazing as described in the Washoe County School District Hazing Policy.

This policy/regulation shall be in effect from the time a student athlete first participates in a NIAA sanctioned sport and shall remain in effect until the student graduates from high school.

If, after an investigation by the school which would include the WCSD Coordinator of Athletics and Activities and could include school police, and it is determined that the student/athlete is in violation of this policy, then the student/athlete will be subject to disciplinary action by the school. Each individual school site will determine the type and duration of consequences based on the decision of the school's administrative team.

IMPACT – Concussion Management

The Washoe County School District utilizes the ImPACT, Concussion Management Program. The intent of this program is to reduce the risk of injury to your son or daughter due to concussions. It is a program used by the National Football League, the National Hockey League, many minor league teams, including the Las Vegas Gladiators and many college and high school programs across the nation.

Developed by the University of Pittsburgh, the program allows provider of health care to determine when an athlete should continue athletic participation after suffering a concussion or head injury. This may reduce the likelihood of "Second Impact Syndrome", which can lead to serious or permanent head injury or death.

Each student who participates in interscholastic athletics at this school is required to be covered by this program and is responsible for a \$5.00 annual fee. If your son or daughter suffers a concussion or head injury, he/she will be reassessed and monitored. Our WCSD Trainers and Athletic Departments are **directed to take the following steps before releasing a concussed athlete back into action:**

- Must receive clearance from ImPACT, ***and***
- Must have written clearance from their doctor.

We are pleased to provide this low cost program for your son or daughter. If you have any questions, please contact your school's athletic department.

FOOTBALL PARTICIPATION WARNING

Participation in competitive athletics may result in severe injury, including paralysis or death. Changes in rules, improved conditioning programs, better medical coverage, and improvements in equipment have reduced these risks, BUT IT IS IMPOSSIBLE TO ELIMINATE SUCH OCCURRENCES FOR ATHLETICS.

Players can reduce the chance of injury by obeying all safety rules in their sport, reporting all physical problems to their coaches, following a proper conditioning program, and inspecting their own equipment daily. DAMAGED EQUIPMENT MUST BE REPLACED IMMEDIATELY.

EVEN IF ALL THESE REQUIRMENTS ARE MET AND EVEN IF THE ATHLETE IS USING EXCELLENT PROTECTIVE EQUIPMENT, A SERIOUS ACCIDENT MAY STILL OCCUR. AS A CONDITION OF PARTICIPATION IN ATHLETICS BY YOUR SON, WE ACKNOWLEDGE THAT WE HAVE READ AND UNDERSTOOD THIS WARNING STATEMENT.

WARNING

DO NOT USE FOOTBALL HELMET TO BUTT, RAM, OR SPEAR AN OPPOSING PLAYER. THIS IS IN VIOLATION OF THE FOOTBALL RULES AND SUCH USE CAN RESULT IN SEVERE HEAD OR NECK INJURIES, PARALYSIS, OR DEATH TO YOU AND POSSIBLE INJURY TO YOUR OPPONENT. NO HELMET CAN PREVENT ALL HEAD OR NECK INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN FOOTBALL.