

# West Genesee Central School District

## SPORTS CANDIDATES' QUESTIONNAIRE

NAME: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

PHONE # \_\_\_\_\_

**Health Office Use Only**

Grade: 7 8 9 10 11 12  
 School year: \_\_\_\_\_

Sport: \_\_\_\_\_

Private MD physical date: \_\_\_\_\_  
 School MD physical date: \_\_\_\_\_

**Parent must complete this section and return to school nurse:**

- |   |     |    | <u>DATE</u> |
|---|-----|----|-------------|
| 1. Student is under a physician's care now for illness or injury?                                       | Yes | No | _____       |
| 2. Has had surgical operation in the past 3 months?   | Yes | No | _____       |
| 3. Has experienced loss of consciousness, dizziness, lightheadedness or chest pain related to exertion? | Yes | No | _____       |
| 4. Is there a history of injury or absence of kidney, eye, testicle?                                    | Yes | No | _____       |
| 5. Takes medication now (other than birth control)?   | Yes | No | _____       |
| 6. Has a history of seizures?   | Yes | No | _____       |
| 7. Has there been a sudden death in the immediate family of someone under the age of 50?                | Yes | No | _____       |
| (If "yes" indicate age & cause if known) _____  |     |    |             |
| 8. Has had a history of high blood pressure or heart abnormality?                                       | Yes | No | _____       |
| 9. Has had a concussion in the past year or 2 concussions in the past?                                  | Yes | No | _____       |
| 10. Do you know of any reason why this individual should not participate in all sports?                 | Yes | No | _____       |

Please explain any "yes" answers to above questions. \_\_\_\_\_

**If recent illness or injury is significant please send a letter from your physician.**

Parents should be aware that participation in sports involves some risk of injury and questions in this regard may be directed to the coach of the particular sport. All West Genesee athletes are insured. Please contact health office if injured.

I have read the above information. This child has my permission to participate in interscholastic athletics.

\_\_\_\_\_ Date

\_\_\_\_\_ Parent Signature

PARENTS NAME (print) \_\_\_\_\_

**School Physician Use Only**

This student is: [ ] **cleared** for sports during the school year: 2013 2014 2015 2016 2017

Contact/ Collison	Limited contact	Strenuous Non-contact	Non-Strenuous Non-contact
Football Ice Hockey Lacrosse Soccer Wrestling	Baseball Basketball Cheerleading Diving Swimming Volleyball	Cross-country Swimming Tennis Track and Field	Bowling Golf

This student is: [ ] **not cleared** for sports at this time.

School Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(over)**

STUDENT NAME (PRINT) \_\_\_\_\_

GRADE \_\_\_\_\_

SPORT \_\_\_\_\_

Dear Parent/Guardian and Student Athlete:

Participation on a West Genesee School District Athletic Team is a privilege which should elicit great pride in you, your family, and your school. A willingness to abide by training regulations and behave as a good citizen is necessary for the success of our student athletes and our athletic program.

Every student athlete is required to sign this statement of personal commitment. The student signature signifies a willingness to set a positive example, adhere to basic concepts of good citizenship, and follow proper training practices. The parent signature acknowledges the commitment of the athlete.

### ATHLETIC CODE OF CONDUCT

A firm and fair policy of enforcement is necessary to uphold the regulations and standards of the athletic department. The community, school administrators, and coaching staff feel strongly that high standards of conduct and citizenship are essential in maintaining a sound program of athletics.

All athletes shall abide by a code of ethics which will earn them the honor and respect that participation and competition provides through the interscholastic athletic program. Acts of unacceptable conduct, such as, but not limited to, theft, vandalism, hazing, disrespect, immorality, insubordination, or violations of law, tarnish the integrity of everyone associated with the athletic programs and will not be tolerated.

Violation of this athletic code will result in a restriction from participation, a suspension for a period of time, or a loss of eligibility based on the severity of the infraction.

Based on the severity of the infraction of the Code of Conduct, the Athletic Director may convene a meeting of the Coach involved, the Athletic Director, and Principal to meet and determine the penalty according to the degree of the infraction.

### TRAINING REGULATIONS

1. Each coach may specify definite rest programs and hours when team members must be in their homes. Any adjustments must be approved by the coach of the sport.
2. The use of alcoholic beverages, illegal drugs, tobacco and e-cigarettes are considered health hazards and detrimental to an athlete's physical and mental well-being. Such use may result in the student being dropped from the team for the remainder of that sport season including sectional and state meets.
3. Attendance at practice is essential to develop the greater degree of skill. All requests to be excused from practice sessions must be submitted to the coach before the practice for which the request is made.
4. Athletes absent from school may not practice or play the day such absence occurs. Exceptions to this rule can be made only by the school principal or designee. Frequent or excessive tardiness may result in the same penalty.
5. Individual coaches may also make specific guidelines and regulations relating to their sport.

Enforcement Dates: First official day of practice, as designated by Section III, through final athletic contest of the season.

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

DATE \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_