

Mandan Public Schools Activities Department

"Home of the Braves"

905 8th Avenue NW, Mandan, ND 58554 ~ Telephone: 751-6577, Fax: 751-6676

Lorell Jungling, Activities Director

TO: Participants, Parents and/or Guardians
Mandan Public School Activities Program

FROM: Lorell Jungling, Activities Director

DATE: **2014-15 School Year**

RE: Responsibilities and Obligations

The Mandan Public School District is pleased to provide a co/extra-curricular activities program for youth in the Mandan community. These school sponsored activities, however, require responsibilities and obligations relating to various rules and regulations set forth by the Mandan Public School District and/or the North Dakota High School Activities Association. Following are some of the more pertinent responsibilities and obligations:

ACADEMIC ELIGIBILITY

SENIOR HIGH: As established by the North Dakota High School Activities Association, participants must have earned credits in four academic subjects in the previous semester. Credits cannot be earned during summer school. Passing grades must be maintained in at least four academic subjects during the present semester.

MIDDLE SCHOOL: All students must pass all subjects in order to participate in school activities that involve other schools regardless of the team/group that the student is a member, i.e.; 7th, 8th or high school team/group.

SCHOOL ATTENDANCE

Generally, a student must be in school on the day of an activity in order to participate in that activity. Exceptions for unusual circumstances may be made by the principal.

TOBACCO, ALCOHOL, CONTROLLED SUBSTANCES

The use and/or possession of tobacco, alcohol or any controlled substances, as defined by North Dakota law, are prohibited. Any co/extra-curricular participant shall be subject to the rules, regulations, and policies of the Mandan Public School District and/or the North Dakota High School Activities Association. This includes suspension from participation (games, contests, performances, etc.) in all co/extra-curricular activities as stated within those rules, regulations, and policies.

NOTE: Mandan Public Schools implemented a new substance abuse policy effective May 28, 2012, which includes "summer violations" and "mere presence" standards. The new policy can be viewed at: www.mandan.k12.nd.us/schoolboard/policies/index.php?policy=J (under JCDA-R) or in the Mandan High School student handbook.

Student-athletes who commit an in-season violation of the NDHSAA drug-alcohol/tobacco rule will not be eligible to receive a letter in that sport. The term "in-season" will be defined as the first eligible practice date through the completion of the season up to and including the date of the team banquet.

PARTICIPATION FEES

Students in grades 7-12 who participate on a senior high athletic team will be assessed the senior high fee. Those students in grades 7 and 8 who participate on a middle school athletic team will be assessed the middle school fee. Fees are also charged for many other senior high activities.

It will be the family's responsibility to show proof of the individual student maximums of \$50 for middle school, \$100 for senior high, and the family maximum of \$200. Fees collected for athletic activities do not count towards fine arts, CTSO's, or clubs/organizations dues and fees.

(Over)

PHYSICALS

Athletic physicals are required on a yearly basis. This physical must be administered **on or after April 15th** to be valid for the current school year. The NDHSAA Athletic Physical Clearance Form must be on file in the Activities Office prior to participating in an athletic activity.

ACKNOWLEDGEMENT OF RISK AND WARNING

As with any activity, there are risks involved with participating in sports. The Mandan Public School District wants to make all parents/guardians and athletes aware of these risks by viewing the film "**Know the Risks**". All parents/guardians and athletes are required to view this film.

*We acknowledge that we have been fully advised, cautioned, and warned by the proper administrative and coaching personnel of the Mandan Public School District that our / my child may suffer serious injury including, but not limited to, sprains, fractures, brain damage, paralysis, or even death by participating in sports. We have viewed the film entitled "**Know the Risks**" and understand the message it conveys. Notwithstanding such warnings, and with full knowledge and understanding of the risk of serious injury that may occur while participating in sports, we / I give our consent to participate in sports.*

INJURY / MEDICAL INSURANCE

The Mandan Public School District does not subscribe to an injury/medical benefit plan. Hence, each individual participating and his/her parents or guardians must assume any medical costs. Injury claims (medical, hospital and dental services) should be submitted to the participant's family insurance company.

The North Dakota High School Activities Association has purchased Catastrophic Injury Insurance coverage for all students in grades 7-12 who participate in any NDHSAA-sponsored activity. This coverage is being provided to member schools at no cost to the local school district.

EMERGENCY MEDICAL RELEASE

We do hereby grant permission to the attending physical and/or emergency medical personnel to execute any and all necessary and indicated medical and/or first aid procedures on the below named athlete/participant in case of an emergency. I/we understand that there will be an effort to contact me / us before any procedures are carried out, if possible. However, I/we understand that there may be a situation in which emergency care must be undertaken immediately by the attending physician and/or emergency medical personnel. I/we hereby give consent to the above mention persons to carry out such procedures as indicated.

Your signatures below indicate that your student is governed by all rules, regulations, and policies of the Mandan Public School District and/or the North Dakota High School Activities Association pertaining to co/extra-curricular activities including those addressing the usage and/or possession of tobacco, alcohol, or any controlled substance.

If there are questions, please feel free to call the Activities Office (751-6577).

Parent or Guardian (Please Print)		Student' Name (Please Print)
Parent/Guardian Signature	Date	Student's Signature
Address		Grade
City,State,Zip	Medical Insurance Company	Activity
Home Phone #	Policy Number	E-Mail Address

Cell Phone #
Phone Numbers

Are there any medical concerns coaches/advisors should be made aware of? (please attach sheet if necessary)