

## **PART I: CODE OF CONDUCT FOR PARTICIPATING IN INTERSCHOLASTIC SPORTS/CHEERLEADING**

1. **Standards Relating to Alcohol and Other Substance:** No student may use, possess, sell, or distribute alcoholic substances or other substances including but not limited to inhalants, marijuana, tobacco (including snuff and chewing tobacco), steroids, cocaine, LSD, PCP, amphetamines, heroin, look-alikes and any of those drugs commonly referred to as “designer drugs.” The inappropriate use of prescription and over-the-counter drugs shall also be prohibited.

2. **Violation:** When a coach or any school employee hears of an alleged violation or has reason to believe that there is a violation of this Code of Conduct, he/she will immediately forward all related information to the High School Principal and the Director of Athletics. The High School Principal will conduct an investigation to ascertain the facts and then determine the appropriate disciplinary action and other appropriate steps (if needed).

3. **Penalty:** A.) Once an investigation by the High School Principal is completed, if the evidence confirms a violation, the athlete will be suspended for twenty-five percent (25%) of the contests for that season (scrimmages are not considered contests) for a first time offense, during which time the athlete must attend all practices and games or matches. If a violation occurs near the end of a sporting season, the suspension will carry over into the next sporting season the athlete chooses to participate in unless the team advances far enough into sectional play to fulfill the suspension. For example: If an athlete is to miss 5 contests and the remainder of the season has only 3 games, the athlete would then serve 10% of the games suspension in the next sport he/she participates in.

Baseball.....Max. Schedule 24 games - Suspension 6 games  
Softball.....Max. Schedule 24 games - Suspension 6 games  
Track.....Max. Schedule 18 contests - Suspension 4 ½ contests

B.) **Second Offense:** A student committing a second violation within his/her **athletic career** (7-12 Grade) will be suspended for the remainder of the season. An offense occurring after the first contest will carry over into the next season the athlete chooses to participate in. In this situation the athlete will be suspended in the next season for what ever percentage of games had already been completed in the season the infraction occurred. For example: if a student is suspended after the 5<sup>th</sup> game of a 20 game season he/she will serve a 25% of the contests suspension in the next sport he/she chooses to participate in.

C.) **Third Offense:** A student committing a third violation within his/her athletic career will be suspended for ***one year from the date of the infraction.***

4. **Citizenship Standards:** Students conduct will be tracked as part of the extra curricular eligibility policy.

5. **Team Standards:** Each individual coach will have their own rules in regards to acceptable conduct during the school day, being on time, behavior during practices & contests, respect for officials... Infractions of these rules can result in a suspension at the coach’s discretion.

6. **Attendance:** A student **must** be present **at least ½ of the school day, excluding lunch**, in order to practice or participate in athletic contests.

7. **Academic Eligibility:** Students must remain eligible under the terms of the schools extra curricular eligibility policy.

### **Quitting Sports Teams**

A. **Quitting:** Any student quitting a sports team after the first game will not be permitted to participate in any other interscholastic sport during the sport’s season unless approved by both coaches.

B. **Dismissal:** Any student dismissed from a team for disciplinary reasons will not be allowed to join another interscholastic sports team during the sport’s season.

### **Appeals**

- A. Appeals concerning disciplinary action must be made first to the student’s coach.
- B. The second appeals stage is to the administration.
- C. The third appeals stage is to the Board of Education
- D. The fourth appeals stage is to the Commissioner of Education, New York State Education Department.

## **PART II: PARENTAL APPROVAL FOR INTERSCHOLASTIC SPORTS/CHEERLEADING**

Dear Parent or Guardian:

Your child has expressed a desire to participate in our interscholastic athletic program. It is important that you and your child understand the goals of the program and agree to abide by the rules established by the district for the benefit of those who participate both as players and students.

- 1. Interscholastic athletics are a part of a broad extracurricular program designed to teach students certain skills and reinforce concepts of self worth, cooperative effort (teamwork) and ethical decision making (sportsmanship).
- 2. All Participants must receive a physical examination by a school physician prior to the start of practice. We will make these arrangements on a team basis and your child will be notified when and where this will be administered. Please consult your physician regarding your child’s protection against tetanus. If there are any questions about your child’s eligibility for physical reasons, it will be discussed with you.
- 3. While the coaching staff and other school officials will do everything within reason to protect your child against injury, including the provision for appropriate equipment, safe facilities and training designed to reduce the impact of accidents, injuries will occur and on very rare occasions an injury may be disabling or fatal. If you are concerned about this possibility, you should discuss it with your child’s coach.

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4. Payment for the medical treatment of sport related injuries is the responsibility of the parent/guardian or the parents'/guardians' health insurance. Athletic insurance information is available from the school nurse.
5. Within the first three team meetings the coach will explain attendance and training rules as well as eligibility rules for participation. In addition to the strict observance of these rules, your child will be expected to continue to meet all regular school obligations of citizenship and academic eligibility policy.
6. Not all students who wish to participate in interscholastic athletics may be able to do so. The size of a team is necessarily limited by the availability of supplies, equipment and coaching staff. Cuts will be made, when necessary, on the basis of skills development, readiness for competition and observance of rules.
7. School equipment issued to your child for participation is his/her responsibility and must be returned promptly upon request. Reimbursement from the student will be expected for loss or destruction beyond ordinary wear and tear.
8. Student athletes must ride the team bus to and from away athletic contests. Student athletes may receive permission from their coaches to return home with their parent/guardian. Student athletes will be released to their **parents/guardians only**.

We hope that your child will have a successful and rewarding athletic experience. Support and encouragement of your child will contribute to that success.

## **Parental Guidelines**

1. Please be good spectators - encourage and support our teams and athletes - do not berate game officials.
2. Parents are discouraged from approaching coaches at half times or immediately after contest conclude. If a meeting with a coach is desired - it will gladly be scheduled through the athletic director's office (854-3592).
3. Parents are asked to please be prompt in picking your child up after practices and contests (especially the away contests).
4. Parents wishing to take their child home with them from an away contest must make personal contact with the coach to let him/her know. Parents may only transport their own children.

# SALEM

## Generals

# ATHLETICS

**PART I:** CODE OF CONDUCT FOR  
INTERSCHOLASTIC SPORTS/CHEERLEADING

**PART II:** PARENTAL APPROVAL FOR  
INTERSCHOLASTIC SPORTS/CHEERLEADING

**PART III:** EMERGENCY MEDICAL CARD

**Return this insert to your coach in a timely manner.**

Students will NOT be permitted to participate until these forms are returned

**EMERGENCY MEDICAL CARD**

TO WHOM IT MAY CONCERN:

I hereby give permission for my child, \_\_\_\_\_

Student Athlete's Name

to receive whatever medical attention (x rays, treatment, surgery, etc.) that the hospital and the doctors deem necessary for any injury experienced while this student is participating in activities sponsored by the Salem Central School, Salem, New York.

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

Date: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Phone: (\_\_\_\_) \_\_\_\_\_

## **PARENTAL APPROVAL FOR INTERSCHOLASTIC SPORTS & CHEERLEADING**

I have read the information in the athletic brochure and understand both the risk of injury to, and the responsibilities of my child while participating in the interscholastic athletic program.

I give my permission for my child, \_\_\_\_\_ to participate in  
Student Athlete's Name

Level: Modified, JV, Varsity \_\_\_\_\_  
Sport

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

## **CODE OF CONDUCT FOR ATHLETICS/CHEERLEADING**

### **PARENT/GUARDIAN'S AGREEMENT**

I have read the Code of Conduct for athletes and I am willing to have

\_\_\_\_\_ participate in  
Student's Name

Level: (Modified, JV, Varsity) \_\_\_\_\_  
Sport

under this code.

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

\_\_\_\_\_  
Date

### **STUDENT ATHLETE'S AGREEMENT**

I have read the code of conduct and am willing to follow it.

\_\_\_\_\_  
Student Athlete's Signature

\_\_\_\_\_  
Date

# Student Health Information Update

\_\_\_\_\_ Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

***Health Problems:*** Please circle yes or no related to the items below. For each "yes" response provide specific information.

Allergies: \_\_\_\_\_  
NO YES \_\_\_\_\_  
\_\_\_\_\_

Dental/Orthodontia: \_\_\_\_\_  
NO YES \_\_\_\_\_  
\_\_\_\_\_

Headaches/Migraine: \_\_\_\_\_  
NO YES \_\_\_\_\_  
\_\_\_\_\_

Glasses/Vision: \_\_\_\_\_  
NO YES \_\_\_\_\_  
\_\_\_\_\_

Illness/Surgery: \_\_\_\_\_  
NO YES \_\_\_\_\_  
\_\_\_\_\_

Any other significant health problems or concerns: \_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_

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