



**The safety and health of our athletes is important to our coaching staff, teachers, counselors and our school nurse.**

**We would like to update our records regarding your student's head injury/concussion history.**

**Please take a moment to list any head injury/concussion history on the back of this card.**

*The information you provide may be shared with coaches, teachers and counselors who have contact with your student.*

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Student ID # \_\_\_\_\_

Injury: \_\_\_\_\_ Date of injury: \_\_\_\_\_

How was the student injured?  Sports Injury  Other:

Brief Description:

Injury: \_\_\_\_\_ Date of injury: \_\_\_\_\_

How was the student injured?  Sports Injury  Other:

Brief Description:

# CHS ATHLETIC DEPARTMENT CHECK LIST

*The Athletic Participation Packet are available in the Athletic Office*

Completely fill out and sign all documents included in the participation packet and return to CHS athletic office with payment in full one week prior to the first day of practice/tryouts.

- Athletic Off-set Fee Record, include cash, check or money order for total amount due.
- Athletic Participation Form, front and back.
- School Sports Pre-Participation Examination (\*required OSAA form in packet).
  - \*Required if you are an incoming freshman or if you do not already have a valid physical on record in the CHS athletic office. (Physicals are valid for 2 years)*
    - One side completed and signed by parent
    - One side completed, marked clear and signed by doctor
  - \*If you do not use the OSAA required form included in this packet, you will be required to return to the doctor with the correct form before participation in try-out or practices.*
- Student Co-Curricular Activities Regulations (Parent and student to sign form)
- Statement of Risk (Parent and student to sign).
- Athletic Department Emergency Procedure Card
- Athletic Department Head Injury Postcard

## IMPORTANT:

The Athletic Offset Fee (\$160.00) and any balance owed in the bookkeeping office are due when participation packet is turned in to the Athletic Office. A refund of the offset fee will be processed through the bookkeeping office for any athlete cut from a team during tryouts.

Did you know you can electronically check sports schedules, & receive email notification of changes?  
Go to the CHS web page Athletics tab and click on the CHS Athletic Schedules Link or copy and paste the link below to your browser.  
<http://www.centennial.k12.or.us/schools/chs/athletics/athletics.php>

Pick the schedules you want to follow  
and register at the bottom of the schedule page.!

Centennial School District • Portland Oregon  
**ATHLETICS OFFSET FEE RECORD**

STUDENT NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PARENT/LEGAL GUARDIAN \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

HIGH SCHOOL FR SO JR SR

MIDDLE SCHOOL TRACK 7GR 8GR

Level	<u>Fee per Activity</u>	<u>Maximum Individual Fee</u>	<u>Maximum District-wide Family Fee</u>
High School (*All Participants Pay)	\$160.00	\$420.00	\$670.00
Middle School Track	\$105.00		
Middle School reduced lunch eligible	\$50.00		

\*No fee waivers for high school athletics

FALL SPORT

- Cross Country       Soccer
- Cheerleading       Volleyball
- Dance Team       Water Polo
- Football

WINTER SPORT

- Basketball
- Swimming
- Wrestling
- Equestrian

SPRING SPORT

- Baseball
- Golf
- Softball
- Tennis
- Track & Field

**OTHER SIBLINGS IN CENTENNIAL DISTRICT:**

Name	Grade	CMS Track
1) _____	_____	<input type="radio"/> Yes <input type="radio"/> No
2) _____	_____	<input type="radio"/> Yes <input type="radio"/> No
3) _____	_____	<input type="radio"/> Yes <input type="radio"/> No

**CHS ATHLETIC DEPARTMENT**

Amt Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_  Cash

Received by: \_\_\_\_\_ Date \_\_\_\_\_

Centennial School District • Portland Oregon  
**ATHLETICS OFFSET FEE RECORD**

STUDENT NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PARENT/LEGAL GUARDIAN \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

HIGH SCHOOL FR SO JR SR

MIDDLE SCHOOL 7GR 8GR

Level	<u>Fee per Activity</u>	<u>Maximum Individual Fee</u>	<u>Maximum District-wide Family Fee</u>
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**OTHER SIBLINGS IN CENTENNIAL DISTRICT:**

Name	Grade	CMS Track
1) _____	_____	<input type="radio"/> Yes <input type="radio"/> No
2) _____	_____	<input type="radio"/> Yes <input type="radio"/> No
3) _____	_____	<input type="radio"/> Yes <input type="radio"/> No

**CHS ATHLETIC DEPARTMENT**

Amt Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_  Cash

Received by: \_\_\_\_\_ Date \_\_\_\_\_

**Centennial School District  
Athletic Participation Form  
Student Information (to be completed by parent/guardian)**

ACTIVITIES: FALL \_\_\_\_\_ WINTER \_\_\_\_\_ SPRING \_\_\_\_\_      **20** \_\_\_\_\_

Student \_\_\_\_\_  
Last First Student ID

Address \_\_\_\_\_  
Street Address City/State Zip Code

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Male  Female  Current grade: 7 8 9 10 11 12

Name of school attended previous year \_\_\_\_\_ Transfer  Yes  No

Parent/Legal Guardian Name \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City/State Zip Code

Home number \_\_\_\_\_ Emergency number \_\_\_\_\_ Cell number \_\_\_\_\_

Physician: \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**INSURANCE**

The Centennial School District does not provide any kind of insurance for students. Since the Oregon School Board Association requires all participants to be covered by an injury insurance program, please check the appropriate coverage below.

- My son/daughter has personal/family plan Insurance Co. \_\_\_\_\_ Group/Policy # \_\_\_\_\_  
 We will purchase Meyer & Stevens School Insurance Plan:  Football  School Time  24 Hour

**STUDENT ATHLETIC PHYSICAL EXAM POLICY & ATHLETIC PARTICIPATION RELEASE FORM**

Oregon State Law requires that all high school students have a physical examination by a licensed physician or nurse practitioner every 2 years. Physicals are required at the high school during the freshman & junior years (see CHS Athletic Policy). **The official OSAA physical form must be used and on file in the Athletic Office before the student may participate in district sponsored athletic programs; this includes tryouts and practice.** All students who transfer into Centennial High School must have a physical examination on file prior to participation in district sponsored athletic programs. Students in the 10<sup>th</sup> and 12<sup>th</sup> grades who have a valid physical examination on file need only this completed application signed by their parent or guardian to continue participation in district sponsored athletic programs. The "Interim Medical History Update" is valid only when a valid OSAA physical examination form is on file in the Athletic Office and providing the athlete has not had any changes in his or her physical health.

I hereby give consent for my son/daughter to compete representing Centennial School District in interscholastic sports and travel with the coach on any related trips. Recognizing that as a result of such participation, medical treatment on an emergency basis may be necessary and that school personnel may be unable to contact me for my consent for emergency medical care; I do hereby consent in advance to such emergency care including first aid treatment, transportation to a medical facility, and hospital care as may be deemed necessary under the existing circumstances.

I also give authorization for my son/daughter's name and/or picture to appear on the game/meet program, and any other related athletic publicity.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**OVER**

## INTERIM MEDICAL HISTORY UPDATE

*This form is to be used when a current "OSAA School Sports Pre-Participation Examination Form" is on file in the Athletic Office for the previous school year. (Most commonly sophomore & senior year)*

1. Has there been an illness, surgery or injury in the past 2 months?  No  Yes  
If yes please describe: \_\_\_\_\_
  
2. Has this student ever had:
  - a) Concussion, skull fracture or neck injury?  No  Yes Date \_\_\_\_\_  Sports Injury  Other
  
  - b) Diabetes?  No  Yes Date \_\_\_\_\_ / Medication \_\_\_\_\_
  
  - c)  Scarlet Fever  Rheumatic Fever  Shortness of Breath  None  
Treatment \_\_\_\_\_
  
  - d) Epilepsy or other convulsive disorder?  No  Yes Date \_\_\_\_\_ / Medication \_\_\_\_\_
  
  - e) Any chest, heart or lung conditions? (Asthma)  No  Yes Date \_\_\_\_\_ / Medication \_\_\_\_\_  
Does student carry and inhaler for Asthma?  No  Yes Medication \_\_\_\_\_
  
  - f) Hernia (Rupture), an undescended or loss of one testicle  No  Yes-  
Surgical Correction Date \_\_\_\_\_
  
  - g) Any bone or joint injury?  No  Yes-Describe \_\_\_\_\_
  
  - h) Wear corrective lenses?  No  Yes  reading only  full time
  
  - i) Other difficulty with vision or loss of an eye?  No  Yes-Describe \_\_\_\_\_
  
  - j) Other medical concerns or procedures?  No  Yes-Describe \_\_\_\_\_
  
  - k) Allergies to drugs, or other allergic reactions?  No  Yes-Describe \_\_\_\_\_
  
3. Date student had a tetanus-toxoid booster \_\_\_\_\_
  
4. Do you know of any reason why this student should not participate in all sports?  No  Yes-  
Which sports? \_\_\_\_\_
  
5. Are there any health restrictions?  No  Yes-Describe \_\_\_\_\_

Additional requirements for physical examinations will be determined on an individual basis. Please contact the Athletic Director if there is any change in your child's physical condition that would affect his/her ability to participate. Example: An athlete recovering from a chronic illness, injury, or surgery could be required to provide a signed medical release before re-entering the school sponsored athletic program.

CENTENNIAL SCHOOL DISTRICT  
Athletic Department Emergency Procedure Card

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City Zip

Home Phone \_\_\_\_\_ Birth date \_\_\_\_\_

**IN CASE OF ILLNESS, ACCIDENT, OR EMERGENCY TO THE STUDENT NAMED ABOVE, THE SCHOOL IS AUTHORIZED TO PROCEED AS INDICATED BELOW. PLEASE KEEP THIS INFORMATION CURRENT.**

Name Home Phone Number Work Phone Number Cell Number  
Mother \_\_\_\_\_

Father \_\_\_\_\_

If parents cannot be located contact \_\_\_\_\_  
Name Relationship Phone Number

Contact family physician (if possible) \_\_\_\_\_  
Name Phone Number

Take student to hospital\*  No  Yes \_\_\_\_\_  
Name of hospital

Date of last Tetanus vaccination \_\_\_\_\_ Allergy information (food, drugs, insects) \_\_\_\_\_

Other health concerns \_\_\_\_\_

Name of medical insurance company \_\_\_\_\_ Group or ID number \_\_\_\_\_  
School insurance: Myers, Stevens & Tahooey Insurance  Football  Full Time  School Time

\*Note: I UNDERSTAND THAT THE SCHOOL AUTHORITIES WILL USE THEIR BEST JUDGEMENT IN DETERMINING EMERGENCY CARE AND PROCEDURES. I ALSO UNDERSTAND THAT THE SCHOOL ASSUMES NO FINANCIAL OBLIGATION FOR EXPENSES INCURRED IN CARRYING OUT EMERGENCY PROCEDURES AND/OR EMERGENCY TRANSPORTATION.

CENTENNIAL SCHOOL DISTRICT  
Athletic Department Emergency Procedure Card

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City Zip

Home Phone \_\_\_\_\_ Birth date \_\_\_\_\_

**IN CASE OF ILLNESS, ACCIDENT, OR EMERGENCY TO THE STUDENT NAMED ABOVE, THE SCHOOL IS AUTHORIZED TO PROCEED AS INDICATED BELOW. PLEASE KEEP THIS INFORMATION CURRENT.**

Name Home Phone Number Work Phone Number Cell Number  
Mother \_\_\_\_\_

Father \_\_\_\_\_

If parents cannot be located contact \_\_\_\_\_  
Name Relationship Phone Number

Contact family physician (if possible) \_\_\_\_\_  
Name Phone Number

Take student to hospital\*  No  Yes \_\_\_\_\_  
Name of hospital

Date of last Tetanus vaccination \_\_\_\_\_ Allergy information (food, drugs, insects) \_\_\_\_\_

Other health concerns \_\_\_\_\_

Name of medical insurance company \_\_\_\_\_ Group or ID number \_\_\_\_\_  
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**CENTENNIAL SCHOOL DISTRICT  
Portland, Oregon**

**Department of Athletics**

**Centennial School District believes that participation in a wide variety of sports and activities will make a positive contribution to the personal growth of the student athlete. A major concern of our program is the health and safety of the participant. In an effort to inform students and parents of the potential risks involved in athletic participation, the following information is provided:**

**STATEMENT OF RISK**

Any sport which may result in contact with fixed or moving surfaces will contain inherent risks of serious bodily harm which cannot be eliminated. The possibility of injuries from these dangers must be accepted by the player and the player's family.

The possibility of injury can be reduced, but not eliminated, by knowing and using proper techniques and fundamentals, maintaining good physical conditioning, being alert at all times and attending all training and practice sessions.

As a condition of permission to participate, the player assures that he/she will use proper techniques and fundamentals, maintain good physical conditioning, stay alert at all times, attend all training and practice sessions, follow instructions and obey the rules of the game.

This form must be signed and dated by both the student and parent(s) or guardian(s) as a condition of participation in practice and contest.

**ACKNOWLEDGEMENT OF WARNING BY STUDENT**

I, \_\_\_\_\_, hereby acknowledge that I understand the above **"STATEMENT OF RISK."** If I want more information, I will personally contact the coach. I realize that by participating in a sports program, I am exposing myself to the risk of serious injury, including but not limited to, the risk of strains, fractures and ligament and/or cartilage damage which could result in a temporary or permanent, partial or complete impairment in the use of my limbs, brain damage, paralysis, or even death. Having been so cautioned and warned it is still my desire to participate, and should I choose to participate in any sport, I hereby further acknowledge that I do so with full knowledge and understanding of the risk of serious injury to which I am exposing myself by participating.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**ACKNOWLEDGEMENT OF WARNING BY STUDENT**

We/I, the parent(s) of \_\_\_\_\_ do hereby acknowledge that we/I understand the above **"STATEMENT OF RISK."** If we/I want more information, we/I will personally contact the coach. We/I realize that our/my child named above may suffer serious injury, including but not limited to sprains, fractures, brain damage, paralysis or even death, by participating in the sports program. Notwithstanding such warning and with full knowledge and understanding of the risk of serious injury to our/my child named above which may result, we/I give our/my consent to his/her participating in the sports program of Centennial School District.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ Yes, my son/daughter has adequate personal or family insurance coverage.

Insurance Company Name \_\_\_\_\_ Group/Policy No. \_\_\_\_\_



## **Centennial High School Ejection Policy**

**This policy has been implemented as of spring 2001 and will carry through the 2012-13 school year. The policy follows character education of the Centennial School District. Any athlete or coach who is ejected from a game/meet/contest will be subject to the following:**

- 1) The Athletic Director will meet with the individual athlete involved in the ejection and cover sportsmanship/character education.**
- 2) The Athletic Director will meet with the coach involved and have the coach meet with his/her respective team and discuss sportsmanship/character education.**
- 3) The respective program will pay any fine to the OSAA. The fine will be paid through their individual club student body account at Centennial High School.**
- 4) The athlete involved in the ejection will be assigned 10 hours of community service by the athletic director. The hours of service will be completed within 10 school days of the infraction.**
- 5) If there is a second offense by the athlete, he/she will meet with an advisory group established by the Athletic Director. The advisory group will be made up of 3 coaches not involved in that particular sport. During this meeting, it will be determined what the next step will be. A second consequence will be established. Each case will be treated in an individual manner.**
- 6) If there is a second offense by an athlete on the same team, then the coach involved will be asked to meet with the advisory group and discuss what needs to be done to gain control over his/her athletes.**

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Parent Signature

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Date

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Student Signature

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Date

**EXPECTATIONS OF ALL CENTENNIAL HIGH SCHOOL STUDENTS AND STAFF  
INCLUDE THE FOLLOWING CHARACTER TRAITS.**

- ACCOUNTABILITY: *Accepting responsibility for the consequences of one's choice and actions.*
- CARING: *Showing or feeling concern for others.*
- COOPERATION: *Working together for a common goal or purpose.*
- COURTESY & CONSIDERATION: *Being polite toward and thoughtful of others.*
- DEPENDABILITY: *Being a person that can be relied on and trusted.*
- EMPATHY: *Understanding another's emotion, feelings or situation.*
- ENTHUSIASM: *Showing excitement or eager interest in a positive manner.*
- HONESTY & INTEGRITY: *Being faithful to one's self and others while standing up for one's moral and ethical beliefs*
- LOYALTY: *Being faithful to one's family, friends, country and beliefs.*
- PATIENCE: *Waiting calmly.*
- PATRIOTISM: *Love and devotion to ones country.*
- PERSEVERANCE: *Commitment and follow through to completion.*
- RESPECT: *Having regard for the property, feelings and rights of others and having honor for positions of legitimate authority.*
- RESPONSIBILITY: *Doing what is right.*
- SELF CONTROL: *Being in command of one's actions and emotions.*
- SENSE OF HUMOR: *Laughing and having fun without hurting others.*
- SPORTSMANSHIP: *Playing fairly and courteously, winning or losing gracefully.*
- STRONG WORK ETHIC: *Giving one's best effort.*
- TEAM PLAYER: *Working with others and contribution to a common goal or purpose.*
- TOLERANCE: *Recognizing the right of others to be different.*

**WHICH ARE YOUR STRONGEST ATTRIBUTES?**

# CENTENNIAL HIGH SCHOOL

## STUDENT CO-CURRICULAR ACTIVITIES REGULATIONS

The following rules apply to all students who participate in the Centennial High School co-curricular activity or athletic programs. This includes athletics, cheer, and dance and any club/activity that performs or competes for CHS, including but not limited to band, choir, drama, FBLA, and DECA. Students involved in activities or athletics are subject to the provisions of this code during each sport season/school year in which they participate. For purposes of this code, sport seasons will be determined as follows. Each season begins with the first day of scheduled activity/participation as determined by the Oregon State Athletic Association (OSAA) calendar or school program calendar and continues until the beginning of the next sport or activity season as determined by the same OSAA or school program calendar. The spring season in high school will end with the final state tournament contests for athletes and the final performance for other activities. Students must always be in compliance with all OSAA rules in order to participate/compete. The rules listed below go beyond the standard set by the OSAA.

Clubs/activities in which students must perform/compete by virtue of their enrollment in a class will identify fifty percent (50%) of their events, as determined by the building principal/teacher-advisor, to be curricular performances and are not governed by these co-curricular Activities Regulations for purposes of rendering students ineligible to participate. All the performances/competitions of a club, though connected to a curricular area but in which students participate voluntarily, will be governed by this policy. Eligibility to participate in such events, and discipline for rule violations in connection with participation in co-curricular events, are determined by school and district rules and regulations.

### I. BASIC CONDUCT FOR ATHLETIC AND ACTIVITY PARTICIPANTS

Students involved in athletics and activities perform and represent their schools in public and so are expected to conduct themselves at all times in a manner that reflects the high standards and ideals of their activity, team, school, and community.

Any student participant who willfully performs any act that materially interferes with or is detrimental to the orderly operation of a school's activities or athletics program (including, but not limited to, all misconduct specifically prohibited by these regulations as well as other illegal or serious misconduct) shall be subject to co-curricular activities discipline. Such acts may include school or non-school activity performed either on or off campus and the discipline may include permanent removal of a participant from the activities/athletics program.

### II. SCHOOL POLICIES/RULES RE: ATHLETICS/ACTIVITIES

For the violation of school rules, the student involved in the activity/athletic program will be subject to school discipline and will also be penalized in accordance with these Student Co-curricular Activities Regulations. Students suspended or expelled from school may not participate in co-curricular activities during the period of school exclusion.

#### A. The following rules apply to students involved in co-curricular activities/athletics.

- a. Participants in co-curricular activities will comply with official OSAA rules where applicable. Students must meet OSAA academic requirements in addition to the higher CHS standards.
- b. Athletic participants must meet the pre-participation requirements:
  - i. To be eligible to try out for a team/activity, students must have been in regular school attendance as a full-time student (minimum 5 classes) during the semester immediately preceding the season of competition.
  - ii. A participant enrolled in five or more classes must have a 2.0 grade point average with no more than one F grade during the preceding semester in order to be eligible the following semester and be making satisfactory progress toward graduation. A student enrolled in 5 classes must pass them all and have a 2.0 GPA the preceding semester in order to be eligible the following semester.
  - iii. An athlete may not accept any article or awards for athletic skill during the school year other than the school letter or OSAA sanctioned awards. This rule shall not apply to

**This policy has been implemented as of fall 2008 and updated 12/19/2012 for the 2012-2013 school year.**

# CENTENNIAL HIGH SCHOOL

summer activities sponsored by amateur groups or organizations, provided AAU code is observed.

- iv. Athletes involved in off-season athletics during the school year are responsible for all rules and regulations set forth by the school and OSAA.
  - v. If a student athlete is ejected from a contest he/she may not participate in the next scheduled contest.
  - vi. Physicals are required at the high school during the freshmen and junior years as follows:
    1. Sophomores must have a physical if they did not have one as a freshman.
    2. Seniors must have a physical if they did not have one as a junior.
  - vii. Participants must have on file the District Athletic Participation Form including proof of insurance.
- c. A student who is not in school for their full scheduled school day will not be allowed to turn out or play in a game/activity on that day. (Exceptions include dental and medical appointments, court appearances, family emergencies, and school sponsored or related activities approved in advance by a building administrator.)
- d. To be excused from a practice or an activity, a participant must confer with the coach/advisor of his/her team/activity in advance of the absence except in the case of an emergency.
- e. Participants shall abide by the team/activity rules and shall obey the reasonable and lawful directives of coaches/advisors. Team and activity rules will be approved by the athletic director and distributed by coaches at the start of each season/activity.
- f. No student may participate in more than one sport during an athletic season unless permission is granted by the coaches involved and the athletic director.
- g. Any student athlete removed from an athletic team for violating the athletic policy will not be entitled to a refund of their offset fees.

## **B. Academic requirements**

- a. **A participant enrolled in five or more classes must have a 2.0 grade point average with no more than one F grade during the preceding semester in order to be eligible the following semester AND be making satisfactory progress towards meeting CHS graduation requirements. Satisfactory progress is defined by the OSAA as follows: Prior to 10<sup>th</sup> grade a student must have earned 4.5 credits, prior to 11<sup>th</sup> grade 10 credits, and prior to 12<sup>th</sup> grade 17.5 credits. A student not meeting these targets will be ineligible for the entire school year.**
- b. **A student on track for graduation but enrolled in 5 classes must pass them all and have a 2.0 gpa the preceding semester in order to be eligible the following semester. (These requirements also apply to incoming transfer students.)**
- c. **For purposes of determining academic eligibility, the most recent semester, trimester or school administered progress report shall be the determining grades used (incoming transfer student grades will be used to determine eligibility).**

## **C. Illegal substances**

- a. Students are not permitted to possess, traffic in, and/or use non-prescribed or illegal drugs, alcohol, or any form of tobacco, and may not be in the presence of, or remain in the vicinity of, the use of such substances prohibited by criminal law, or engage in behavior that enables others to illegally use such substances.

## **D. Illegal and other serious misconduct**

- a. Students may not engage in other misconduct that violates the law or brings dishonor on their team or activity, i.e. criminal violations, harassment, bullying, hazing, fighting, and cheating. This includes using social media for the purposes previously listed.

# CENTENNIAL HIGH SCHOOL

## III. PENALTIES FOR VIOLATION OF THESE RULES

- A. Before a head coach/advisor responsible for an activity can exclude a student from a co-curricular activity for violation of these regulations, the coach/advisor shall confer with the athletic director/assistant principal.
- B. Penalties for violation of Rule II.A.e. (team activity rules) may be imposed by coaches in consultation with the athletic director or designated assistant principal. Exclusion from a team or activity for the remainder of a season shall be approved by the athletic director or designated assistant principal
- C. Penalties for violations of Rule II.A.b., pre-participation requirements, shall be as follows: The student is not eligible to try out, practice, compete, perform, or otherwise take part in the co-curricular program. Cases of hardship will be referred to the athletic director for instruction on the appeal process.
- D. The penalty for a first violation of Rule II.C., illegal substances, shall be immediate ineligibility from co-curricular competition or performance for forty-five (45) calendar days. This penalty rolls over into the next sport season/activity in which the student participates, even if there is an intervening season in which the student does not participate.
  - i. This penalty may be reduced to a twenty-three (23) calendar day ineligibility, provided the student completes a professional assessment through an appropriate agency (recommendations of the agency will be given to the parent and shared with school administration). The recommendation(s) must be followed as a condition for early reinstatement at the end of the twenty-three (23) day period.
  - ii. In order to be eligible for any further competition/performance in the co-curricular program, the student shall meet with the principal and/or principal's designee (may be eligibility board) to request approval to participate. This individual/body will recommend to the principal appropriate action to be taken in the student participant's case, and may take into account self-reporting, truthfulness, cooperation, and voluntary assessment and treatment. The school principal shall be the final school-level authority as to the student's participation in the co-curricular/athletics program.
- E. The penalty for a second violation of Rule II.C. (illegal substances) during a student's high school career shall be removal from competition/performance for a period of one calendar year. The student may appeal for early reinstatement through the building eligibility board or principal's designee, who may take into account self-reporting, truthfulness, cooperation, and voluntary assessment and treatment in making a recommendation for final school-level decision by the principal.
- F. The penalty for a third violation of Rule II.C. (illegal substances) during a student's high school career: A student shall be ineligible for competition/performance for the remainder of his/her high school career.
- G. Self-Referral. A student participant who seeks and receives assistance for a problem with the use of drugs and/or alcohol prior to a drug or alcohol violation shall be given the opportunity for assistance through school and community agencies with no jeopardy to eligibility. In no instance shall participation in a school and/or community approved assistance program excuse a student from subsequent compliance with this regulation.
- H. Students who violate Rule II.D. (illegal and other serious misconduct) by committing non-substance criminal violations or engaging in other serious misconduct (i.e. harassment, bullying, hazing, fighting, cheating) may be excluded by the coach, in consultation with the athletic director, from participation for a period consistent with the seriousness of the offense. Any serious criminal behavior may be the basis for final exclusion for the remainder of a student's career.

## IV. APPEAL PROCESS

Any student, parent, or guardian who is aggrieved by the imposition of discipline, including exclusion from participation in co-curricular activities, shall have the right to an informal conference with the

This policy has been implemented as of fall 2008 and updated 12/19/2012 for the 2012-2013 school year.

# CENTENNIAL HIGH SCHOOL

building principal or his/her designee for the purpose of resolving the grievance. The conference must be requested within three school days of the time the parent receives notice orally or by mail. The employee whose action is being grieved shall be notified of the initiation of a grievance as soon as reasonably possible. During the informal conference the student, parent, or guardian shall be subject to questioning by the building principal or his/her designee and shall be entitled to question school personnel involved in the matter being grieved.

Subsequent to the building level grievance meeting, the student, parent, or guardian, upon two school business days prior notice (or sooner, but only if convenient for all concerned) shall have the right to present a written or oral grievance to the superintendent of the district or his/her designee.

If the grievance is not resolved, the student, parent, or guardian, upon two, school business days prior notice, shall have the right to present a written or oral grievance to the board of directors during the board's next regular meeting. The board shall notify the student, parent, or guardian of its response to the grievance within ten (10) school business days after the date of the meeting. The discipline action shall continue notwithstanding the implementation of the grievance procedure set forth in this section unless the principal or his/her designee elects to postpone such action.

## V. CO-CURRICULAR ACTIVITIES CONTRACT

At least once a year, each student participant in co-curricular activities covered by this policy shall, as a precondition to participation, sign the following contract:

### *Student Co-Curricular Activities Contract*

*I recognize that being a participant in student athletics or other co-curricular activities in the Centennial School District means holding myself to a high standard of personal conduct.*

*In order that I may enjoy the privilege of participation in co-curricular activities or athletics, I agree to obey and be bound by the rules of the OSAA, the Centennial School District, Centennial High School and my coaches/advisors. This Contract is in effect for up to one year.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# School Sports Pre-Participation Examination – Part 2 Medical Provider Completes

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ % Body Fat (optional): \_\_\_\_\_ Pulse: \_\_\_\_\_ BP: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Vision: R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected: Y N Pupils: Equal \_\_\_\_ Unequal \_\_\_\_ Rhythm: Regular \_\_\_\_ Irregular \_\_\_\_

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart: Pericardial activity			
1st & 2nd heart sounds			
Murmurs			
Pulses; brachial/femoral			
Lungs			
Abdomen			
Skin			

MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

\* Station-based examination only

## CLEARANCE

\_\_\_\_\_ Cleared  
 \_\_\_\_\_ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_  
 \_\_\_\_\_ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_  
 Recommendations: \_\_\_\_\_

Name of Medical Provider (print/type): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Signature of Medical Provider: \_\_\_\_\_

As per ORS 336.479, Section 1 (3) "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." Section 1(5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."



# School Sports Pre-Participation Examination – Part 1: Student or Parent Completes

Revised May 2010

NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_

**Athlete and Parent/Guardian:** Please review all questions and answer them to the best of your ability. Explain any YES answers on back.  
**Medical Provider:** Please review with the athlete details of any positive answers.

YES	NO	Don't Know	
_____	_____	_____	1. Has anyone in the athlete's family died suddenly before the age of 50 years?
_____	_____	_____	2. Has the athlete ever passed out during exercise or stopped exercising because of dizziness or chest pain?
_____	_____	_____	3. Does the athlete have asthma (wheezing), hay fever, other allergies, or carry an EPI pen?
_____	_____	_____	4. Is the athlete allergic to any medications or bee stings?
_____	_____	_____	5. Has the athlete ever broken a bone, had to wear a cast, or had an injury to any joint?
_____	_____	_____	6. Has the athlete ever had a head injury or concussion?
_____	_____	_____	7. Has the athlete ever had a hit or blow to the head that caused confusion, memory problems, or prolonged headache?
_____	_____	_____	8. Has the athlete ever suffered a heat-related illness (heat stroke)?
_____	_____	_____	9. Does the athlete have a chronic illness or see a physician regularly for any particular problem?
_____	_____	_____	10. Does the athlete take any prescribed medicine, herbs or nutritional supplements?
_____	_____	_____	11. Does the athlete have only one of any paired organ (eyes, kidneys, testicles, ovaries, etc.)?
_____	_____	_____	12. Has the athlete ever had prior limitation from sports participation?
_____	_____	_____	13. Has the athlete had any episodes of shortness of breath, palpitations, history of rheumatic fever or tiring easily?
_____	_____	_____	14. Has the athlete ever been diagnosed with a heart murmur or heart condition or hypertension?
_____	_____	_____	15. Is there a history of young people in the athlete's family who have had congenital or other heart disease: cardiomyopathy, abnormal heart rhythms, long QT or Marfan's syndrome? (You may write "I don't understand these terms" and initial this item, if appropriate.)
_____	_____	_____	16. Has the athlete ever been hospitalized overnight or had surgery?
_____	_____	_____	17. Does the athlete lose weight regularly to meet the requirements for your sport?
_____	_____	_____	18. Does the athlete have anything he or she wants to discuss with the physician?
_____	_____	_____	19. Does the athlete cough, wheeze, or have trouble breathing during or after activity?
_____	_____	_____	20. Are you unhappy with your weight?
			21. FEMALES ONLY
			a. When was your first menstrual period? _____
			b. When was your most recent menstrual period? _____
			c. What was the longest time between menstrual periods in the last year? _____

**Parent/Guardian's Statement:**

I have reviewed and answered the questions above to the best of my ability. I and my child understand and accept that there are risks of serious injury and death in any sport, including the one(s) in which my child has chosen to participate. I hereby give permission for my child to participate in sports / activities.

I hereby authorize emergency medical treatment and/or transportation to a medical facility for any injury or illness deemed urgently necessary by a registered athletic trainer, coach, or medical practitioner.

I understand that this sports pre-participation physical examination is not designed nor intended to substitute for any recommended regular comprehensive health assessment.

I hereby authorize release of these examination results to my child's school.

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

*Parent/Guardian*

ORS 936.479, Section 1 (3) "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." Section 1(5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."