

**Mountain Home High School Athletic/Activities  
Information & Form Packet**

MHHS Revised & Board Approved – 6/15/21

The following information is provided for students who would like to participate in athletics or activities. The following packet should be read completely and signed by both parent/guardian and student. The following packet contains:

1. Student Code of Conduct and Responsibility. (Page 2)
  - a. Should be read with student
  - b. Information should be saved for future reference.
2. Transportation policy. (Page 6)
  - a. Should be read with student
  - b. Information should be saved for further reference.
3. Release and athletic participation. (Page 7)
  - a. Should be read with student
  - b. Initial insurance information
  - c. Mark and initial all activities that student would like to participate
  - d. Both parent/guardian and student need to sign and date
  - e. Return to coach/advisor
4. Activity/Athletic participation agreement. (Page 8)
  - a. Should be read with student
  - b. Both parent/guardian and student need to sign and date
  - c. Return to coach/advisor
5. Interim questionnaire. (Page 9)
  - a. Should be read with student
  - b. To be filled out by returning seniors or sophomores
  - c. Both parent/guardian and student need to sign and date
  - d. Return to coach/advisor
6. COVID-19 Assumption and Risk (Page 10)
  - a. Should be read with student
  - b. Parent/guardian need to sign and date
  - c. Return to coach/advisor
7. Concussion Information (Page 11)
  - a. Should be read with student
  - b. Parent/guardian need to sign and date
  - c. Return to coach/advisor
8. Athletic emergency information. (Page 15)
  - a. Should be read with student
  - b. Parent/guardian need to sign and date
  - c. Return to coach/advisor
9. IHSAA Physical form. (Page 16)
  - a. Should be read with student
  - b. Needs to be filled out by new students to the district, juniors or freshmen
  - c. Both parent/guardian and student need to sign and date
  - d. Physician's signature is required
  - e. Return to coach/advisor.

**Mountain Home School District 193**  
***Student Code of Conduct and Responsibility for Participation Agreement in***  
***Extracurricular and Co-curricular Activities***  
MHHS Revised & Board Approved – 6/15/21

**I. Policy Statement/Code of Conduct**

Students participating in extracurricular activities and co-curricular activities must realize these are special opportunities that will occur during their high school careers. When a Mountain Home High School student visits another school, he/she represents everything that is associated with their activities, sport and school. This includes all the hard work and extra time it takes to become a successful team or organization. In some cases, the students will be wearing the school colors and a uniform that represents pride in the school and its traditions. These students represent the school, coaches, fellow participants, and the community...It is a tremendous responsibility and honor.

Our school district considers participation in extracurricular and co-curricular activities to be a privilege. As a student participating in an extracurricular and co-curricular activity, it is your responsibility to always conduct yourself according to the highest standards of behavior. Students in school or involved in school activities either on or away from the school premises are expected to obey their school officials, respect property, maintain order and decorum, and conduct themselves in a manner as to bring credit upon themselves and their school.

Participants who fail to follow or adhere to established rules and policies will be disciplined according to procedures listed below and their opportunity to participate in further extracurricular and co-curricular activities may be limited or denied.

**Definition of Extracurricular and Co-Curricular Activities**

**Extracurricular Activities** are defined as those activities that take place outside of the regular school day and do not involve class credit.

**Co-curricular activities** are defined as any activity held in conjunction with a credit-bearing class but outside of the regular school day including, but limited to, activities such as debate, drama, band, and choir.

**II. Academic Requirements to Participate in Extracurricular & Co-curricular Activities**

All participating students in extracurricular and co-curricular activities are expected to place their academic requirements above all else and devote their attention to achievement in the classroom.

Extracurricular and co-curricular activities are considered a privilege and a supplement to a student's overall education.

In order to participate in extracurricular and/or co-curricular activities, a student must comply with Rules of the Idaho High School Activities Association (IHSAA) governing academic eligibility.

The athletic director or activity advisor will provide a list of ineligible students to coaches, sponsors and directors five (5) days following the end of the semester. A student will be allowed to participate until the list is made available. A student will be declared ineligible on the day the coaches, sponsors or directors receive the list of ineligibility.

A student must attend at least two periods for the high school & three periods for the Jr. High the day of a scheduled school activity or athletic event when classes are in session to participate in the extracurricular and/or co-curricular activity. Failure to attend school will make a student ineligible for participation in that day's extracurricular and co-curricular event.

All students involved in extracurricular and co-curricular activities are responsible to make arrangements with teachers regarding assignments, makeup tests or other responsibilities prior to departing school for such events.

### **III. Prohibited Conduct and Consequences**

#### **A. Policy Statement:**

It is the policy of this school and the school district that a student participating in extracurricular and co-curricular activities shall not engage in the prohibited conduct described herein below, in school or out of school, at any time during the scholastic year, as defined as the beginning of the fall sports/activity season and ending the last day of the school year. To ensure that all students understand this policy, prior to the start of the season, coaches or activity sponsors shall, during a meeting thoroughly review this policy with prospective members or participants.

#### **B. Minor Infraction:**

A minor infraction involves student behavior that occurs while the student is engaged in an extracurricular and co-curricular activity or is otherwise under the direct supervision of a coach or activity advisor. A minor infraction is one that is determined to be a slight deviation from acceptable behavior or stated student expectations, such as inattentive behavior or school truancy. The coach or activity sponsor will handle these minor infractions as soon as possible. It will be at the coach or advisor's discretion as to what consequence is given. The consequences are listed below:

##### **1. First Offense:**

The coach or activity sponsor shall verbally reprimand the student on the inappropriateness of the action.

##### **2. Second Offense:**

A student/parent conference may be held with the coach or activity advisor. The student may be placed on a probationary status; this requires the student's complete cooperation and respect for the rules which apply to participation in the extracurricular and co-curricular activity. At this time the student and the parent will be advised of the consequences if a third offense should occur.

##### **3. Third Offense:**

The student may be dismissed from the extracurricular and co-curricular activity for the remainder of the season or duration of the activity.

**C. Major Disciplinary Violations:**

Include, but are not limited to: insubordination to a coach, unauthorized entry and/or theft and/or vandalism of school property; verbal or physical abuse of other students, school employees, or visitors - including cyber bullying and general misuse of social media; possession of firearms or weapons on campus; making bomb threats or activating the school fire alarm without appropriate cause, fighting - except in cases where administration/authorities prove that due to certain circumstances other measures should apply (i.e.. self-defense).

**D. Criminal Conduct and Other Prohibited Conduct:**

- a. Breaking of any of the criminal laws of any city, county, state, or the United States, other than infraction or minor traffic violations. Examples of breaking the law include, but are not limited to theft, vandalism, burglary, assault, battery, and unauthorized possession of a firearm or other object that could be used as a weapon.
- b. Insubordination and/or persistent negative attitude related to practices, contests, officials, coaching or sponsor directives.
- c. Physical and/or verbal abuse (i.e. hazing, fighting, harassment) of other members or potential members of athletic and/or activity groups.
- d. Actions of sexual misconduct and/or harassment.
- e. Discrimination based on race, color, religion, sex, national origin or handicapped condition.
- f. Any act or omission resulting in expulsion from school. The Mountain Home High School District pursuant to Idaho Code Section 33-205 regulates this.

**E. Procedure Governing Code of Conduct Violations:**

If any member of the school's administration, faculty or coaching staff witnesses or has evidence of a student having committed any of the above enumerated prohibited or criminal acts either on or off campus, the student's conduct shall be handled with one of the following procedures.

**First Infraction: Criminal Conduct and Other Prohibited Conduct:**

**In Season:** Suspension from participation for the remainder of the season. Before the student/athlete participates in another activity they may be required to complete 10 hours of community service. The nature of that service will be determined by school administration, if needed.

**Second Infraction - Criminal Conduct and Other Prohibited Conduct:**

Permanent loss of eligibility for the remainder of the school year.

**F. Use of, Sale or Distribution or Possession of Tobacco/E-Cigarettes:**

Smoking means inhaling, exhaling, burning, or carrying any lighted or heated cigar, cigarette, or any other lighted or heated tobacco, drug or plant product intended for inhalation, in any manner or in any form, whether electronic or otherwise. "Smoking" also includes the use of any oral device, electronic or otherwise, that provides vapor of liquid nicotine, drug, and/or other substance, and the use of inhalation, which simulates smoking or drug use.

Tobacco is any product containing, made, or derived from tobacco that is intended for human consumption, whether chewed, smoked, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means.

**1<sup>st</sup> Violation - Use of, Sale or Distribution or Possession of tobacco/e-cigarettes (excluding illegal substances - marijuana, etc.):**

If a student is involved in an extracurricular activity, the student will be ineligible to participate in upcoming competitions or events a minimum of 14 calendar days and complete a substance abuse class through the school before returning to competitions or scheduled events. Any related costs for the class maybe the responsibility of the student. During the suspension period the student may be allowed to participate in team practices. Students shall not travel, dress in uniform, associate or participate with the team or group at its scheduled competitions for the duration of the suspension. Disciplinary action is subject to the discretion of MHHS administration. The student will be allowed to sit on the bench but not in uniform.

**2<sup>nd</sup> Violation - Use of, Sale or Distribution or Possession of Tobacco/E-Cigarettes (excluding illegal substances - marijuana, etc.):**

Same consequences as the first violation, except for the length of the suspension will be a minimum of 22 calendar days. Student will also be required to complete 10 hours of community service before returning to competitions or scheduled events. The nature of the community service will be determined by school administration. Disciplinary action is subject to the discretion of MHHS administration.

**3<sup>rd</sup> Violation - Use of, Sale or Distribution or Possession of Tobacco/E-Cigarettes (excluding illegal substances - marijuana, etc.):**

Student will be subject to all of the previous consequences and will lose eligibility for the remainder of the school year.

**Sale or Distribution, Use or Possession of Alcohol –**

Alcohol shall include any liquor, wine, beer, spirit, or other alcoholic substance, whether in a liquid or powder form, mixed with other substances, or otherwise.

**1<sup>st</sup> Violation:** Loss of eligibility for the remainder of the school year. Disciplinary action is subject to the discretion of MHHS administration.

**Sale or Distribution, Use or Possession of Drugs –**

Drugs shall include any controlled substance, any illegal substance, any abused substance, any look alike or counterfeit drug, any medication or any inhalant not approved for the use being made of said medication or inhalant, any substance whose use is to alter behavior or mood, any medication not prescribed by a physician for the student in possession of the medication.

Paraphernalia shall include all equipment, products, and materials of any kind which are used, intended for use, or designed for use, in planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packaging, repackaging, storing, containing, concealing, injecting, inhaling, or otherwise introducing into the human body a prohibited substance.

**1<sup>st</sup> Violation:** Loss of eligibility for the remainder of the school year. Disciplinary action is subject to the discretion of MHHS administration.

**Mountain Home High School**  
*Athletic/Activities*  
*Transportation Policy*

The following procedure is to be adhered to by all activity advisors, teachers, and coaches when students are transported on district buses, chartered buses, or by individuals driving personal automobiles and transporting students on any of the following events:

1. Classroom field trips.
2. Activity club field trip or destination trip.
3. Athletic event.
4. Any school sponsored trip.
  - A. Student participants **MUST** Ride school provided transportation to and from the destination of the scheduled event.
  - B. Students may only ride home with someone other than the supervising teacher, coach, or advisor when their parent/guardian is present, and permission is granted.
  - C. If, for some extraordinary reason, a student needs to ride home with someone different than a parent/guardian or because of some other special circumstances requiring the student to drive themselves, the following **MUST** take place before the day of the scheduled departure:
    - i. Parent/guardian contact **MUST** be made with the advisor, coach, or teacher.
    - ii. A statement in writing from the parent/guardian **MUST** be on file in the principal's office stating the following information:
      - (1) Valid reason for not riding on transportation provided.
      - (2) With whom the student will be riding. (Person **MUST** be older than 21 years of age.)
      - (3) If riding with another parent/guardian, their acceptance of responsibility in writing **MUST** accompany statement filed.
      - (4) The statement must include that the parent/guardian accepts responsibility and liability in **FULL** for any adverse events.
      - (5) The statement of release **MUST** be signed and dated.
      - (6) In the event that a student must drive him/herself, a mandatory conference will be held with the student, parent/guardian, teacher/coach/advisor, and principal. In addition, the student **MUST** provide a liability release from the school district and a copy of the route the student will take.

**Mountain Home High School and School District No. 193  
Release and Athletic Participation Information**

*To be read and completed by Parent/Guardian and Student*

Student's Name (Print) Grade      Sex      Birth date

Your son/daughter has expressed a desire to participate in a Mountain Home District Athletic Activity. The information provided is important for a successful experience. **PLEASE READ** the information carefully. If you have any questions, contact or call your child's coach or school activities director. Before such athlete is allowed to practice or check out uniforms, you are required to **READ, SIGN, and RETURN** the release and participation information to the appropriate head coach.

1. Each athlete must have on file a passed physical examination (9<sup>th</sup> and 11<sup>th</sup> grade, or any student new to the district) followed by an interim questionnaire completed by the parent (10<sup>th</sup> and 12<sup>th</sup> grade). The examination or questionnaire must be completed prior to beginning practice. Cost incurred for the physical examination will be the responsibility of the parent/guardian.

2. **Notice of Risk:** Student athletes and the student's parent/guardian need to be aware that sport activities involve risk of injury. When an athlete practices, plays, or participates in any sport, the activity can be dangerous. The student risks serious and permanent injury affecting their well-being. Instruction given by the coach regarding playing techniques, training and team rules must be followed.

3. Mountain Home School District 193 is **not** liable or responsible for any medical, dental or hospital bills occurring as a result of injuries sustained by a student while participation in a school athletic activity or sport. All injury related expenses shall be the responsibility of the student's parents/guardians.

4. (Initial One)

\_\_\_\_\_ I have insurance that will pay for medical expenses if my son/daughter \_\_\_\_\_ (name) is injured while participating in a school sport.

\_\_\_\_\_ I have purchased one of the student insurance plans.

\_\_\_\_\_ I do not have insurance for my son/daughter and understand that the School District is **not** responsible and will **not** pay any doctor, hospital and medical expenses if my child is injured while participating in any school sport.

**I have read, understand and will comply with all the above information discussed in the Release and Athletic Participation Form.**

Signature of Parent or Guardian (First and Last Name)

Date

Signature of Student-Athlete (First and Last Name)

Date

*In the event of an accident, it will be the responsibility of the principal to make a full and complete report to the District's Administration Office.*

5. Recognizing that as a result of athletic participation, medical treatment on an emergency basis may be necessary and that school personnel may be unable to contact me for my consent for emergency medical care. Including tests, x-rays, surgery, and hospital care as may be deemed necessary under the then existing circumstances.

6. I give my permission for my son/daughter to participate in the following sports/activities. Please **check** and **initial** activities the athlete will participate in this school year:

- |  |                                      |                                       |
|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Baseball      | <input type="checkbox"/> Basketball  | <input type="checkbox"/> Cheerleading |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Dance       | <input type="checkbox"/> Football     |
| <input type="checkbox"/> Golf          | <input type="checkbox"/> Soccer      | <input type="checkbox"/> Softball     |
| <input type="checkbox"/> Tennis        | <input type="checkbox"/> Track       | <input type="checkbox"/> Volleyball   |
| <input type="checkbox"/> Wrestling     | <input type="checkbox"/> Other _____ |                                       |

7. **All athletes are expected** to conform to the rules of scholastic eligibility, participation and training as prescribed by the Idaho High School Activities Association, the Mountain Home High School District, and the athletic coaching staffs. This information will be reviewed prior to the start of the sport season with each athlete.

**8. Transportation**

A. The Mountain Home School District provides transportation for participants both to and from the location of athletic contests.

**Participants must be transported by district transportation to and from athletic or related scheduled events.** \*\*Students may ride home from an event with parents only if permission is granted by the coach or advisor.

B. Particular activities may warrant the use of private carriers if the proper owner operator vehicle form is completed or prearranged written and verbal communications on file in the principal's office.

**9. School day**

All athletes are expected to be in school for a minimum of half the class periods for a complete school day in order to be eligible to participate in practice or a contest. A written note from a doctor or school administrator stating the reason for the absence must be turned into the office prior to participation.

**Mountain Home High School and School District No. 193  
Activity/Athletic Participation Agreement**

Your son/daughter has expressed a desire to participate in an interscholastic sport or activity offered by Mountain Home High School and School District No. 193. **PLEASE READ THIS AGREEMENT CAREFULLY.** If you have any questions, please contact or call the appropriate advisor or head coach, or the athletic director. Before your son/daughter is allowed to practice, participate, check out equipment or uniforms, this agreement must be read and signed by both participant and parent/guardian.

**Student Eligibility Requirements**

In order to **practice** or **participate** each student must adhere to all of the following requirements.

**1. Age**

A student cannot exceed twenty years of age. A student becomes ineligible on his/her twentieth birthday. This rule is not applicable to the state.

**2. Academics**

Athletes and participants must be enrolled full-time and have maintained a 2.0 GPA during the previous semester of school. Plus, may not have failed or received no credit due to attendance issues in more than one class in the previous semester or grading period for which credit is granted.

A student must have satisfactorily completed the proceeding semester and the academic eligibility requirements to be eligible for the current semester. Student may take correspondence course to become eligible. However, those final grades must be turned into the school prior to the student's participation in game or practice. In the event that try-outs & cuts are conducted the student must have all final grades submitted to the school prior to try-outs. In the event that a student is eligible by IHSAA standards but fails to meet the district eligibility standards they may petition in letter format to the hardship committee in order to be granted eligibility. In order to be granted eligibility the circumstances of their situation must be unforeseen, uncontrollable, and unavoidable in nature. Please note that only situations that are of the extreme or unusual nature will be considered.

**3. Attendance**

In order to participate in a contest a student must be in attendance at least 2 periods for High School students and 3 periods for Jr. High students the day of the contest. Truant or suspended students are not allowed to participate or practice.

**4. Non-school sport participation**

A student who is a member of any regular team, (first, second, varsity, junior varsity, sophomore) may not participate during that sport season on any non-school team in that sport.

**5. Forms**

All athletic and activity participants must have the following forms completed and on file in the athletic director's office or his/her designee.

- A. Physical-current 9<sup>th</sup> and 11<sup>th</sup> grade or new to district.
- B. Interim questionnaire 110<sup>th</sup> and 12<sup>th</sup> grade.
- C. Release and participation
- D. Medical card

**6. Practice**

A student must have ten days of practice prior to the first interscholastic athletic competition in a sports season, except in the sport of golf. All participants involved in athletics or activities must attend practices on a regular basis in order to participate in competition.

**7. Powder Puff/Macho Man**

Homecoming activities at Mountain Home High School are designed to encourage good sportsmanship and encourage the participation of all students in the week's activities. Macho Man Volleyball for boys and Powder Puff Football for girls will be open to those students not involved in fall athletics including cheerleading and dance.

**8. Coaches Additions**

Individual coaches may implement more stringent eligibility requirements and team rules than those stated on the participation agreement form.

**9. Injury return to play policy**

Any participant who receives an injury and seeks medical attention from a doctor must be released by a doctor before they can return to practice or game participation.

*I have read, understand and will comply with all of the above information discussed in the Participation Agreement form.*

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Signature of Parent/Guardian (First and Last Name)

Date

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Signature of Student-Athlete (First and Last Name)

Date



**INTERIM QUESTIONNAIRE**



**PLEASE PRINT!!**

\_\_\_\_\_ Male/Female \_\_\_\_\_  
 Last Name First Middle (circle one) City Date

Since his/her last athletic physical examination, has this student:

	YES	NO	_____
			Year in School
(1) Had surgery	_____	_____	
(2) Been hospitalized	_____	_____	
(3) Been under a physician's care	_____	_____	
(4) Had a serious illness	_____	_____	
(5) Had an injury requiring a physician's care	_____	_____	
(6) Been rendered unconscious	_____	_____	
(7) Started taking any new medications	_____	_____	
(8) Developed any new drug allergies	_____	_____	
(9) Developed any health problems	_____	_____	
(Please explain all <b>yes</b> answers)			

\_\_\_\_\_  
 \_\_\_\_\_

My child \_\_\_\_\_ **should** or \_\_\_\_\_ **should not** have a physical examination prior to participation in high school athletics.

\_\_\_\_\_  
 Signature of Parent or Guardian

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 Zip Code

**CONSENT FORM**

I hereby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated by school authorities for any illness or injury resulting from his/her athletic participation.

\_\_\_\_\_  
 SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
 DATE

My participation in interscholastic athletics for the above school is entirely voluntary on my part, and with the understanding that I have not violated any of the eligibility rules and regulations of the state association.

\_\_\_\_\_  
 SIGNATURE OF STUDENT

\_\_\_\_\_  
 DATE

NOTE: The original copy is to be returned to the school

**Assumption of the Risk and Waiver of Liability**  
**Relating to Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The Mountain Home School District (MHSD) has put in place protective measures to reduce the spread of COVID-19; however, the MHSD cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending activities on the campuses of MHSD could increase your risk and your child(ren)'s risk of contracting COVID-19

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By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending activities on MHSD campuses and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 while on MHSD campuses may result from the actions, omissions, or negligence of myself and others, including, but not limited to, MHSD employees, classified staff, coaches, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance in activities or participation in MHHS programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the MHSD, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the MHSD, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any MHSD activity.

The safety of our employees, students, families and visitors remains the MHSD's priority. To prevent the spread of COVID-19 and reduce the potential risk of exposure to all parties, we are conducting a simple screening questionnaire with this waiver. Your participation is important to help us take precautionary measures to protect you, your Child(ren) and everyone on campus. Please circle your answers.

By signing this agreement, I acknowledge that if my child(ren) develop(s) any of the following symptoms: fever, chills, cough, sore throat, respiratory illness, difficulty breathing, or loss of taste or smell. I will keep them home and notify the Coach.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **CONCUSSION INFORMATION**

Concussions are a type of brain injury that can range from mild to severe and can disrupt the way the brain normally works. Concussions can occur in any organized or unorganized sport or recreational activity and can result from a fall or from players colliding with each other, the ground, or with obstacles. Concussions occur with or without loss or consciousness but the vast majority occur without loss of consciousness.

In accordance with Section 33-1620, Idaho Code the Idaho High School Activities Association (IHSAA) has provided information on its website for coaches, parents, and athletes, concerning the Identification and Management Strategies regarding concussions. The IHSAA encourages all coaches, parents, and athletes to educate themselves about the recognition and treatment of concussions. Please take the time to visit our website at [www.idhsaa.org](http://www.idhsaa.org). If you have any questions or need of further information, please contact your school or the IHSAA Office at [admin@idhsaa.org](mailto:admin@idhsaa.org).

It is the wish of the IHSAA that you have a safe and enjoyable sport or activity season.

Idaho High School Activities Association

*I have read, understand and will comply with all of the above information discussed in the Participation Agreement form.*

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<b>Signature of Parent/Guardian (First and Last Name)</b>	<b>Date</b>
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<b>Signature of Student-Athlete (First and Last Name)</b>	<b>Date</b>
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To learn more,  
go to [cdc.gov/HEADSUP](http://cdc.gov/HEADSUP)



# A FACT SHEET FOR High School Parents



This sheet has information to help protect your teens from concussion or other serious brain injury.

## What is a concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

## How can I help keep my teens safe?

Sports are a great way for teens to stay healthy and can help them do well in school. To help lower your teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - > Work with their coach to teach ways to lower the chances of getting a concussion.
  - > Emphasize the importance of reporting concussions and taking time to recover from one.
  - > Ensure that they follow their coach's rules for safety and the rules of the sport.
  - > Tell your teens that you expect them to practice good sportsmanship at all time.
- When appropriate for the sport or activity, teach your teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. There is no "concussion-proof" helmet. Even with a helmet, it is important for teens to avoid hits to the head.

### Talk with your teens about concussion.

Tell them to report their concussion symptoms to you and their coach right away.



## How can I spot a possible concussion?

Teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

### Signs observed by parents

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to the hit, bump, or fall
- Can't recall events *after* the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets an instruction or assignment

### Symptoms reported by teens

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Blurry or double vision
- Sensitivity to light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty concentrating or remembering
- Just not "feeling right" or "feeling down"



[cdc.gov/HEADSUP](http://cdc.gov/HEADSUP)



## CONCUSSIONS AFFECT EACH TEEN DIFFERENTLY.

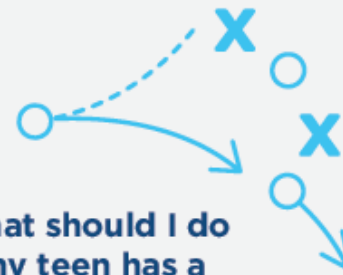
Although most teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your teens' healthcare provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities. **Be sure to offer support during their recovery and allow them to stay connected with friends and others.**

### What are some more serious danger signs to look out for?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body, and can squeeze the brain against the skull. Call 9-1-1 or take your teen to the emergency department right away if after a bump, blow, or jolt to the head or body he or she has one or more of these danger signs:



- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)



### What should I do if my teen has a possible concussion?

As a parent, if you think your teen may have a concussion, you should:

1. Remove your teen from play.
2. Keep your teen out of play the day of the injury. Your teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your teen's healthcare provider for written instructions on helping your teen return to school. You can give the instructions to your teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a teen for a possible concussion. You may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. A teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

Teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a teen for a lifetime. It can even be fatal.

Revised August 2019

To learn more,  
go to [cdc.gov/HEADSUP](http://cdc.gov/HEADSUP)



# Mountain Home High School



## PARENT/GUARDIAN & ATHLETE CONCUSSION INFORMATION ACKNOWLEDGEMENT

I, \_\_\_\_\_, by signing below, hereby acknowledge that Mountain Home High School has provided me with the necessary and appropriate education on concussion as mandated under subsection 33-1625, Idaho Code. The education included appropriate guidelines that identified the signs and symptoms of concussion and head injury and described the nature and risk of concussion and head injury in accordance with standards of the Centers for Disease Control and Prevention.

I acknowledge that in addition to receiving the education designated in the above paragraph, that I understand the nature of concussion the signs and symptoms of concussion, and the risks of allowing a student athlete to continue to play after sustaining a concussion.

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

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

\_\_\_\_\_  
Date (mm/dd/yyyy)

To learn more,  
go to [cdc.gov/HEADSUP](http://cdc.gov/HEADSUP)



**Mountain Home High School**  
*Athletic Emergency Information*

Name \_\_\_\_\_ Birth date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone                      Father \_\_\_\_\_                      Mother \_\_\_\_\_

In case of emergency, and parent/guardian cannot be contacted notify

Name \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Number \_\_\_\_\_

Known Allergies (i.e. bees, penicillin) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last Tetanus \_\_\_\_\_

Medical Conditions \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The team physician, trainer, or coach may apply first aid treatment until the family doctor can be contacted.

Yes \_\_\_\_\_ No \_\_\_\_\_

We give our consent for coaches, athletic trainers, and team physicians to use their own judgment in securing medical aid and ambulance service in case the parent/guardian cannot be reached.

Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



**HEALTH EXAMINATION *and* CONSENT FORM**

It is required all students complete a history and physical examination prior to his/her first 9th and 11th grade practice in the interscholastic (9-12) athletic program in the State of Idaho. The exam is at the expense of the student and may not be taken prior to May 1 of the 8th and 10th grade years. This examination is to be done by a licensed physician, physician's assistant or nurse practitioner under optimal conditions. Interim history forms are required during the 10th and 12th grade years and must be submitted to the school administration prior to the first practice.

Name: \_\_\_\_\_ Sex: M / F Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 School: \_\_\_\_\_ Sports: \_\_\_\_\_ Participation Grade: \_\_\_\_\_

**MEDICAL HISTORY**

Fill in details of "YES" answers in space below:

	Yes	No		Yes	No
1. Have you ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	6. Have you ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been knocked out or unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you presently taking any medication or pills?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been diagnosed with a concussion?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any allergies (medicine, bees, other insects)?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a stinger, burned or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	7. Have you ever had heat or muscle cramps?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been dizzy or passed out in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
Do you tire more quickly than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	8. Do you have trouble breathing or do you cough during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	9. Do you use special equipment (pads, braces, neck rolls, mouth guard or eye guards, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	10. Have you ever had problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	Do you wear glasses, contacts or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone in your family died of heart problems or a sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	11. Have you had any other medical problems (infectious mononucleosis, diabetes, ect.)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any skin problems (itching, rash, acne)?	<input type="checkbox"/>	<input type="checkbox"/>			
12. Have you had a medical problem or injury since your last evaluation?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
13. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any of bones or joints?					
<input type="checkbox"/> head <input type="checkbox"/> back <input type="checkbox"/> shoulder <input type="checkbox"/> forearm <input type="checkbox"/> hand <input type="checkbox"/> hip <input type="checkbox"/> knee <input type="checkbox"/> ankle					
<input type="checkbox"/> neck <input type="checkbox"/> chest <input type="checkbox"/> elbow <input type="checkbox"/> wrist <input type="checkbox"/> finger <input type="checkbox"/> thigh <input type="checkbox"/> shin <input type="checkbox"/> foot					
14. Were you born without a kidney, testicle, or any other organ?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
15. When was your first menstrual period? _____					
When was your last menstrual period? _____					
What was the longest time between your periods last year? _____					

Explain "YES" answers: \_\_\_\_\_

**CONSENT FORM**

(Parent or guardian and student permission and approval)

I hereby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated school authorities for any illness or injury resulting from his/her athletic participation. I also consent to release of any information contained in this form to carry out treatment and healthcare operations for the above named student.

If the health care provider's exam will be performed without compensation as part of the school's health examination program for participation in high school activities, I agree to the waiver provisions as set forth in Idaho Code Section 39-7703 and agree that the health care provider shall be immune from liability as specified in said section.

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulation of the State Association.

SIGNATURE OF STUDENT \_\_\_\_\_ DATE: \_\_\_\_\_



**Idaho High School Activities Association  
Physical Examination Form**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height _____	Weight _____	BP _____ / _____	Pulse _____
Vision R 20 / _____ L 20 / _____		Corrected: Y N	
Normal	Abnormal findings		
<b>Medical</b>			
Pulses			
Heart			
Lungs			
Skin			
Ears, nose, throat			
Pupils			
Abdomen			
Genitalia (males)			
<b>Musculoskeletal</b>			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back			
Knee			
Ankle			
Foot			
Other			

**CLEARANCE / RECOMMENDATIONS**

Clearance:

- A. Cleared for all sports and other school-sponsored activities.
- B. Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_
- C. NOT cleared to participate in the following IHSAA sponsored sports /activities:  
 baseball    basketball    cheer/dance    cross country    football    golf  
 soccer    softball    swimming    tennis    track    volleyball    wrestling  
NOT cleared for other school-sponsored activities (*example: lacrosse*): \_\_\_\_\_
- D. Student is NOT permitted to participate in high school athletics.  
 Reason: \_\_\_\_\_  
 Recommendation: \_\_\_\_\_

Name of physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of physician/medical provider: \_\_\_\_\_ Date: \_\_\_\_\_

(This Physical Examination Form MUST be signed by a licensed physician, physician assistant or nurse practitioner)



**LEGAL REFERENCE:**

Idaho Code 33-512(12)

**ADOPTED:** (Previously board approved, July 15, 2015, as part of the Student Athletic/Activities Handbook.)

**Adopted as stand-alone policy:** August 16, 2016

Revised by MHHS – Brd Approved: June 15, 2021