

# IDAHO HIGH SCHOOL ACTIVITIES ASSOCIATION RULES & REGULATIONS

## General

Any school may narrow the scope of its activities and have rules governing participants in addition to these rules, provided the same do not conflict with or violate the association rules.

## Enrollment/Attendance

1. A student on a school team shall be enrolled in the school sponsoring that team unless it is involved in an approved cooperative school program.
2. A student is entitled to athletic eligibility for eight consecutive semesters after the student first enrolls in the ninth grade. The semesters of eligibility continue to be spent even though a student might not participate every semester.
3. In order to be eligible for interscholastic athletic competition during any semester, the student must enroll and attend school no later than the eleventh school day of the semester.
4. No student shall be permitted to participate in more than four seasons of any one activity at the high school level in Idaho.

## Non-School Participation

A student who participates in organized non-school sports competition after the starting date of the high school season in that sport, except provided in Rule 12, is ineligible for the school team for the remainder of that sport season.

## Practice Before Contests

A student must have ten days of practice prior to the first contest of an interscholastic athletic competition sports season. The ten days are not required for athletes who have been participating in an IHSAA sanctioned sport immediately preceding the start of practice providing the preceding season extends beyond the beginning of the current season. Participation in physical education classes does not constitute practice. Practices on Sundays cannot count toward the ten days of practice.

## Conduct/Discipline

The conduct of contestants and school spectators at all IHSAA sponsored activities shall be such that it does not bring discredit to the school of the Association. Such conduct must not disrupt the discipline, order, safety, or educational environment of the high school activities.

The member school principal is responsible for initiating appropriate disciplinary measures against students or school personnel for improper or unethical practices. A report of such action shall be forwarded to the Executive Director.

## Academic

1. To be academically eligible for athletics, a student must be enrolled full time and received passing grades and earned credits in at least five (5) full credit subjects, or the equivalency, in the previous semester or grading period for which credit is granted.
2. An incomplete or conditional grade received at the end of a semester counts as a failure until the deficiency is removed.

## Age

A student becomes ineligible for athletics on his/her twentieth (20<sup>th</sup>) birthday. This rule is non-appealable.

## All-Star Competition

Only those students who have entered the 12<sup>th</sup> grade may participate in any all-star, benefit, or similar contests. Such contests may not be held during the IHSAA season.

**Amateur Status**

A student who represents a school in an interscholastic sport shall be amateur in that sport. An amateur athlete is one who engages in athletic competition solely for the physical, mental, social, and pleasure benefits derived therefrom. An athlete forfeits amateur status in a sport by competing for money or by receiving any prize, award, or gift of monetary value greater than twenty-five (\$300.00) dollars.

**Restrictions**

Moving to another school district or school does not remove an ineligibility ruling by the preceding school or the Eligibility Committee.

**Transfers**

1. A student is eligible at the school the student enters for the first time at the beginning of the ninth grade. A student who changes from one school to another school thereafter is subject to the relation under this transfer rule.
2. Bona Fide Move – If the parents of a student or legal guardian, in case neither parents are living, make a bona fide move to a new permanent residence in the attendance area of a new school to which the student transfers, the student is immediately eligible providing an Athletic Transfer Form is submitted and approved.
3. Transfer Without a Parental Move – A student who changes schools without an accompanying move on the part of the student's parents will be ineligible for interscholastic activities for one year from the date of initial enrollment and attendance in the new school.
4. Independent Student – A student who is "on his/her own" and not dependent upon parents or a guardian for a home and who transfers from one school to another, is required to attend one calendar year from the initial date of enrollment and attendance in the new school before becoming eligible.
5. Transfers Between Public and Private Schools – A student who transfers to, from or between a public or private school is ineligible until one calendar year from the date of initial enrollment and attendance in the new school, unless there is a corresponding bona fide change of residence of the student's parents to the school attendance area to which the student is transferring.

**Physical Exams**

The Idaho School Activities Association requires that an athlete receive a physical examination prior to his/her 9<sup>th</sup> and 11<sup>th</sup> grade year. The IHSAA provides a copy of the Idaho Health Examination & Consent Form for the schools. The physical must not have been conducted prior to May 1<sup>st</sup> of the 8<sup>th</sup> or 10<sup>th</sup> grade year (going into grade 9 and 11).

The Interim Questionnaire is a consent form for the 10<sup>th</sup> and 12<sup>th</sup> grades to be completed by the parents of the athlete. A copy is to be given to the athletic director of the school; the parents may retain a copy.

In the 10<sup>th</sup> and 12<sup>th</sup> year, this consent form is to be completed for the up-coming year of participation.

**Rules Violation**

For violation of these rules, a student may be declared ineligible for participation in interscholastic athletics for such period(s) as deemed appropriate, not to exceed one calendar year.

Lakeland School District strongly recommends that every athlete receive a complete physical examination annually by a family physician.

## PARENT & ATHLETE CONCUSSION INFORMATION SHEET



### WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. 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 OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

### DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

[INSERT YOUR LOGO]

### SYMPTOMS REPORTED BY ATHLETE:

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

### SIGNS OBSERVED BY COACHING STAFF:

- 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
- Can't recall events after hit or fall

▶ **"IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON"**

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

\_\_\_\_\_  
STUDENT-ATHLETE NAME PRINTED


\_\_\_\_\_  
STUDENT-ATHLETE NAME SIGNED

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR GUARDIAN NAME PRINTED

\_\_\_\_\_  
PARENT OR GUARDIAN NAME SIGNED

\_\_\_\_\_  
DATE

JOIN THE CONVERSATION  [www.facebook.com/CDCHeadsUp](http://www.facebook.com/CDCHeadsUp)



TO LEARN MORE GO TO >> [WWW.CDC.GOV/CONCUSSION](http://WWW.CDC.GOV/CONCUSSION)

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

Lakeland Joint School District 272

**EXTRACURRICULAR ACTIVITIES CONSENT FORM**

**DRUG AND ALCOHOL TESTING PROGRAM**

I desire that my son or daughter participate in this program and in the extracurricular program of Lakeland Joint School District 272, and hereby, voluntarily agree to be subject to its terms for the entire Junior and Senior High School career (grades 7-12). I accept the method of obtaining urine specimens, testing, and analyses of such specimens, and all other aspects of the program. I agree to cooperate in furnishing urine specimens that may be required from time to time.

I understand that if I test positive for illegal drugs, misuse of legal drugs, or alcohol, I will be suspended from participation in all extracurricular activities according to the terms of the Philosophy and Code of Interscholastic Activities and the Drug and Alcohol Testing for Students Policy.

I further agree and consent to the disclosure of the sampling, testing, and results provided for this program. This consent is given pursuant to all State and Federal Privacy Statutes, and is a waiver of rights to nondisclosure of such test records and results only to the extent of the disclosures in the program.



# Timberlake High School



## Athlete/Coach Electronic Communication

Dear parent or guardian,

As an athlete at Timberlake High School, your student may have reason to communicate electronically via email or text with his/her coach(s). Sharing information about practice times, games schedules, bus departure times, and logistics during away games or state are the most common reasons for electronic communication.

The Lakeland Joint School District requires the parent or guardian to approve electronic communication between students and teachers/coaches/advisors.

Please sign below, to indicate your student has been granted your permission to communicate electronically with the THS coaching staff.

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Printed Name of Student

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Parent Signature

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Date

## **Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The Lakeland Joint School District has put in place protective measures to reduce the spread of COVID-19; however, the LJSJ cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending activities on the campuses of LJSJ could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and on behalf of myself, my child(ren), my spouse/co-parent of child(ren) voluntarily assume the risk that my child(ren) and I, and any member of my family, may be exposed to or infected by COVID-19 by attending activities on LJSJ campuses and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 while on LJSJ campuses may result from the actions, omissions, or negligence of myself and others, including, but not limited to, LJSJ employees, agents and representatives, volunteers, program participants and their families and/or any other individual who may be present on school property or in attendance at any school activity.

I voluntarily agree to assume, on behalf of myself, my child(ren), and my spouse/co-parent of child(ren) all risks and accept sole responsibility for any injury to my child(ren), myself and any member of my family, (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I, my child(ren) and/or members of my family may experience or incur in connection with my child(ren)'s attendance in activities or participation in LJSJ programming ("Claims"). On my behalf, and on behalf of my children and/or members of my family, I will advance no claim and I hereby release, covenant not to sue, discharge, defend, indemnify and hold harmless the LJSJ, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of LJSJ, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any LJSJ activity.

Additionally it should be noted that the laws of the state of Idaho provide for numerous immunities for schools should something occur to a student or to the family of a student as a result of activities on school property. In addition to this Agreement, these immunities remain intact.

I agree that my child will act in conformance with all safety and sanitation requirements, as well as all social distancing and mask requests. I understand that if my child fails to follow these regulations the ability of my child to participate may be suspended, revoked or otherwise negatively impacted.

To prevent the spread of COVID-19 your participation is important to help us take precautionary measures to protect you, your Child(ren) and everyone on campus. If your child has been in close contact or been diagnosed with COVID-19, please honor quarantine standards and not have your child present at or participating in school activities. If your child has been diagnosed with COVID-19 the District requests that you provide a medical release for your child to return to participation. Likewise, if your child is ill, please do not expose the school's students and personnel to your child's illness.

The coaches and activity personnel will have access to thermometers and if a student is not feeling well and has a fever they will be separated and asked to go home until they are fever free for a period of 48 hours.

Signature of Parent/Guardian Date

Print Name of Parent/Guardian Name of Participant(s)