The South Dakota High School Activities Association (SDHSAA) mandates that each student participating in athletics at St. Thomas More HS and St. Thomas More MS has a current physical exam and related paperwork on file at the school. To be considered current, the physical exam must be renewed yearly, dated after April 1st, and performed by and signed by a duly licensed Doctor of Medicine, Doctor of Osteopathy, Doctor of Chiropractic, Physicians Assistant or Nurse Practitioner.

In order to be eligible to participate in a sport, the school must have a current physical exam and related paperwork on file prior to the first allowed practice. Athletes will only be invited to practice and compete once all required paperwork is on file.

Please print out, complete, and submit pages 1-11 to the STM HS Office, Attention: Carol Cooper.
<table>
<thead>
<tr>
<th>Athletic Activity</th>
<th>Observation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stand facing examiner</td>
<td>General habitus; acromioclavicular joints</td>
</tr>
<tr>
<td>Look at ceiling, floor, over both shoulders;</td>
<td>Cervical spine motion touch ears to shoulders</td>
</tr>
<tr>
<td>Shrug shoulders (examiner resists)</td>
<td>Trapezius strength</td>
</tr>
<tr>
<td>Abduct shoulder 90 degrees</td>
<td>Deltoid strength (examiner resists at 90 degrees)</td>
</tr>
<tr>
<td>Full external rotation of arms</td>
<td>Shoulder motion</td>
</tr>
<tr>
<td>Flex and extend elbows</td>
<td>Elbow motion</td>
</tr>
<tr>
<td>Arms at sides, elbow 90 degrees flexed,</td>
<td>Elbow and wrist motion pronate and supinate wrists</td>
</tr>
<tr>
<td>Spread fingers; make fist</td>
<td>Hand or finger motion and deformities</td>
</tr>
<tr>
<td>Tighten (contract) quadriceps; relax quadriceps</td>
<td>Symmetry and knee effusions; ankle effusion</td>
</tr>
<tr>
<td>“Duck walk” four steps (away from the examiner with buttocks on heels)</td>
<td>Hip, knee, and ankle motion</td>
</tr>
<tr>
<td>Back to examiner; knees straight, touch toes</td>
<td>Shoulder symmetry; scoliosis, hip motion, hamstring tightness</td>
</tr>
<tr>
<td>Raise up on toes, raise heels</td>
<td>Calf symmetry, leg strength</td>
</tr>
</tbody>
</table>

May require reflex hammer, tape measure, pin, and examination table.
South Dakota High School Activities

PHYSICAL EXAMINATION
ITEMS TO BE EVALUATED

Station 1 – Individual History
   All “Yes” items in the history are reviewed in detail to determine if they constitute a risk to participation by the athlete, or need additional evaluation.

Station 2 – Blood Pressure
   Right arm, sitting. Values needing recheck and possible further evaluation are:
   Under 11 years 130 \ 75
   12 years and older 140 \ 85

Station 3 – Vision
   Uncorrected vision less that 20 \ 200, corrected vision less than 20 \ 40 requires further evaluation.

Station 4 – Skin, Mouth, Eyes, Ears
   Pustular acne, herpes or other infections, athlete’s foot; dental prostheses, severe caries, pupil inequality, contacts; ear drainage, malformation.

Station 5 – Chest
   Review of cardiac-related history. Heart enlargement, pulse discrepancy, murmurs, abnormal rhythm, forces expiratory maneuver, evidence of latent bronchospasm.

Station 6 – Lymphatics, Abdomen, Genitalia
   Cervical or axillary adenopathy, organomegaly, absence of testicles, hernis, and tanner maturation index.

Station 7 – Orthopedic
   Asymmetry, Scoliosis, swelling or deformity, decreased range of motion or strength.

Station 8 – Review
   Check all categories that apply.
   
   _____All Sports (collision, contact \ endurance, other)
   _____Contact \ Endurance Sports only due to______________________________
   _____Other Sports only due to______________________________
   _____Sports Participation Not Recommended, due to______________________________
   _____Approval Withheld Pending evaluation for______________________________

Definitions:
Collision = Football & Wrestling
Contact \ Endurance = Basketball, Cross Country, Gymnastics, Soccer, Tennis, Track & Field
Volleyball, Cheer, Dance
Other Sports = Golf
SOUTH DAKOTA HIGH SCHOOL

ACTIVITIES ASSOCIATION

PHYSICAL EXAMINATION FORM

NAME ______________________________GRADE _____________DATE OF BIRTH _______________________

CHECK ONE: _____ MALE _____ FEMALE (2013-14 School Year)

<table>
<thead>
<tr>
<th>Check</th>
<th>Description</th>
<th>Normal</th>
<th>Abnormal</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Blood pressure (sitting)</td>
<td>_______ / _______</td>
<td>Repeat in 5 minutes, if elevated /</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Height _________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Weight _________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Vision 20/ ______ (L) 20/ ______ (R)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Head</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Mouth (dentures, braces?)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Eyes (contacts?)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Chest/lung</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Heart</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Heart sounds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Murmurs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>Pulse dscrg[amcu (rad. vs fem )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>Rhythm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Abdomen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Liver or spleen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Masses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Genitalia (males only)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Hernias</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Testes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Orthopedic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Cervical spine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Shoulder shrug</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>Deltoid</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>Arms/elbow</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e.</td>
<td>Hands</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f.</td>
<td>Hips</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g.</td>
<td>Knees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h.</td>
<td>Ankles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i.</td>
<td>Scoliosis</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SPORTS PARTICIPATION RECOMMENDED FOR:

_____ Cleared for ALL (collision, contact/endurance sports, and other sports)
_____ Cleared only for contact/endurance sports and other sports
_____ Cleared only for other sports

Definition: [Collision=Football and Wrestling];
[Contact/Endurance Sports=Basketball, Cross Country, Gymnastics, Soccer, Tennis, Track,
Volleyball, Competitive Cheer and Competitive Dance];
[Other Sports=Golf]

_____ Cleared for ALL, but with recommendations for further evaluation or treatment for __________
_____ Above clearance to be granted only after __________
_____ Clearance cannot be given at this time because __________

NAME OF EXAMINER (PRINT) ___________________________________________ DATE , 20_______

SIGNATURE OF EXAMINER _____________________________________________

NOTE: The following licensed medical personnel are qualified to perform the examination and certify the health of the student athlete:
Doctor of Medicine, Doctor of Osteopathy, Doctor of Chiropractic, licensed Physician Assistant and licensed Nurse Practitioner.
Preparticipation Physical Evaluation

History Form

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam ____________________________ Date of birth ____________________________

Name ____________________________ Sex _______ Age _______ Grade _______ School _______

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.

Do you have any allergies? □ Yes □ No If yes, please identify specific allergy below:
□ Medicines □ Pollens □ Food □ Other □ Stinging Insects

Explain “Yes” answers below. Circle questions you don’t know the answers to.

GENERAL QUESTIONS

1. Has a doctor ever denied or restricted your participation in sports for any reason?
2. Do you have any ongoing medical conditions? If so, please identify below: □ Asthma □ Allergy □ Diabetes □ Infections □ Other:
3. Have you ever spent the night in the hospital?
4. Have you ever had surgery?

HEART HEALTH QUESTIONS ABOUT YOU

5. Have you ever passed out or nearly passed out DURING or AFTER exercise?
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?
7. Does your heart ever race or skip beats (irregular beats) during exercise?
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:
□ High blood pressure □ A heart murmur □ High cholesterol □ A heart infection □ Kawasaki disease □ Other:
9. Has a doctor ever ordered a test for your heart? (Example: EKG, ECHO, echocardiogram)
10. Do you get lightheaded or feel more short of breath than expected during exercise?
11. Have you ever had an unexplained seizure?
12. Do you get more tired or breath more heavily than your friends during exercise?

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY

13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 30 (including drowning, unexplained car accident, or sudden infant death syndrome)?
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, artherosclerotic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or cleft palate or cleft lip?
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?

BONE AND JOINT QUESTIONS

17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?
18. Have you ever had any broken or fractured bones or dislocated joints?
19. Have you ever had an injury that required x-ray, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?
20. Have you ever had a stress fracture?
21. Have you ever been told by a doctor that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)
22. Do you regularly use a brace, orthotics, or other assistive device?
23. Do you have a bone, muscle, or joint injury that bothers you?
24. Do any of your joints become painful, swollen, tender, or red?
25. Do you have any history of juvenile arthritis or connective tissue disease?

MEDICAL QUESTIONS

26. Do you cough, wheeze, or have difficulty breathing during or after exercise?
27. Have you ever used an inhaler or taken asthma medicine?
28. Is there anyone in your family who has asthma?
29. Were you born without or are you missing a kidney, an eye, a testicle (male), your spleen, or any other organ?
30. Do you have groin pain or a painful bulge or hernia in the groin area?
31. Have you had infectious mononucleosis (mono) within the last month?
32. Do you have any rashes, pressure sores, or other skin problems?
33. Have you had a herpes or MRSA skin infection?
34. Have you ever had a head injury or concussion?
35. Have you ever had a hit to the head that caused confusion, prolonged headache, or memory problems?
36. Do you have a history of seizure disorder?
37. Do you have headaches with exercise?
38. Do you have headaches with exercise?
39. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?
40. Have you ever been unable to move your arms or legs after being hit or falling?
41. Have you ever become ill while exercising in the heat?
42. Do you get frequent muscle cramps when exercising?
43. Do you or someone in your family have sickle cell trait or disease?
44. Have you had any problems with your eyes or vision?
45. Have you had any eye injuries?
46. Do you wear glasses or contact lenses?
47. Do you wear protective eyewear, such as goggles or a face shield?
48. Do you worry about your weight?
49. Are you trying to lose weight?
50. Are you on a special diet or do you avoid certain types of foods?
51. Have you ever had an eating disorder?
52. Do you have any concerns that you would like to discuss with a doctor?

FEMALES ONLY

53. Have you ever had a menstrual period?
54. How old were you when you had your first menstrual period?
55. How many periods have you had in the last 12 months?

Explain “yes” answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete ____________________________ Signature of parent/guardian ____________________________ Date ____________________________

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Revised 07-13
MEDICAL CONSENT
This medical consent is to allow your son or daughter to receive medical treatment for injuries suffered during activity competition while representing St. Thomas More High School and St. Elizabeth Seton Middle School.

Name of Son(s)__________________________  Name of Daughter(s)__________________________
______________________________________  ______________________________________
______________________________________  ______________________________________

Please list any allergies for your son or daughter:________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I hereby give my permission for my son or daughter to receive medical treatment if the doctor or nurse deems it necessary.
_________________________________________  ________________________________
Signature of Parent \ Guardian  Date

PROOF OF INSURANCE
Name of Family_____________________________  Telephone____________________________
Address________________________City________________State_________Zip________

Name of Insurance Company______________________________________________________

Address of Insurance Company____________________________________________________

Policy Number_____________________________  ______________________________________

Are all family members covered by this insurance?  Yes \ No (please circle) ______________

PERMISSION TO TRAVEL
I, the undersigned parent or guardian, do hereby grant permission of my son \ daughter,____________________
to travel to all school activities during the current school year.

I hereby release and discharge St. Thomas More High School, St. Elizabeth Seton Middle School, and the Catholic Diocese of Rapid City, including the superintendent, principals, athletic director, coaches, and teachers, together with the sponsors, drivers, and organizers of this trip, from any liability in connection with the participation of my child on this trip.

The undersigned further represents that he \ she on behalf of himself \ herself, his \ her child, his \ her heirs assume all risks in connection with said travel and event.

My child and I have read and understand the above Permission to Travel Release.

____________________________________  ________________________________
Signature of Parent \ Guardian if participant is under 18  Date

____________________________________  ________________________________
Participant Signature  Date
SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION

ANNUAL PARENT OR GUARDIAN PERMIT

I hereby give my consent for __________________________ Grade__________

Name (Please Print)

who was born at __________________________________________on ________________

City, Town, County, State Date of Birth

To compete in SDHAA approved athletics for ____STM____ during the _______school year.

Name of High School

I \ We give our permission for our son \ daughter to participate in organized high school athletics, realizing that such activity involves the potential for injury, which is inherent in all sports.

Signed___________________________________________Date_____________________

Parent or Legal Guardian

THIS FORM MUST BE COMPLETED ANNUALLY AND MUST BE AVAILABLE FOR INSPECTION AT THE SCHOOL

INITIAL PRE-PARTICIPATION HISTORY

SEE PAGE 5 FOR HEALTH HISTORY QUESTIONS
MUST BE FILLED OUT BEFORE PHYSICAL EXAM
SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION
ANNUAL PARENT AND STUDENT CONSENT FORM

School Year: ______________ Name of High School: ___________________________________

Name of Student: _________________________________________________________________

Date of Birth: ______________________________ Place of Birth: _______________________

The Parent(s) and Student hereby:

1. Understand and agree that participation in SDHSAA sponsored activities is voluntary on the part of the student and is considered a privilege.

2. Understand and agree that (a) by this Consent Form the SDHSAA has provided notification to the parent(s) and student of the existence of potential dangers associated with athletic participation; (b) participation in any athletic activity may involve injury of some type; (c) the severity of such injury can range from minor cuts, bruises, sprains and muscle strains or more serious injuries to the body’s bones, joints ligaments, tendons, or muscles, to catastrophic injuries to the head, neck and spinal cord, and on rare occasions, injuries so severe as to result in total disability, paralysis and death; and (d) even with the best coaching, use of the best protective equipment and strict observance of rules, injuries are still a possibility.

3. Consent and agree to participation of the student in SDHSAA activities subject to all SDHSAA bylaws and rules interpretations for participation in SDHSAA sponsored activities, and the activities rules of the SDHSAA member school for which the student is participating; and

4. Consent and agree that personally identifiable directory information may be disclosed about the student as a result of his/her participation in SDHSAA sponsored activities. Such directory information may include, but is not limited to, the student’s photograph, name, grade level, height, weight, and participation in officially recognized activities and sports. If I do not wish to have any or all such information disclosed, I must notify the above mentioned high school, in writing of our refusal to allow disclosure of any or all such information prior to the student’s participation in sponsored activities.

I acknowledge that I have read paragraphs (1) through (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participating in activities.

DATED this ____________ day of _______________________, 20____

______________________________________
Name of Student (Print Name) Student Signature

I am the student’s parent/guardian. I acknowledge that I have read paragraphs (1) through (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities. I hereby give my permission for __________________________ (student’s name) to participate and compete for the above named high school in activities approved by the SDHSAA.

Dated this ____________ day of _______________________, 20____

______________________________________
Parent/Guardian Signature

THIS FORM MUST BE COMPLETED ANNUALLY AND MUST BE AVAILABLE FOR INSPECTION AT THE HIGH SCHOOL
CONSENT FOR RELEASE OF MEDICAL INFORMATION FORM (HIPAA)

Student Name_________________________________ Date of Birth__________________

1. I authorize the use or disclosure of the above named individual’s health information including the Initial and Interim Pre-Participation History and Physical Exam information pertaining to a student’s ability to participate in South Dakota High School Activities Association sponsored activities. Such disclosure may be made by any Health Care Provider generating or maintaining such information.

2. The information identified above may be used by or disclosed to the school nurse, athletic trainer, coaches, medical providers, and other school personnel involved in the care of this student.

3. This information for which I am authorizing disclosure will be used for the purpose of determining the student’s eligibility to participate in extracurricular activities, any limitations on such participation and any treatment needs of the student.

4. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke authorization, I must do so in writing and present my written revocation to the school administration. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.

5. This authorization will expire on June 30th of the current school year.

6. I understand that once the above information is disclosed, it may be redisclosed by the recipient and the information may not be protected by federal privacy laws or regulations.

7. I understand authorizing the use or disclosure of the information identified above is voluntary. However, a student’s eligibility to participate in extracurricular activities depends on such authorization. I need not sign this form to ensure healthcare treatment.

__________________________________________  _________________________
Signature of Parent \ Guardian                          Date

This form must be completed annually and must be available for inspection at the school!
A FACT SHEET ABOUT CONCUSSIONS

What is a concussion?
A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

What are the signs and symptoms?
You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If you see one or more symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

<table>
<thead>
<tr>
<th>Signs Observed by Parents or Guardians</th>
<th>Symptoms Reported by Athlete</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Appears dazed or stunned</td>
<td>• Headache or “pressure” in head</td>
</tr>
<tr>
<td>• Is confused about assignment or position</td>
<td>• Nausea or vomiting</td>
</tr>
<tr>
<td>• Forgets an instruction</td>
<td>• Balance problems or dizziness</td>
</tr>
<tr>
<td>• Is unsure of game, score, or opponent</td>
<td>• Double or blurry vision</td>
</tr>
<tr>
<td>• Moves clumsily</td>
<td>• Sensitivity to light or noise</td>
</tr>
<tr>
<td>• Answers questions slowly</td>
<td>• Feeling sluggish, hazy, foggy, or groggy</td>
</tr>
<tr>
<td>• Loses consciousness (even briefly)</td>
<td>• Concentration or memory problems</td>
</tr>
<tr>
<td>• Shows mood, behavior, or personality changes</td>
<td>• Confusion</td>
</tr>
<tr>
<td>• Can’t recall events prior to hit or fall</td>
<td>• Just not “feeling right” or is “feeling down”</td>
</tr>
</tbody>
</table>

How can you help prevent a concussion?
Every sport is different, but there are steps student/athletes can take to protect themselves from concussion and other injuries.
• Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
• Ensure that they follow their coaches' rules for safety and the rules of the sport.
• Encourage them to practice good sportsmanship at all times.

What should you do if you think someone has a concussion?
1. Keep the student/athlete out of play. If the student/athlete has a concussion, her/his brain needs time to heal. Don’t let them return to play the day of the injury and until a health care professional, experienced in evaluating for concussions, says the student/athlete is symptom-free and it’s OK to return to play. A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.
2. Seek medical attention right away. A health care professional experienced in evaluating for concussions will be able to decide how serious the concussion is and when it is safe for the student/athlete to return to sports.
3. Teach the student/athlete that it’s not smart to play with a concussion. Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don’t let the athlete convince you that she/he’s “just fine.”
4. Tell all of the coaches and the athlete’s teachers about ANY concussion. Coaches, school nurses, and other school staff should know if a student/athlete has ever had a concussion. The athlete may need to limit activities while she/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as the athlete’s coaches, school nurse, and teachers. If needed, they can help adjust the athlete’s school activities during her/his recovery.

If you think a student/athlete has a concussion: Don’t assess it yourself. Take him/her out of play. Seek the advice of a health care professional.

It’s better to miss one game than the whole season.
For more information and to order additional materials free-of-charge, visit: www.cdc.gov/Concussion

________________________________________  ______________________________________
Signature of Parent (Guardian)                 Signature of Student/Athlete
Prior to signing below, please read the following pages on our Drug and Alcohol Policy, our Rules and Regulations, and our Code of Conduct. Please also have your student read the same pages.

- We have read and agree to abide by the RCCSS Drug and Alcohol Policy. (Appendix A)
- We have read and agree to abide by the Rapid City Catholic School System Activities Rules and Regulations for participation in school activities. (Appendix B)
- We have read and agree to abide by the statement concerning the use of Public Websites in Appendix B.
- We have read and agree to abide by the RCCSS Code of Conduct. (Appendix C)
- We have read and agree to abide by the RCCSS Policy for Inappropriate Behavior. (Appendix D)

Please Circle Below All Activities You Plan to Participate In:

### HIGH SCHOOL ACTIVITIES

<table>
<thead>
<tr>
<th>FALL</th>
<th>WINTER</th>
<th>SPRING</th>
<th>FINE ARTS/CLUBS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Football</td>
<td>Boys Basketball</td>
<td>Track &amp; Field</td>
<td>Orchestra</td>
</tr>
<tr>
<td>Volleyball</td>
<td>Girls Basketball</td>
<td>Girls Golf</td>
<td>Band</td>
</tr>
<tr>
<td>Cross Country</td>
<td>Wrestling</td>
<td>Boys Tennis</td>
<td>Jazz Band</td>
</tr>
<tr>
<td>Girls Tennis</td>
<td>Cheer</td>
<td>Baseball</td>
<td>Choir</td>
</tr>
<tr>
<td>Soccer</td>
<td>Dance</td>
<td></td>
<td>Jazz Choir</td>
</tr>
<tr>
<td>Boys Golf</td>
<td></td>
<td></td>
<td>Debate</td>
</tr>
<tr>
<td>Competitive Cheer</td>
<td></td>
<td></td>
<td>Oral Interp</td>
</tr>
<tr>
<td>Competitive Dance</td>
<td></td>
<td></td>
<td>Knowledge Bowl</td>
</tr>
</tbody>
</table>

### MIDDLE SCHOOL ACTIVITIES

<table>
<thead>
<tr>
<th>FALL</th>
<th>WINTER</th>
<th>SPRING</th>
</tr>
</thead>
<tbody>
<tr>
<td>7th-8th Football</td>
<td>7th-8th Boys BB</td>
<td>7th-8th Track &amp; Field</td>
</tr>
<tr>
<td>7th-8th Volleyball</td>
<td>7th-8th Girls BB</td>
<td>(6th Track if #’s permit)</td>
</tr>
<tr>
<td>6th-8th Cross Cty</td>
<td>6th-8th Wrestling</td>
<td>7th-8th Boys Tennis</td>
</tr>
<tr>
<td>7th-8th Girls Tennis</td>
<td></td>
<td>7th-8th Boys Tennis</td>
</tr>
</tbody>
</table>

7th and 8th grade boys and girls may play on the high school teams of all sports if their ability so dictates. Some sports are more conducive to 7th and 8th grade athletes playing than other sports. Experience in Tennis and Golf is a pre-requisite for Middle School athletes trying those sports. Middle School athletes wishing to try out for Dance or Cheer, should have prior gymnastics or dance experience.

7th & 8th grade boys and girls may also be moved up to a high school team based on the number participating at the high school and also based on the ability of the middle school athlete.

Also, cross country and wrestling are the only middle school sports open to sixth graders, unless more players are needed to fill the other sports’ 7th and 8th grade teams. Track numbers will dictate the need for 6th grade participants.

Home Address  
City __________________________  State __________________________  Zip __________________________

Home Phone __________________________  Cell __________________________

Student Signature __________________________  Date __________________________

Parent/Guardian Signature __________________________  Date __________________________
### ALCOHOL AND DRUG POLICY ON ACTIVITIES MISSED

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>Regular Season Contests</th>
<th>Contests Missed &quot;First Offense&quot;</th>
<th>Contests Missed &quot;Second Offense&quot;</th>
<th>Contests Missed &quot;Third Offense&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comp. Cheer/Dance</td>
<td>6</td>
<td>1</td>
<td>4</td>
<td>See Note 1 Below</td>
</tr>
<tr>
<td>Winter Dance</td>
<td>6</td>
<td>1</td>
<td>4</td>
<td>See Note 1 Below</td>
</tr>
<tr>
<td>Fall Cheerleading</td>
<td>8</td>
<td>1</td>
<td>4</td>
<td>See Note 1 Below</td>
</tr>
<tr>
<td>Football</td>
<td>8</td>
<td>1</td>
<td>4</td>
<td>See Note 1 Below</td>
</tr>
<tr>
<td>Track &amp; Field</td>
<td>8</td>
<td>1</td>
<td>4</td>
<td>See Note 1 Below</td>
</tr>
<tr>
<td>Golf</td>
<td>9</td>
<td>1</td>
<td>4</td>
<td>See Note 1 Below</td>
</tr>
<tr>
<td>Cross Country</td>
<td>9</td>
<td>1</td>
<td>4</td>
<td>See Note 1 Below</td>
</tr>
<tr>
<td>Soccer</td>
<td>12</td>
<td>2</td>
<td>6</td>
<td>See Note 1 Below</td>
</tr>
<tr>
<td>Wrestling</td>
<td>14</td>
<td>2</td>
<td>6</td>
<td>See Note 1 Below</td>
</tr>
<tr>
<td>Tennis</td>
<td>15</td>
<td>2</td>
<td>6</td>
<td>See Note 1 Below</td>
</tr>
<tr>
<td>Volleyball</td>
<td>19</td>
<td>3</td>
<td>8</td>
<td>See Note 1 Below</td>
</tr>
<tr>
<td>Basketball</td>
<td>20</td>
<td>3</td>
<td>8</td>
<td>See Note 1 Below</td>
</tr>
<tr>
<td>Winter Cheerleading</td>
<td>20</td>
<td>3</td>
<td>8</td>
<td>See Note 1 Below</td>
</tr>
<tr>
<td>Baseball</td>
<td>20</td>
<td>3</td>
<td>8</td>
<td>See Note 1 Below</td>
</tr>
</tbody>
</table>

**Note 1:** A person found guilty of a third offense will be ineligible for one year from the date he/she committed the third offense.

**Note 2:** You are a Catholic School Student 24/7/365.

**Note 3:** The RCCSS Alcohol and Drug Policy is cumulative over the years you are in attendance.

**Note 4:** If the student decides to transfer because of any penalty imposed, please read the SDHSAA By-Law listed below.

**SDHSAA BY-LAW: CHAPTER 2, PART 1, SECTION 1, LETTER (d), PAGE 10**

Paragraph 2: The student who would be ineligible at their previous school may not become eligible for competition at any level by transferring.

**Note under (D)** As these are student penalties and not penalties against the school, the penalty follows the student. A change in schools does not erase the violation or the penalty for the violation.

### DRUG CONViction

Any person adjudicated, convicted, or the subject of a suspended imposition of sentence for possession, use, or distribution of controlled substances or marijuana is ineligible for one year.

See State Statues Section of the SDHSAA Handbook Page 2, under SDCL 13-22-9

Any athlete pending a court appearance for a drug related incident is suspended from further competition until the court appearance takes place and a verdict is rendered.

Any STM sport may enforce a penalty greater than those in this policy based on the circumstances of each incident.

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Appendix A
RAPID CITY CATHOLIC SCHOOL SYSTEM
ACTIVITIES RULES AND REGULATIONS

For student participation in co-curricular activities that involve the Rapid City Catholic School System, rules and regulations approved by the RCCSS must be observed. The RCCSS Activities governed by these rules and regulations include, but are not limited to: football, volleyball, cross country, girls tennis, boys golf, boys soccer, girls soccer, competitive cheer, competitive dance, boys basketball, girls basketball, wrestling, school cheer, school dance, track & field, boys tennis, girls golf, debate, oral interpretation, knowledge bowl, chess club, band, choir, orchestra, jazz band, drama and student council.

The RCCSS student reflects Christian ideals, attitudes, and values in his/her life; he/she is a person of integrity; he/she stands for that which is right. The RCCSS student treats faculty, staff, community members, officials and opponents with respect and courtesy; he/she demonstrates fairness in victory or defeat.

The following are mandatory SDHSAA requirements for activity participation:
1. The student must not have reached his/her twentieth birthday.
2. The student must not have attended more than four first semesters and four second semesters of school in grades 9 through 12.
3. The student must not be a member of an independent or non-high school team, nor participate independently in a sport during the high school season in that same sport.
4. The student must pass a physical exam and bring the completed exam and pre-history form to the STM/SES Offices.
5. The student must have insurance coverage through a family policy. Verification of coverage must be on file in the STM/SES Offices.

The following are additional RCCSS requirements:
1. The student is a Catholic School Student 24/7/365.
2. The student must be presently enrolled at STM or SES and meet the RCCSS Eligibility guidelines, which are more stringent than the minimum State requirements.
3. The student must take care of school equipment and uniforms as well as be financially responsible for equipment and uniforms lost or damaged.
4. Before any activity absence, the student must have the RCCSS Pre-Plan Absence Form signed by each teacher and on file with the coach, advisor, or sponsor.
5. The student must be in attendance the day of an activity unless a serious illness or emergency situation can be documented. A meeting with the principal, activities director, and coach, advisor, or sponsor will result from a violation and a consequence will be determined.
6. The student must attend every activity practice and actively participate unless previous arrangements have been made with the coach, advisor, or sponsor.
7. Only the student/athletes should discuss their playing time with the Head Coach. Playing time issues between parents and coaches is not to be discussed at any time. Also, if parents request a meeting with the Head Coach, only items about their own son/daughter should be discussed, not the actions of someone else's son or daughter.
8. There should be no discussions between parents and coaches immediately after a contest. The parents must wait 24 hours before discussing any items with the Head Coach.

Appendix B
9 The student must be transported to the activity in the method provided by the school. If the student is to return home from the activity with the parent or guardian, the coach, advisor, or sponsor must have written permission from the parent or guardian prior to the trip. If the need develops at the activity site, the coach, advisor, or sponsor must have verbal consent with the parent or guardian before the student is released.

10 Fine Arts – The student must be enrolled in the STM Fine Arts class in order to participate or audition in a SDHSAA sanctioned Fine Arts Activity.

The student shall not, at any time, use a beverage containing alcohol; use tobacco; use or consume, have in possession, buy sell, or give away marijuana or any controlled substance defined by law as a drug. Medication specifically prescribed for a student by his/her physician is not included in the category. Any violation will result in disciplinary action according to the RCCSS Alcohol and Drug Policy.

Public Websites – The RCCSS reserves the right to monitor student Web site access and to take the necessary steps to prohibit access to certain inappropriate sites or to provide consequences for access to such sites. The RCCSS may also monitor public sites, such as MySpace.com, to ensure that information placed on those sites does not violate any school policy such as, but not limited to, drug or alcohol use. The RCCSS also requires that students agree not to place anything on public sites that would have a negative impact on the school environment to include, but not limited to, cyber-bullying, slander, or libel of students, staff members, coaches, and community members, or other information deemed inappropriate or illegal. All reports of rule violations will be investigated. The RCCSS reserves the right to provide consequences for any and all rule violations.

Each RCCSS student and parent/guardian shall read the RCCSS Rules and Regulations and the RCCSS Alcohol and Drug Policy and then sign a RCCSS Activity Participation Agreement before the activity commences. A copy of the signed agreement must be on file with Activities Office before the student will be allowed to participate in the activity.

Appendix B concluded
RAPID CITY CATHOLIC SCHOOL SYSTEM
CODE OF CONDUCT

The following Code of Conduct for participation in Fine Art or Athletic activities in the RCCSS is in accordance with the mission and purposes of the school system.

Preamble
Interscholastic activities and youth activity programs play an important role in promoting the physical, social and emotional development of children within our school system. It is, therefore, essential for parents, coaches, and officials to encourage participants to embrace the values of good sportsmanship in all athletic and fine art activities and also embrace appropriate conduct at these events consistent with our vision as a Catholic school system. Moreover, adults involved in these events should be models of good behavior and should lead by example by demonstrating fairness, respect and self-control.

I, therefore, pledge to be responsible for my words and actions while attending, advising, teaching, coaching, officiating or participating in the RCCSS Fine Arts or Athletic activities and shall conform my behavior to the following Code of Conduct:

Students

1. I will not engage in inappropriate conduct with any coach, advisor, teacher, parent, player, participant, official or any other attendee.
2. I will not engage in any behavior which could endanger the health, safety, or well-being of any coach, advisor, teacher, parent, player, participant, official or any other attendee.
3. I will not use drugs or alcohol during my time in the RCCSS. My time in the RCCSS means 24/7/365. I have read and understand the school system’s policy relating to drugs and alcohol. I also understand that my presence at a party or place where alcohol and/or drugs are present, makes me guilty by association.
4. I will not engage in the use of profanity.
5. I will treat any coach, advisor, teacher, parent, player, participant, official and any other attendee with respect regardless of race, creed, color, national origin, sex, sexual orientation or ability.
6. I will not engage in verbal or physical threats or abuse aimed at any coach advisor, teacher, parent, player, participant, official or any other attendee.
7. I will not initiate a fight or scuffle with any coach, advisor, teacher, parent, player, participant, official or any other attendee.

I further hereby agree that if I fail to conform my conduct to the foregoing while attending, or participating in an event, I will be subject to disciplinary action, including, but not limited to, the following in any order or combination:

1. Verbal warning.
2. Written warning.
3. Immediate ejection or dismissal from further participation, or suspension from a future event.
4. Suspension from multiple events.
5. Season suspension or multiple season suspension.

Appendix C
Parents

1. As a parent, I will not encourage my child, or any person, to engage in inappropriate conduct with any coach, advisor, teacher, parent, player, participant, official, and/or any other attendee.

2. I will not encourage my child, or any other person, to engage in any behavior which could endanger the health, safety or well-being of any coach, advisor, teacher, parent, player, participant, official, and/or any other attendee.

3. As a parent, I will not permit my child, or encourage any other person, to use drugs or alcohol at an event and will not permit my child, or encourage any other person, to attend, coach, officiate, or participate in an event while under the influence of drugs or alcohol.

4. I will not encourage my child, or any other person, to engage in the use of profanity.

5. I will encourage my child to treat any coach, advisor, teacher, parent, player, participant, official, or any other attendee with respect regardless of race, creed, color, national origin, sex, or sexual orientation.

6. As a parent, I will not discuss playing time with the Head Coach and I shall wait 24 hours after a contest before I visit with the Head Coach about my son or daughter. I will not discuss with the Head Coach the actions of another parent's son or daughter.

7. I will not encourage my child, or any other person, to initiate a fight or scuffle with any coach, advisor, teacher, parent, player, participant, official, and/or any other attendee.

8. I will not encourage my child, or any other person, to engage in verbal or physical threats or abuse aimed at any coach, advisor, teacher, parent, player, participant, official, and/or any other attendee.

9. I the parent/guardian understand, that if in fact, we (the RCCSS) investigate and find out that you the parent/guardian are providing alcohol or are hosting parties where alcohol and/or drugs are present, all students involved will be guilty by association. You as the parent/guardian will be turned into the local police authorities.

Appendix C concluded
POLICY FOR INAPPROPRIATE BEHAVIOR

If someone (parent, fan, or student) acts inappropriately at a school sponsored activity to an administrator, a faculty/staff member, a coach, a player, or an official the following policy will be enforced.

1. A mandatory meeting will be scheduled with a member of the executive committee of the Board, the superintendent, principal of the building, the activities director, and the offended person along with the person having committed the inappropriate behavior.
2. Both the offended person and the person having committed the inappropriate behavior will be able to tell “their side of the story.”
3. At this meeting one of the following actions will take place:
   a. The offending person will be warned that any future act of inappropriate behavior could lead to being suspended from future events involving St. Thomas More HS or MS.
   b. If a suspension is warranted, the offending person will be suspended from the activity in which the inappropriate action took place. The length of the suspension will be determined by the administration.
   c. Failure to attend said meeting will result in (b.)
4. Any subsequent act of inappropriate behavior can result in the suspension from St. Thomas More activities.

DEFINITION OF INAPPROPRIATE BEHAVIOR – can include but not limited to:

1. Physical abuse
2. Verbal abuse
3. Bullying
4. Harassment

Board Approved 4/23/12

Appendix D