

# 2022 - 2023 U.I.L. Athletic Participation Packet

## Greenville Independent School District

Grade for 2021-2022: 7 8 9 10 11 12

Sex: M F

Must turn in first THREE papers of packet to the athletic trainer to be eligible for participation.

Fill out completely in  
blue or black ink  
ONLY.

### BACKGROUND INFORMATION

Athlete Name: \_\_\_\_\_ Sports: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian #1 Name: \_\_\_\_\_ Parent/Guardian #1 Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_ Parent/Guardian #2 Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### EMERGENCY INFORMATION (Other persons to call in case of emergency and parents cannot be reached)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Allergies to medicine or other (please list): \_\_\_\_\_

Any medicine taking regularly OR other medical concerns? \_\_\_\_\_

Have you ever tested **Positive** for Sickle Cell Anemia, Sickle Cell Trait or any other blood disorder? YES, NO

### ACKNOWLEDGEMENT OF RULES & GUIDELINES

The Parent/Legal Guardian and the Student must have read all the following regulations and sections and agree to follow the rules and sign below attesting to the fact: Background, Emergency Information and Medical Consent for Treatment, UIL General Eligibility Rules, UIL Concussion Acknowledgement, GISD Extracurricular Code of Student Conduct, UIL Parent or Guardian Permit, UIL Steroid Agreement, UIL Sudden Cardiac Arrest Awareness, GISD Drug Testing Consent, GISD Student Media Release, GISD Athletic Physical and Insurance Policies, and UIL Medical History and Physical Exam, and I permit my child to participate under these conditions. I understand that failure to provide accurate and truthful information on UIL forms could subject the student in question to penalties determined by the UIL. I have completed the information to the best of my knowledge and ability. If, between this date and the beginning of athletic competition, any illness should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

**X**

Parent/Legal Guardian Signature

Date

**X**

Student Signature

Date

### MEDICAL CONSENT FOR TREATMENT

I the undersigned, parent/legal guardian of \_\_\_\_\_ a minor, do hereby authorize the Greenville Independent School District Athletic Staff as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of and licensed physician/surgeon, whether such diagnosis or treatment is rendered at the office of said physician/surgeon or at a hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital which has provided treatment to the above-named minor to surrender physical custody of such minor to (my) (our) above-named agent(s) upon the completion of treatment.

**X**

Parent/Legal Guardian Signature

Date

**PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY**

This **MEDICAL HISTORY FORM** must be completed *annually* by parent (or guardian) and student in order for the student to participate in activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an event.

Student's Name: (print) \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Grade \_\_\_\_\_ School \_\_\_\_\_  
 Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_  
*In case of emergency, contact:*  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Explain "Yes" answers in the box below\*\*. Circle questions you don't know the answers to.

<p>1. Have you had a medical illness or injury since your last check up or physical? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Have you been hospitalized overnight in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No          Have you ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Have you ever had prior testing for the heart ordered by a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No          Have you ever passed out during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No          Have you ever had chest pain during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No          Do you get tired more quickly than your friends do during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No          Have you ever had racing of your heart or skipped heartbeats? <input type="checkbox"/> Yes <input type="checkbox"/> No          Have you had high blood pressure or high cholesterol? <input type="checkbox"/> Yes <input type="checkbox"/> No          Have you ever been told you have a heart murmur? <input type="checkbox"/> Yes <input type="checkbox"/> No          Has any family member or relative died of heart problems or of sudden unexpected death before age 50? <input type="checkbox"/> Yes <input type="checkbox"/> No          Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm? <input type="checkbox"/> Yes <input type="checkbox"/> No          Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? <input type="checkbox"/> Yes <input type="checkbox"/> No          Has a physician ever denied or restricted your participation in activities for any heart problems? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Have you ever had a head injury or concussion? <input type="checkbox"/> Yes <input type="checkbox"/> No          Have you ever been knocked out, become unconscious, or lost your memory? <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, how many times? _____          When was your last concussion? _____          How severe was each one? (Explain below) _____          Have you ever had a seizure? <input type="checkbox"/> Yes <input type="checkbox"/> No          Do you have frequent or severe headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No          Have you ever had numbness or tingling in your arms, hands, legs or feet? <input type="checkbox"/> Yes <input type="checkbox"/> No          Have you ever had a stinger, burner, or pinched nerve? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Are you missing any paired organs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Are you under a doctor's care? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Have you ever been dizzy during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Have you ever become ill from exercising in the heat? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Have you had any problems with your eyes or vision? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>13. Have you ever gotten unexpectedly short of breath with exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No          Do you have asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No          Do you have seasonal allergies that require medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Do you use any special protective or corrective equipment or devices that aren't usually used for your activity or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Have you ever had a sprain, strain, or swelling after injury? <input type="checkbox"/> Yes <input type="checkbox"/> No          Have you broken or fractured any bones or dislocated any joints? <input type="checkbox"/> Yes <input type="checkbox"/> No          Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, check appropriate box and explain below:</p> <table border="0" style="width:100%"> <tr> <td><input type="checkbox"/> Head</td> <td><input type="checkbox"/> Elbow</td> <td><input type="checkbox"/> Hip</td> </tr> <tr> <td><input type="checkbox"/> Neck</td> <td><input type="checkbox"/> Forearm</td> <td><input type="checkbox"/> Thigh</td> </tr> <tr> <td><input type="checkbox"/> Back</td> <td><input type="checkbox"/> Wrist</td> <td><input type="checkbox"/> Knee</td> </tr> <tr> <td><input type="checkbox"/> Chest</td> <td><input type="checkbox"/> Hand</td> <td><input type="checkbox"/> Shin/Calf</td> </tr> <tr> <td><input type="checkbox"/> Shoulder</td> <td><input type="checkbox"/> Finger</td> <td><input type="checkbox"/> Ankle</td> </tr> <tr> <td><input type="checkbox"/> Upper Arm</td> <td><input type="checkbox"/> Foot</td> <td></td> </tr> </table> <p>16. Do you want to weigh more or less than you do now? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Do you feel stressed out? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Females Only</i></p> <p>19. When was your first menstrual period? _____          When was your most recent menstrual period? _____          How much time do you usually have from the start of one period to the start of another? _____          How many periods have you had in the last year? _____          What was the longest time between periods in the last year? _____</p> <p><i>Males Only</i></p> <p>20. Do you have two testicles? _____</p> <p>21. Do you have any testicular swelling or masses? _____</p>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
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<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot																			

An electrocardiogram (ECG) is not required. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I have read and understand the information about cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG.

EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):

It is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.  
 If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.  
 If, between this date and the beginning of participation, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL

Student Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches. **THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE, PERFORMANCE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.**

*For School Use Only:*  
 This Medical History Form was reviewed by: Printed Name \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

**PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION**

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
brachial blood pressure while sitting

Vision: R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected:  Y  N Pupils:  Equal  Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high participation and again prior to first and third years of high school participation. It *must* be completed if there are yes answers to specific questions on the student's **MEDICAL HISTORY FORM** on the reverse side. \* *Local district policy may require an annual physical exam.*

	NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

\*station-based examination only

**CLEARANCE**

Cleared  
 Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

*The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.*

Name (print/type) \_\_\_\_\_ Date of Examination: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or performance/games/matches.

- have not violated any provision of the summer camp rule. Incoming 10-12 grade students shall not attend a baseball, basketball, football, soccer, or volleyball camp in which a seventh through twelfth grade coach from their school district attendance zone, works with, instructs, transports or registers that student in the camp. Students who will be in grades 7, 8, and 9 may attend one baseball, one basketball, one football, one soccer, one softball, and one volleyball camp in which a coach from their school district attendance zone is employed, for no more than six consecutive days each summer in each type of sports camp. Baseball, Basketball, Football, Soccer, Softball, and Volleyball camps where school personnel work with their own students may be held in May, after the last day of school, June, July and August prior to the second Monday in August. If such camps are sponsored by school district personnel, they must be held within the boundaries of the school district and the superintendent or his designee shall approve the schedule of fees.
- have observed all provisions of the Athletic Amateur Rule. Students may not accept money or other valuable consideration (tangible or intangible property or service including anything that is usable, wearable, salable or consumable) for participating in any athletic sport during any part of the year. Athletes shall not receive valuable consideration for allowing their names to be used for the promotion of any product, plan or service. Students who inadvertently violate the amateur rule by accepting valuable consideration may regain athletic eligibility by returning the valuable consideration. If individuals return the valuable consideration within 30 days after they are informed of the rule violation, they regain their athletic eligibility when they return it. If they fail to return it within 30 days, they remain ineligible for one year from when they accepted it. During the period of time from when students receive valuable consideration until they return it, they are ineligible for varsity athletic competition in the sport in which the violation occurred. Minimum penalty for participating in a contest while ineligible is forfeiture of the contest.
- did not change schools for athletic purposes.

I understand that failure to provide accurate and truthful information on UIL forms could subject the student in question to penalties determined by the UIL. I have read the regulations cited above and agree to follow the rules.

**\*Signature Required on Front of Packet\***



**U.I.L. Parent and Student Agreement/Acknowledgement Form  
Anabolic Steroid Use and Random Steroid Testing**

- Texas state law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.
- Texas state law also provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person who is in good health is not a valid medical purpose.
- Texas state law requires that only a licensed practitioner with prescriptive authority may prescribe a steroid for a person.
- Any violation of state law concerning steroids is a criminal offense.

**STUDENT ACKNOWLEDGEMENT AND AGREEMENT**

As a prerequisite to participation in UIL athletic activities, I agree that I will not use anabolic steroids as defined in the UIL Anabolic Steroid Testing Program Protocol. I have read this form and understand that I may be asked to submit to testing for the presence of anabolic steroids in my body, and I do hereby agree to submit to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at [www.uil texas.org](http://www.uil texas.org). I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject me to penalties as determined by UIL.

**\*Signature Required on Front of Packet\***

**PARENT/GUARDIAN CERTIFICATION AND ACKNOWLEDGEMENT**

As a prerequisite to participation by my student in UIL athletic activities, I certify and acknowledge that I have read this form and understand that my student must refrain from anabolic steroid use and may be asked to submit to testing for the presence of anabolic steroids in his/her body. I do hereby agree to submit my child to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my student's high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at [www.uil texas.org](http://www.uil texas.org). I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject my student to penalties as determined by UIL.

**\*Signature Required on Front of Packet\***



**UIL CONCUSSION ACKNOWLEDGEMENT FORM**

REVISED 2017

**Definition of Concussion** - means a complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may: (A) include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns; and (B) involve loss of consciousness.

- **Hypertrophic Cardiomyopathy** – hypertrophy (thickening) of the left ventricle; the most common cause of sudden cardiac arrest in athletes in the U.S.
- **Arrhythmogenic Right Ventricular Cardiomyopathy** – replacement of part of the right ventricle by fat and scar; the most common cause of sudden cardiac arrest in Italy.
- **Marfan Syndrome** – a disorder of the structure of blood vessels that makes them prone to rupture; often associated with very long arms and unusually flexible joints.
- **Inherited conditions of the electrical system:**
  - **Long QT Syndrome** – abnormality in the ion channels (electrical system) of the heart.
  - **Catecholaminergic Polymorphic Ventricular Tachycardia and Brugada Syndrome** – other types of electrical abnormalities that are rare but run in families.
- **Non-Inherited (not passed on from the family, but still present at birth) conditions:**
  - **Coronary Artery Abnormalities** – abnormality of the blood vessels that supply blood to the heart muscle. The second most common cause of sudden cardiac arrest in athletes in the U.S.
  - **Aortic Valve Abnormalities** – failure of the aortic valve (the valve between the heart and the aorta) to develop normally; usually causes a loud heart murmur.
  - **Non-Compaction Cardiomyopathy** – a condition where the heart muscle does not develop normally.
  - **Wolff-Parkinson-White Syndrome** – an extra conducting fiber is present in the heart's electrical system and can increase the risk of arrhythmias.
- **Conditions not present at birth but acquired later in life:**
  - **Commotio Cordis** – concussion of the heart that can occur from being hit in the chest by a ball, puck, or fist.
  - **Myocarditis** – infection/inflammation of the heart, usually caused by a virus.
  - **Recreational/Performance-Enhancing Drug Use.**
- **Idiopathic:** Sometimes the underlying cause of the Sudden Cardiac Arrest is unknown, even after autopsy.

#### What are the symptoms/warning signs of Sudden Cardiac Arrest?

- Fainting/blackouts (especially after exercise)
- Dizziness
- Unusual fatigue/weakness
- Chest pain
- Shortness of breath
- Nausea/vomiting
- Palpitations (heart is beating unusually fast or skipping beats)
- Family history of sudden cardiac arrest at age <50

Any of these symptoms/warning signs that occur while exercising may necessitate further evaluation from your physician before returning to practice or a game.

#### What is the treatment for Sudden Cardiac Arrest?

- Time is crucial and an immediate response is vital.
- CALL 911
- Begin CPR
- Use an Automated External Defibrillator (AED)

#### What are the ways to screen for Sudden Cardiac Arrest?

- The American Heart Association recommends a pre-participation history and physical including 12 important cardiac elements.
- **The UIL Pre-Participation Physical Examination – Medical History form includes ALL 12 of these important cardiac elements and is mandatory annually.**
- Additional screening using an electrocardiogram and/or an echocardiogram is readily available to all athletes, but is not mandatory.

#### Where can one find information on additional screening?

- American Heart Association ([www.heart.org](http://www.heart.org))
- AugustHeart ([www.augustheart.org](http://www.augustheart.org))
- Championship Hearts Foundation ([www.championshipheartsfoundation.org](http://www.championshipheartsfoundation.org))
- Cypress ECG Project ([www.cypressecproject.org](http://www.cypressecproject.org))
- Parent Heart Watch ([www.parentheartwatch.com](http://www.parentheartwatch.com))

#### What are the current recommendations for screening young athletes?

The University Interscholastic League requires use of the specific Pre-participation Medical History form on a yearly basis. This process begins with the parents and student-athletes answering questions about symptoms during exercise (such as chest pain, dizziness, fainting, palpitations or shortness of breath); and questions about family health history. It is important to know if any family member died suddenly during physical activity or during a seizure. It is also important to know if anyone in the family under the age of 50 had an unexplained sudden death such as drowning or car accidents. This information must be provided annually because it is essential to identify those at risk for sudden cardiac death. The University

the previous school year, unless otherwise approved by the athletic director. This packet must be filled out completely and turned into the GISD Head Athletic Trainer before the student is cleared to participate in any athletic event (tryouts, practice and/or games). **Also, please note that pre-participation screening examinations will not prevent, nor detect, all conditions leading to traumatic injury and/or sudden death.**

## **Greenville Independent School District EXTRACURRICULAR CODE OF STUDENT CONDUCT**

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### **I. Extracurricular Activities**

The term "extracurricular activities" means, without limitation, all interscholastic athletics, cheerleading, drill team, academic clubs, special interest clubs, musical performances, dramatic productions, student government, and any other activity or group that participates in contests, competitions, or community service projects on behalf of, or as a representative of the District. The term includes any non-curricular event and membership or participation in groups, clubs, and organizations recognized and approved by the Board of Trustees and the school district and sponsored by the district or a campus. All extracurricular activity participants, including elected and appointed officers of all campus organizations, are subject to the provisions of this *Extracurricular Code of Student Conduct*.

### **II. Jurisdiction**

Student participation in extracurricular activities is encouraged. Greenville ISD makes extracurricular activities available as an extension of the regular school program, with this important difference: participation in the regular curriculum is a right afforded to each student, while participation in the extracurricular program is a privilege that carries additional expectations for acceptable conduct. Students engaging in extracurricular activities represent not only themselves, but also other students and the school district when performing, competing, or participating in extracurricular activities and while wearing uniforms or other clothing that identifies the student to the community or public in any setting as Greenville ISD students. For this reason, their behavior must be exemplary and reflect the finest attributes of the total Greenville ISD student body at all times and places.

Important goals of the extracurricular program are to give students direction in developing self-discipline, responsibility, pride, loyalty, leadership, teamwork, respect for authority, and healthy living habits.

Because participation in extracurricular activities is a privilege and not a right, GISD is authorized to set higher standards for participants of extracurricular activities than it would for those students who choose not to participate in these activities. Therefore, this *Extracurricular Code of Student Conduct* extends beyond the *Greenville ISD Student Code of Conduct* not only in types of behavior prohibited, but also in corresponding consequences and jurisdiction for imposing discipline. In case of a conflict between this Code and the activity or sport specific campus handbook, the Code will prevail. This *Extracurricular Code of Student Conduct* will be enforced with all students grades 7-12 participating in extracurricular activities:

- regardless of whether school is in session;
- regardless of whether the offense occurs on or off school property or at a school-related event;
- regardless of whether the student is directly involved with the extracurricular activity at the time the prohibited conduct occurs;
- regardless of whether the extracurricular activity is in-season; and
- regardless of where or when the conduct occurs.

It is possible that a student who violates the *Greenville ISD Student Code of Conduct* will incur consequences from both the appropriate school administrator and from his or her coach or sponsor for the same particular violation. It is also possible that a student participating in extracurricular activities could violate the *Extracurricular Code of Student Conduct* and be subject to discipline by a coach or sponsor without having violated the *Greenville ISD Student Code of Conduct*.

### **III. Conduct Expectations**

The following conduct is expected of all participants. Failure to meet these expectations can result in disciplinary action by the coach or sponsor:

- Student Commitment to a team or organization is expected for the entire season or activity. Students are encouraged to participate in more than one extracurricular activity; however, students may not quit one sport or organization in order to participate in another while the sport or club that he or she quit is still active, unless the sponsors/coaches from BOTH activities agree to the change.
- Students who participate in extracurricular activities that involve competition among schools and school districts will conduct themselves in a sportsmanlike manner at all times. This includes behavior toward visiting teams or hosting teams as well as the opponent's fans. GISD participants will be noted for clean, tough, competitive play. Praise your opponents and play beyond your ability.
- Students should arrive to practices (including workouts), meetings, and events on time and be prepared.
- Students who cannot be present for a practice (including workouts), meeting, or event should call the coach, sponsor, team captain, or club president as soon as they are aware that they will be absent. Missed practices, meetings, or workouts will be made-up; however, disciplinary action may still be taken if a participant is absent more than two times in a semester.
- Injured or ill students who are unable to participate, but are able to attend a practice (including workouts), meeting or event are required to dress appropriately and sit or stand with the rest of the group.
- Students are required to show respect at all times to coaches and sponsors.
- Students will follow the dress code in the *Student Handbook*. They shall refrain from wearing hair styles or hair colors that draw attention to themselves. Male students participating in are encouraged to be clean shaven. Coaches may require students to follow stricter guidelines.

I have read the Greenville ISD *Extracurricular Code of Student Conduct* and the *Greenville ISD Notice* concerning drug testing of students participating in extracurricular activities, and agree to adhere to these rules as a condition for my voluntary participation in Greenville ISD extracurricular activities. I understand that failure to do so will result in disciplinary measures related to my extracurricular participation.

**\*Signature Required on Front of Packet\***

I have read the Greenville ISD *Extracurricular Code of Student Conduct* and the *Greenville ISD Notice* concerning drug testing of students participating in extracurricular activities, and understand requirements for my child's voluntary participation in Greenville ISD extracurricular activities. I understand the consequences that my child will face if he or she fails to adhere to these rules and agree to such terms.

**\*Signature Required on Front of Packet\***

**GISD STUDENT DRUG TESTING POLICY**

The purpose of this letter is to inform you of the school's drug testing policy for students participating in extracurricular activities in grades 7-12. This policy and the program that supports it is designed not for punitive measures, but to eliminate the potential threat to the student's health and safety that can occur if students are using or under the influence of alcohol or illegal drugs while participating in interscholastic athletics or any other extracurricular activity. We want the testing program to deter drug and alcohol use and help students live drug free. Please note the following key points of the program:

1. All screenings may include alcohol, marijuana, cocaine, opiates, amphetamines, methamphetamines, PCP, steroids and other controlled substances.
2. Participating students will be randomly tested throughout the school year if participating in any extracurricular activity.
3. Random testing will occur from time to time during the school day.
4. A random test will take place at the school of the student or at another school testing site. All students participating in extracurricular activities will be eligible for selection for a random test.
5. Students will not be notified in advance of any drug test. Students will be called to the school testing site by a school official, probably the principal. Every effort will be made to call the student at a time that is least disruptive to the student's academic schedule.
6. Students will remain under school supervision until an adequate sample (approximately 30 ml) is provided. If a student has not provided a sample by the time the testing is concluded (3 hours), then the student will be ineligible to participate until a negative sample is provided at the next random test. Students will have up to 3 hours to provide an adequate sample, and they will have access to their school materials during that time.
7. The cut-off level for a positive marijuana test result is 50 mg/ml. This level is in compliance with the Department of Transportation and National Institute of Drug Abuse standards.
8. Any sample registering below 92 degrees Fahrenheit will be rejected. Also, if the lab technician suspects tampering has occurred, the sample will be rejected and another sample must be provided. If tampering occurs in a direct attempt by the student not to comply with the policy, then, in the absence of extenuating circumstance, the student will be removed from the team.
9. Students will be asked to empty their pockets before entering the bathroom.
10. Once a student tests positive, receives counseling, and is reinstated, he or she will be retested once a month (or at each random) for as long as he or she participates in extracurricular activities for the remainder of their school career at the students' expense. An initial positive will result in a 30-day suspension/counseling period. A second positive test will result in a semester suspension/counseling period.

**ATHLETIC TRAINING ROOM INFORMATION**

**WHAT IS AN ATHLETIC TRAINER?**

*Recognized by the American Medical Association as an Allied Health Profession, the Licensed/Certified Athletic Trainer is a well-trained professional and an integral part of a complete athletic program. The role of the Licensed/Certified Athletic Trainer includes prevention, treatment and rehabilitation of athletic injuries as well as education and counseling of athletes. A Licensed/Certified Athletic Trainer has a thorough knowledge of anatomy, physiology, nutrition, conditioning, and other related areas. The Greenville Independent School District employs one full-time, licensed/certified athletic trainer to assist you in facilitating the most appropriate care for your child. Feel free to contact me if you have any questions regarding your child's injury.*

**STAFF ATHLETIC TRAINERS-** Karly Calender BS, M.ED, LAT/ Head Athletic Trainer/ (903)453-3657/ calenderk@greenvilleisd.com