



## COMPETITIVE INTERSCHOLASTIC ACTIVITY CODE

The Marietta Board of Education believes that a properly controlled, well-organized competitive interscholastic activities program allows a student the opportunity to develop to his or her fullest physical, mental, and emotional potential. Students involved in competitive interscholastic activities enjoy high visibility and serve as role models for their peers and younger students. Therefore, the Marietta Board of Education requires students to abide by the Competitive Interscholastic Activity Code (Board Policy IDF-R), as well as the Marietta City Schools Discipline Handbook (Board Policy JCDA).

### TRAINING RULES AND RULES OF CONDUCT

#### **I. General Rules**

##### **1. Attendance**

- a. A student involved in competitive interscholastic activities must be in school at least one-half of the school day (2 blocks or 11:00 a.m.) in order to participate in any game, performance, practice, tryout, or conditioning. Documentation must be provided to school officials.
- b. If a student is illegally absent, truant, suspended, or placed in an alternative education environment for any part of a school day, he/she may not participate in any competitive interscholastic activity that day, including games, performances, practices, tryouts or conditioning.
- c. Students should report to school on time each day. Students should be in school the day following a competitive interscholastic event. If a pattern of unexcused absences or tardiness develops, it would indicate that the individual is unable to cope with the demands of being involved in competitive interscholastic activities. Appropriate disciplinary measures will be taken.

##### **2. Travel**

Marietta City Schools will provide transportation to and from most competitive interscholastic events. Students are expected to ride school transportation when provided.

#### **II. Infractions**

Regardless of whether infractions occur on or off campus, during or after the school day, during or after the school year, the following infractions may result in suspension or dismissal from a competitive interscholastic activity. Each case will be evaluated on an individual basis.

- a. Use, possession, distribution, or being under the influence of alcohol, tobacco products, illegal drugs or related paraphernalia, and the abuse of prescription or non-prescription drugs.
- b. Theft or being in possession of stolen property.
- c. Vandalism of school property.
- d. Acting in an un-sportsmanlike manner.
- e. Any act which results in student suspension.
- f. Unexcused absence from any practice, performance, or game.
- g. Violating curfew.
- h. Any offensive act, which, in the opinion of coaches/sponsors, and/or administration, reflects in a negative manner on the competitive interscholastic activities program at Marietta High School, Marietta Middle School, or Marietta City Schools in its entirety.

#### **III. Duration**

This policy is in effect year round.

#### **IV. Enforcement**

Violations of the Competitive Interscholastic Code, verified through a reliable source (law enforcement agency, school system staff member, school system administrator, teacher, entry into a drug treatment program, parent of an involved student, etc.), shall be investigated by the Competitive Interscholastic Activity Council. The Council shall be comprised of a school administrator from the school the student attends, the school system's Athletic Director, a coach/sponsor of the student, one additional coach/sponsor selected by the Athletic Director and one teacher from the student's school council. The council will determine the guilt or innocence of the student and determine the appropriate discipline of guilty students, but under no circumstances shall assign discipline outside the guidelines established in Infraction Consequences. Any Council discipline decision rendered outside the guidelines established for Infraction Consequences shall be voided by the Superintendent of Schools, and the appropriate discipline shall be assigned by the Superintendent within the guidelines provided therein.

#### **V. Infraction Consequences**

First Offense: Based on the decision of the Competitive Interscholastic Activity Council, the range of penalties shall be suspension for part or all of the current season and/or part or all of the next season in which the student participates to permanent suspension from participation in competitive interscholastic activities. The student shall complete the season in which the suspension is in effect. The school reserves the right to permanently dismiss a student from all competitive interscholastic activity programs for the remainder of their school career at Marietta High School and/or Marietta Middle School upon arrest, conviction or plea, including *nolo contendere* for any misdemeanor or felony crime.

Second Offense: Suspension from all competitive interscholastic activity programs for a period of not less than one year from the date of the second violation to permanent dismissal from all competitive interscholastic activity programs for the remainder of their school career at Marietta High School and/or Marietta Middle School.

Third Offense: Permanent suspension from all competitive interscholastic activity programs for the remainder of their school career at Marietta High School and/or Marietta Middle School.

**I have read and understand the Competitive Interscholastic Activity Code for Marietta City Schools.**

**Print Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**RELEASE OF TRANSCRIPTS:** During the course of the year, colleges interested in recruiting athletes may request official or unofficial copies of student transcripts to facilitate the recruiting process. I give permission for Marietta High School to release copies of my son's/daughter's transcript to any college recruiter requesting one.

**Parent's/Guardian's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

## ■ PREPARTICIPATION PHYSICAL EVALUATION

### HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex assigned at birth (F, M, or intersex): \_\_\_\_\_ How do you identify your gender? (F, M, or other): \_\_\_\_\_

List past and current medical conditions. \_\_\_\_\_  
 \_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures. \_\_\_\_\_  
 \_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).  
 \_\_\_\_\_  
 \_\_\_\_\_

Patient Health Questionnaire Version 4 (PHQ-4)  
 Over the last 2 weeks, how often have you been bothered by any of the following problems? (check box next to appropriate number)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)			Yes	No
1. Do you have any concerns that you would like to discuss with your provider?				
2. Has a provider ever denied or restricted your participation in sports for any reason?				
3. Do you have any ongoing medical issues or recent illness?				
HEART HEALTH QUESTIONS ABOUT YOU			Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?				
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?				
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?				
7. Has a doctor ever told you that you have any heart problems?				
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.				

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)			Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?				
10. Have you ever had a seizure?				
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY			Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?				
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?				
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?				

BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

**Explain "Yes" answers here.**

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**I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.**

Signature of athlete: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

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

## ■ PREPARTICIPATION PHYSICAL EVALUATION

### PHYSICAL EXAMINATION FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

#### PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ ( _____ / _____ )	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)</li> </ul>		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>		
Lymph nodes		
Heart <sup>a</sup> <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)</li> </ul>		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> <li>Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis</li> </ul>		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> <li>Double-leg squat test, single-leg squat test, and box drop or step drop test</li> </ul>		

<sup>a</sup> Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

## ■ PREPARTICIPATION PHYSICAL EVALUATION

### MEDICAL ELIGIBILITY FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Medically eligible for all sports without restriction

Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

\_\_\_\_\_  
\_\_\_\_\_

Medically eligible for certain sports

\_\_\_\_\_  
\_\_\_\_\_

Not medically eligible pending further evaluation

Not medically eligible for any sports

Recommendations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

### SHARED EMERGENCY INFORMATION

Allergies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Other information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Emergency contacts: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_