

THIS IS A BLUE PACKET

PLEASE READ AND COMPLETE THIS PACKET IF YOU ARE

PARTICIPATING IN ANY ACTIVITY FOR ST. THOMAS MORE

**IF YOU ARE IN FINE ARTS ONLY, FILL OUT THE BLUE PACKET, STARTING WITH PAGE 6.
IF YOU ARE COMPETING IN ANY ATHLETIC ACTIVITY, YOU MUST COMPLETE ALL PAGES.**

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: CRAIG NOWOTNY.

ORTHOPEDIC SCREENING GUIDE

| Athletic Activity | Observation |
|--|---|
| Stand facing examiner | General habitus; acromioclavicular joints |
| Look at ceiling, floor, over both shoulders; | Cervical spine motion touch ears to shoulders |
| Shrug shoulders (examiner resists) | Trapezius strength |
| Abduct shoulder 90 degrees | Deltoid strength (examiner resists at 90 degrees) |
| Full external rotation of arms | Shoulder motion |
| Flex and extend elbows | Elbow motion |
| Arms at sides, elbow 90 degrees flexed, | Elbow and wrist motion pronate and supinate wrists |
| Spread fingers; make fist | Hand or finger motion and deformities |
| Tighten (contract) quadriceps; relax quadriceps | Symmetry and knee effusions; ankle effusion |
| “Duck walk” four steps (away from the examiner with buttocks on heels) | Hip, knee, and ankle motion |
| Back to examiner; knees straight, touch toes | Shoulder symmetry; scoliosis, hip motion, hamstring tightness |
| Raise up on toes, raise heels | Calf symmetry, leg strength |

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 than 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

CLEARANCE

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

Definitions:

Collision=Football & 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** _____

**SOUTH DAKOTA HIGH SCHOOL
ACTIVITIES ASSOCIATION
PHYSICAL EXAMINATION FORM**

Date Exam Expires: _____
Check Appropriate Physical Exam Term:
Annual Biennial Triennial

NAME _____ GRADE _____ DATE OF BIRTH _____

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

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

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.**

| INITIAL PRE-PARTICIPATION HISTORY | | | |
|---|---|------------|-----------|
| (This form must be completed prior to the taking of a physical examination.) | | | |
| | | YES | NO |
| 1 | Has a doctor denied or restricted your participation in sports for any reason? | | |
| 2 | Do you have an ongoing medical condition (like diabetes, asthma, anemia, infections)? | | |
| 3 | Are you currently taking any prescription or non-prescription (over the counter) medicines or pills? | | |
| 4 | Do you have allergies to medicines, pollens, foods, or stinging insects? | | |
| 5 | Have you passed out or nearly passed out DURING exercise? | | |
| 6 | Have you passed out or nearly passed out AFTER exercise? | | |
| 7 | Have you had discomfort, pain, or pressure in your chest during exercise? | | |
| 8 | Does your heart race or skip beats during exercise? | | |
| 9 | Has a doctor told you that you have a heart murmur? | | |
| 9A | High Blood Pressure, High Cholesterol, or A Heart Infection? | | |
| 10 | Has a doctor ordered a test for your heart? (ECG, Echocardiogram) | | |
| 11 | Has anyone in your family died for no apparent reason? | | |
| 12 | Does anyone in your family have a heart problem? | | |
| 13 | Has any family member or relative died of heart problems or of sudden death before age 50? | | |
| 14 | Does anyone in your family have Marfan Syndrome? | | |
| 15 | Have you spent the night in the hospital? | | |
| 16 | Have you had surgery? | | |
| 17 | Have you had an injury that caused you to miss a practice or a game? | | |
| 18 | Have you had any broken or fractured bones or dislocated joints? | | |
| 19 | Have you had a bone or joint injury that required any type of medical help-- MRI, surgery, therapy | | |
| 20 | Have you ever had a stress fracture? | | |
| 21 | Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? | | |
| 22 | Do you regularly use a brace or assistive device? | | |
| 23 | Has a doctor told you that you have asthma or allergies? | | |
| 24 | Do you cough, wheeze or have difficulty breathing during or after exercise? | | |
| 25 | Is there anyone in your family who has asthma? | | |
| 26 | Have you used an inhaler or taken asthma medicine? | | |
| 27 | Were you born without or are you missing a kidney, eye, testicle or any other organ? | | |
| 28 | Have you had infectious mononucleosis (mono) within the last month? | | |
| 29 | Do you have any rashes, pressure sores, or other skin problems? | | |
| 30 | Have you had a herpes skin infection? | | |
| 31 | Have you had a head injury or concussion? | | |
| 32 | Have you been hit in the head and been confused or lost your memory? | | |
| 33 | Have you ever had a seizure? | | |
| 34 | Do you have headaches with exercise? | | |
| 35 | Have you had numbness, tingling, or weakness in your arms or legs after being hit or falling? | | |
| 36 | Have you been unable to move your arms or legs after being hit or falling? | | |
| 37 | When exercising in the heat, do you have severe muscle cramps or become ill? | | |
| 38 | Has a doctor told you that you or someone in our family has sickle cell trait or sickle cell anemia? | | |
| 39 | Have you had any problems with your eyes or vision? | | |
| 40 | Do you wear glasses or contact lenses? | | |
| 41 | Do you wear protective eyewear, such as goggles or a face shield? | | |
| 42 | Do you worry about your weight? | | |
| 43 | Are you trying to gain or lose weight? | | |
| 44 | Are you trying to or has anyone recommended that you gain or lose weight? | | |
| 45 | Do you have any concerns that you would like to discuss with a doctor? | | |
| 46 | Are there other sports that you would like to try that were not approved at a previous exam? | | |
| 47 | FEMALES: Have you had a menstrual period? | | |
| 48 | FEMALES: How old were you when you had your first menstrual period? | | |
| 49 | FEMALES: How many periods have you had in the last 12 months? | | |
| | Explain "YES" answers on back. | | |
| | I do not know of any additional health reasons which should keep the student from participating in interscholastic athletics. I certify that the answers to the above questions are true. | | |
| | Date: _____ Signature of Parent or Guardian _____ | | |

MEDICAL CONSENT – PROOF OF INSURANCE – PERMISSION TO TRAVEL

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.

Signs Observed by Parents or Guardians

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
 - Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (*even briefly*)
- Shows mood, behavior, or personality changes
- Can't recall events *prior* to hit or fall

Symptoms Reported by Athlete

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

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, Alcohol, and Vaping 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

| <u>FALL</u> | <u>WINTER</u> | <u>SPRING</u> | <u>FINE ARTS/CLUBS</u> |
|-------------------|------------------|---------------|------------------------|
| Football | Boys Basketball | Track & Field | Orchestra |
| Volleyball | Girls Basketball | Girls Golf | Band |
| Cross Country | Wrestling | Boys Tennis | Jazz Band |
| Girls Tennis | Cheer | Baseball | Choir |
| Soccer | Dance | | Jazz Choir |
| Boys Golf | | | Debate |
| Competitive Cheer | | | Oral Interp |
| Competitive Dance | | | Knowledge Bowl |

MIDDLE SCHOOL ACTIVITIES

| <u>FALL</u> | <u>WINTER</u> | <u>SPRING</u> | |
|----------------------|-------------------|---------------------------|--------------------------|
| 7th-8th Football | 7th-8th Boys BB | 7th-8th Track & Field | Drama |
| 7th-8th Volleyball | 7th-8th Girls BB | (6th Track if #'s permit) | Math Club |
| 6th-8th Cross Cty | 6th-8th Wrestling | 7th-8th Boys Tennis | Society of Savio |
| 7th-8th Girls Tennis | | 7th-8th Boys Tennis | SADD FCA |
| | | | TLC LIFE Runners |
| | | | Spanish Club/French Club |

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 ,DRUG, AND VAPING POLICY ON ACTIVITIES MISSED | | | | |
|---|----------------|-----------------|------------------|------------------|
| | NUMBER OF | NUMBER OF | NUMBER OF | NUMBER OF |
| ACTIVITY | Regular Season | Contests Missed | Contests Missed | Contests Missed |
| | Contests | "First Offense" | "Second Offense" | "Third Offense" |
| Comp. Cheer/Dance | 6 | 1 | 4 | See Note 1 Below |
| Winter Dance | 6 | 1 | 4 | See Note 1 Below |
| Fall Cheerleading | 8 | 1 | 4 | See Note 1 Below |
| Football | 8 | 1 | 4 | See Note 1 Below |
| Track & Field | 8 | 1 | 4 | See Note 1 Below |
| Golf | 9 | 1 | 4 | See Note 1 Below |
| Cross Country | 9 | 1 | 4 | See Note 1 Below |
| Soccer | 12 | 2 | 6 | See Note 1 Below |
| Wrestling | 14 | 2 | 6 | See Note 1 Below |
| Tennis | 15 | 2 | 6 | See Note 1 Below |
| Volleyball | 19 | 3 | 8 | See Note 1 Below |
| Basketball | 20 | 3 | 8 | See Note 1 Below |
| Winter Cheerleading | 20 | 3 | 8 | See Note 1 Below |
| Baseball | 20 | 3 | 8 | See Note 1 Below |

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 1A: This policy is the minimum, any activity can impose a stricter penalty.

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

Note 3: The RCCSS Alcohol, Drug, and Vaping 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 13-32-9

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.

Appendix A

Appendix B

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 concluded

- 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 C

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 concluded

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 parents 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 D 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