

Tucker Creek Athletic Participation Form

Parental Permission

(To be completed by the parent or guardian)

I have read and reviewed the general requirements for middle school athletic eligibility, and I have discussed these requirements with my student-athlete. I understand the additional questions or specific circumstances should be directed to my student's principal, athletic director, or coach.

I certify that the home address as parents shown below is my sole bona fide residence and I will notify the school principal immediately of any change in residence, since such a move can alter the eligibility status of my student-athlete. All other information contained on this form is accurate and current.

In accordance with rules of the NCHSAA, I hereby give my consent for the participation of my student-athlete named below for the following activities circled below:

Circle sport of interest below:

Football	Baseball	Softball	Soccer (Male)
Soccer (Female)	Wrestling	Volleyball	Track
Basketball (M)	Basketball (F)	Other:	

Date: _____ Parent/Guardian's Signature: _____

Name of Student-Athlete: (please print) _____

Name of Parent/Guardian: (please print) _____

Address of Parent/Guardian:

Note: This statement should be on file in the principal's office and valid for one school year only.

Emergency Contact Information

In case of an emergency the Coach/Trainer/Administrator should contact the following in the order provided:

Contact #1: Name(Printed Please): _____

Relationship to Athlete: _____

Phone Number (____) ____ - ____ (Cell)

Phone Number (____) ____ - ____ (Home if different)

Phone Number (____) ____ - ____ (Work if different)

I work at _____ (Printed Please)

Email Address _____

Contact #2: Name(Printed Please): _____

Relationship to Athlete: _____

Phone Number (____) ____ - ____ (Cell)

Phone Number (____) ____ - ____ (Home if different)

Phone Number (____) ____ - ____ (Work if different)

I work at _____ (Printed Please)

Email Address _____

Contact #3: Name(Printed Please): _____

Relationship to Athlete: _____

Phone Number (____) ____ - ____ (Cell)

Phone Number (____) ____ - ____ (Home if different)

Phone Number (____) ____ - ____ (Work if different)

I work at _____ (Printed Please)

Email Address _____

ATHLETE'S NAME _____

Dear Parent or Guardian,

The pre-participation examination is a limited medical check-up to screen your child to see if he/she can safely participate in sports. This exam may be performed by a physician's assistant or urgent care facility. The exam screens for common problems that have been shown to be a danger to athletes. It is not a comprehensive medical exam and does not detect rare medical conditions. If you have concerns about your child having a serious medical illness, please schedule a visit with your medical physician or specialist. Additionally, your child's regular health care, routine physical examinations, and laboratory testing should

continue to come from his/her personal physician. The student and parent/legal custodian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries including, but not limited to, serious neck, head and spinal injuries, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, serious injury or impairment to other aspects of the body, or effects to the general health and well-being of the child, and in rare cases death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate all risk. Because of these inherent risks, the student and parent/legal custodian have a responsibility to help reduce that risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. I authorize medical treatment should the need arise for such treatment while my child/ward ("student-athlete") is under the supervision of the member school. I consent to medical treatment for my student-athlete following an injury or illness suffered during practice and/or a contest. I understand that in the case of injury or illness requiring treatment by medical personnel and transportation to a health care facility, a reasonable attempt will be made to contact me (the parent/legal custodian) in the case of my student-athlete being a minor, but that, if necessary, my student-athlete will be treated and transported via ambulance to the nearest hospital. I further authorize the use or disclosure of my student-athlete's personally identifiable health information should treatment for illness or injury become necessary.

Craven County Schools Middle School Student-Athlete Form

I hereby fully and unconditionally release from all liability the Craven County Board of Education, its agents, and employees from all claims of any nature arising or resulting from the activities connected with the student's participation in interscholastic athletics.

PARENT/GUARDIAN

SIGNATURE_____

PHONE: (HOME)_____.

CELL_____

WORK PHONE:_____

IS STUDENT ALLERGIC TO ANY MEDICATIONS?

YES_____ NO_____

IF YES, PLEASE

LIST:_____

EMERGENCY CONTACT:

NAME_____

RELATIONSHIP TO ATHLETE:_____

PHONE:_____

ALL FORMS MUST BE COMPLETED, SIGNED AND DATED BY PARENTS/
GUARDIANS, ATHLETES, AND PHYSICIANS TO BE ELIGIBLE FOR SPORTS.

**STUDENT-ATHLETE INFORMED CONSENT, WAIVER/RELEASE & ASSUMPTION
OF RISK FOR COVID-19**

_____(**Student Participant**) desires to participate in
the Craven

County Schools athletic program.

I, _____(**Parent/Guardian/Student 18 or older**), for
myself and my child, understand and agree as follows regarding risks associated with the
COVID-19 pandemic:

Contact Phone Number of Parent/Guardian

1. Voluntary Participation: I voluntarily elect for my Child/Student Participant to access and use the District's premises, facilities, and equipment, and on other school districts' properties in the course of participating in the athletic activity, so that my child may participate in the District's athletic program. I voluntarily elect for my Child/Student Participant to receive athletic instruction and training from District employees and volunteers. I understand that if I do not feel it is safe or appropriate to begin in-person workouts at this time, the student participant will be allowed to return to team activities without repercussions when I feel it is appropriate to do so, and the student participant may participate without mandatory attendance requirements during the summer period.

2. Acknowledgment of Risk: I warrant that I am fully aware of the inherent risks of infection from the COVID-19 virus and pandemic, among other communicable diseases, in all public spaces, and particularly in recreational facilities such as those used by the District for its athletic programs. I understand that use of the District's premises, or other premises and locations, and participation in athletic activities may result in an increased risk of exposure to COVID-19 because of, among other things, the sharing of equipment,

close contact with other individuals during many athletic activities, and the prevalence of high touch surfaces inherently associated with the activities, the increased respiration and emission of respiratory droplets associated with physical exertion, the use of water bottles and other personal use objects, and the inherent and natural interaction and sharing behaviors of students. I

understand that COVID-19 is considered a highly contagious virus that may have serious health consequences that could result in prolonged hospitalization, permanent injury, and even death, and the potential spread to other individuals, including other household members, and I acknowledge that such risk cannot be fully mitigated or controlled.

3. No Warranty: I understand that the District will make reasonable efforts to comply with guidelines of North Carolina Department of Education, North Carolina High School Athletic Association and Centers for Disease Control. However, the District cannot eliminate the risk of exposure to COVID-19, or guarantee that the facilities and athletic activities will be free of COVID-19; that faculty, staff, and volunteers will be or will remain free of infection; or that infected and contagious students or their families will not be present on the premises or participating in the activity. Accordingly, the District cannot and does not warrant, guarantee, or offer assurances that individuals will not be exposed to COVID-19 while on the premises or engaged in athletic activities, or that individuals will not then expose others to COVID-19.

4. Assumption of Risk: I understand and acknowledge that my or my child's access and use of the premises,

facilities, equipment, and participation in the activities involve inherent risks to me or my child, and I understand the District has no control over these risks, nor the ability or duty to eliminate such risks, and even strict adherence to guidelines cannot eliminate risk. Consequently, for myself, and for my child, I assume such dangers, risks, and hazards by participating in athletic activities at this time.

5. Indemnification, Waiver, Release: I hereby waive, release, discharge, and hold harmless the District, including its Employees, Board, Directors/Officials, Officers, Agents, and Volunteers from any and all liability associated with any COVID-19 related injury to the Student Participant, including personal injury or illness or even death, loss of income or educational opportunity, property damage, and all losses, damages, expenses, liabilities, or claims of any

nature arising out of, related to, or in any way connected to the Student Participant use of the premises, facilities, and participation in the activities.

If my student or any member of my household tests positive for the COVID-19 virus I will contact the Coach and Athletic Director immediately.

SIGNATURE BELOW INDICATES THAT I HAVE READ THIS INFORMED CONSENT, RELEASE OF LIABILITY, ASSUMPTION OF RISK; I FULLY UNDERSTAND ITS TERMS; I UNDERSTAND THAT I AM WAIVING RIGHTS BY SIGNING IT; AND I HAVE SIGNED IT FREELY AND VOLUNTARILY.

Signature of Parent/Guardian for Minor Student

Date

Print Name of Parent/Guardian

Signature of Student Participant

Date

Print Name of Student Participant



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Extracurricular Travel Notification

All students who are involved in extracurricular activities (including Band, Chorus and Athletics) shall travel with the team to and from all off-campus competitions and practices via Craven County Schools activity buses, school buses or approved charter buses. Practices may be held off site without prior notice when facilities are not available at the student's school. The only exception to the requirement to travel with the team is when both the coach or supervising adult and parent/guardian agree that it is necessary for the student to ride with the parent/guardian to and/or from the event. Students shall not ride with any other person other than their parent/guardian.

I understand that my child, _____ will ride a Craven County Schools activity bus, school bus or approved charter bus to and from all extracurricular events and possibly practices as deemed necessary by the coach or supervising adult.

Parent Signature _____

Date _____



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Insurance Waiver –

As parent/guardian of _____, I/we wish ☐ do not wish ☐

To purchase accident insurance for financial protection in case of injuries sustained as a result of participation in specified sports during the tryout and playing season, during the 2020-2021 school year. ☐ Insurance protection for this purpose is in force presently with the company listed below. Neither the coaches, Tucker Creek Middle School, nor Craven County School System will be responsible for any claim due to any injury received by the above named athlete participating in the specified sport.

(Please list below the name of your primary insurance carrier and policy number, if any)

Name of Insurance Carrier	Policy Number (no SS#)

We, the undersigned student and parent/legal guardian, certify that the home address shown on this document is my sole bona fide residence and I will notify the school immediately of any change in residence, since such a move may alter the eligibility status of my student athlete. We have read this document and understand all of these requirements for athletic participation and agree to comply with the requirements set forth in this document. All information contained in this document is accurate and correct. Providing false information on this form renders it void and the student athlete may lose athletic eligibility.

Student (SIGNATURE)

Parent/Guardian (PRINT)

Parent/Guardian (SIGNATURE)

Sportsmanship Pledge

Athlete Pledge:

As a student athlete, I know I am a role model. I understand the spirit of fair play while playing hard. I will refrain from engaging in all types of disrespectful behavior, including inappropriate language, taunting, trash talking, and unnecessary physical contact. I know the behavior expectations of my school, my conference, and the NCHSAA and hereby accept the

responsibility and privilege of representing this school and community as a student athlete.
Student

I have read and understand Craven County Schools' policy and regulation for the Athletic Code of Conduct including the requirements that I make appropriate school personnel (Principal, Athletic Director, or Head Coach) aware of any previous criminal charges (misdemeanor or felony) within the last twelve months and any new criminal charges (misdemeanor or felony) prior to the next practice or contest, but no later than 48 hours after the charge has been levied. I have been provided with and read a fact sheet regarding concussions according in accordance to the Gfeller-Waller Concussion Awareness Act.

Athlete Signature: _____

Date: _____

Student Athlete Parent Pledge

As a parent, I acknowledge that I am a role model. I will remember that school athletics is an extension of the classroom, offering learning experiences for the students. I must show respect for all players, coaches, spectators, and support groups. I will participate in cheers that support, encourage, and uplift the teams involved. I understand the spirit of fair play and good sportsmanship expected by our school, conference and the NCHSAA. I hereby accept my responsibility to be a model of good sportsmanship that comes with being the parent of a student athlete.

I have read and understand Craven County Schools' policy and regulation for the Athletic Code of Conduct including the requirements that I make appropriate school personnel (Principal, Athletic Director, or Head Coach) aware of any previous criminal charges (misdemeanor or felony) within the last twelve months and any new criminal charges (misdemeanor or felony) prior to the next practice or contest, but no later than 48 hours after the charge has been levied. I have been provided with and read a fact sheet regarding concussions according in accordance to the Gfeller-Waller Concussion Awareness Act.

Parent/Guardian Signature: _____

Date: _____

NCHSAA Sportsmanship/Ejection Policy- We acknowledge that both the student and parent whose names appear below, have read and understand the NCHSAA Sportsmanship/Ejection Policy. We understand that the following types of behavior will result in an ejection from an athletic contest: fighting, taunting or baiting, profanity directed toward an official or an opponent, obscene gestures, disrespectfully addressing an official.

- 1st ejection: 2 game suspension in all sports except 1 game for football.
- 2nd ejection: Suspended for remainder of the Sport Season.
- 3rd ejection: Suspended from ALL athletic competition for 365 days from date of 3rd ejection.

Transportation for Athletic Events- If student transportation is by a Craven County Schools owned vehicle, the school system vehicle liability coverage is applicable to any vehicular accident. If student transportation is by private vehicle, the vehicle owner's liability coverage is applicable to any vehicular accident. Parent or adult drivers should be aware that they may be held responsible for injuries to any individuals they are transporting, and must certify that any private vehicle used is covered by at least North Carolina state required insurance coverage.

All student-athletes who travel with a team to an away athletic event must return to the school with the team. The only exception to this policy is when both the coach and parent/guardian agree that it is beneficial for the student-athlete to ride home with the parent/guardian. Student-athletes are not to ride home from athletic events with any other person.

Eligibility: In order to be eligible for any athletic activity, the athlete

1. Must be currently enrolled in the 6th, 7th, or 8th grade at TCMS.
2. Must meet the Eligibility requirements prior to the first tryout/practice date.
3. Must have completed all paperwork before first tryout/practice – Insurance, Concussion, Travel Form, Participation, Code of Conduct
4. Must not turn 15 years of age before August 31, 2020.
5. Must receive a medication examination once every 395 days by a licensed physician.
6. Must have been promoted to the next grade.
7. 6 Semester Rule – No Student may be eligible to participate at the middle school level for a period lasting longer than 6 consecutive semester beginning with the students' first entry to the 6th grade.
8. Must not have more than 14 absences in the semester prior to participation.
9. Must pass all class with 60 or better for all 9 weeks and semester.
10. Must not participate if student is suspended or serving in school suspension.
11. Must be marked present for the school day in order to participate in games.
12. If school is not in session or school closes early, no practice or game will take place.
13. **Coaches, at their discretion and for the benefit of the student athlete, may temporarily or permanently suspend a player for academic or behavioral concerns. Parent(s) shall be promptly notified if such action is taken**

Medical Authorization – As the parent or legal guardian of this student athlete, I grant permission for treatment deemed necessary for a condition arising during or affecting participation in sports, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment. Also, permission is granted to release medical information to the school and athletic trainer.

Risk of Injury – We acknowledge and understand that there is a risk of injury involved in athletic participation. We understand that the student-athlete will be under the supervision and direction of a Craven County Schools' athletic coach. We agree to follow the rules of the sport and the instructions of the coach in order to reduce the risk of injury to the student and other athletes. However, we acknowledge and understand neither the coach nor Craven County Schools can eliminate the risk of injury in sports. Injuries may and do occur. Sport injuries can be severe and in some cases may result in permanent disability or even death. We freely, knowingly and willfully accept the risk of injury that might occur from participation in athletics.

Gfeller-Waller NCHSAA Student-Athlete & Parent/Legal Custodian Concussion Information Sheet

What is a concussion? A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass

out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

How do I know if I have a concussion? There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly Taking longer to figure things out Difficulty concentrating Difficulty remembering new information	Headache Fuzzy or blurry vision Feeling sick to your stomach/queasy Vomiting/throwing up Dizziness Balance problems Sensitivity to noise or light	Irritability-things bother you more easily Sadness Being more moody Feeling nervous or worried Crying more	Sleeping more than usual Sleeping less than usual Trouble falling asleep Feeling tired

Table is adapted from the Centers for Disease Control and Prevention (<http://www.cdc.gov/concussion/>)

Gfeller-Waller NCHSAA Student-Athlete & Parent/Legal Custodian Concussion Statement Form

Instructions: The student athlete and his/her parent or legal custodian must initial beside each statement acknowledging that they have read and understand the corresponding statement. The student-athlete should initial in the left column and the parent or legal custodian should initial in the right column. Some statements are applicable only to the student-athlete and should only be initialed by the student-athlete.

This form must be completed for each student-athlete, even if there are multiple student-athletes in the household.

Student Athlete initials Parent initials

	A concussion is a brain injury, which should be reported to my parent(s) or legal custodian(s), my or my child's coach(es), or a medical professional if one is available.	
	A concussion cannot be "seen." Some signs and symptoms might be present immediately; however, other symptoms can appear hours or days after an injury.	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	n/a
	If I think a teammate has a concussion, I should tell my coach(es), parent(s)/ legal custodian(s) or medical professional about the concussion.	n/a
	I, or my child, will not return to play in a game or practice if a hit to my, or my child's, head or body causes any concussion-related symptoms.	
	I, or my child, will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion.	
	Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away, right away. I realize that resolution from a concussion is a process that may require more than one medical visit.	
	I realize that ER/Urgent Care physicians will not provide clearance to return to play or practice, if seen immediately or shortly after the injury.	
	After a concussion, the brain needs time to heal. I understand that I or my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms listed on the Student-Athlete/ Parent Legal Custodian Concussion Information Sheet.	
	I have asked an adult and/or medical professional to explain any information contained in the Student-Athlete & Parent Concussion Statement Form or Information Sheet that I do not understand.	

By signing below, we agree that we have read and understand the information contained in the student- Athlete & Parent/Legal Custodian Concussion Statement Form and have initialed appropriately beside each statement.

Student Athlete Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

SECTION 900 913.0501
INSTRUCTIONAL PROGRAM POLICY
CRAVEN COUNTY SCHOOLS
ATHLETIC CODE OF CONDUCT

Participation in any extracurricular activity is an important part of the high school or middle school educational experience. Primary goals of these activities are to teach students character and self discipline skills which will enable them to develop to their highest potential academically, as well as athletically. Student athletes, who serve as role models for younger students, are held to a higher standard for their actions. Each student, parent, and coach shall understand the obligations of being part of the athletic program, the established consequences of violating the Code of Conduct, and that participation is a privilege and not a right.

Commitment Agreement

Each student, parent, and coach participating in an extracurricular activity shall sign the Craven County Athletic Code of Conduct. Any student athlete charged with a criminal offense, other than minor traffic violations, must make the coach or athletic director aware of the charge prior to the next practice or contest but no later than 48 hours after the charge. Any criminal offense within the previous twelve (12) months must be reported to the coach prior to the beginning of tryouts for any sport.

Consequences for violating the Code of Conduct will be as follows:

These consequences will be in addition to any consequences imposed by the school.

Any student charged with a crime classified as a felony under North Carolina or Federal law shall be suspended from participation until such charges are adjudicated. Once charges are adjudicated, if the student is not convicted of the charges, the principal will review the evidence regarding the incident, the student's discipline record, grades, and conduct to determine if the student will be eligible to participate. Any student convicted of a crime classified as a felony under North Carolina or Federal law or is an adjudicated delinquent for an offense that would be a felony if committed by an adult is not eligible to participate in the North Carolina High School Athletic Association Sports Program. Such ineligibility shall be immediate and shall prohibit participation in the NCHSAA sports program from the date of conviction or adjudication through the end of the student's high school career. Appellate or other post-conviction review of the conviction or adjudication of delinquency does not affect the student's immediate ineligibility. If any student is charged or convicted of a lesser crime, the Principal, in consultation with the Athletic Director and Superintendent or designee will review the evidence regarding the incident, the student's discipline record, grades, and conduct to determine if the student will be eligible to participate. Failure to alert the coach or athletic director of the charge shall result in immediate ineligibility for athletic participation for 365 days from the date of the charge.

IN-SCHOOL AND OUT-OF SCHOOL SUSPENSION

1. If a participating student is assigned to in-school suspension, he/she will not be allowed to practice or participate in a game/activity on the day of suspension. Suspension will be carried out regardless of the game/activity days or events.

2. If a student is given out-of-school suspension for any reason, he/she will be subject to the following additional consequences:

a. **FIRST OFFENSE:** A student athlete will not be allowed to practice or play during the suspension period. If there is not a game during the suspension period, the student will not be permitted to play in the next game following the suspension period.

b. **SECOND OFFENSE:** The student will be removed from athletics for the remainder of that season.

c. **REPEATED OFFENSES:** If a student continues to be suspended from school for consistent disciplinary infractions, the principal may remove that student from athletics for the remainder of that student's school career.

Reference North Carolina High School Athletic Association Handbook

Adopted by Craven County Schools September 18, 2008, Reviewed October 15, 2009.

Reviewed July 19, 2011. Revised May 21, 2015.

CRAVEN COUNTY SCHOOLS ATHLETIC CODE OF CONDUCT

Interscholastic athletic competition should demonstrate a high standard of ethics and sportsmanship and promote the development of good character. Excellent sportsmanship is achieved when participants are committed to pursuing victory according to the following traits: Academic Excellence, Trustworthiness, Respect, Responsibility, Caring, Fairness, Citizenship, Perseverance, Courage, and Self-Discipline.

1. Academic Excellence – achieving academic success in all classes
2. Trustworthiness – having the inner strength to be fair and courteous during athletic events.
3. Respect – showing high regard for coaches, officials, opponents, fans, administrators, self, team, and the school you are representing.
4. Responsibility – showing reliability and consistency in words and conduct, and being accountable for your actions.
5. Caring – being considerate, courteous, generous in spirit to the opposing team.
6. Fairness – treating others as you like to be treated. Recognizing the uniqueness and value of each individual.
7. Citizenship – setting priorities in accordance with team, county, state and national rules and demonstrating law-abiding behavior and volunteerism.
8. Perseverance – being persistent in pursuit of worthy objectives in spite of opposition.
9. Courage – having the determination to do the right thing even when others don't.

10. Self-discipline – refraining from inappropriate behaviors and maintaining self-control at all times.

Craven County Schools Parent/Coach Communication

Parent-Coach Relationship

Parenting and coaching are both extremely difficult vocations. By establishing an understanding of each position, we are better able to accept the actions of the other and provide a greater benefit to children. As parents, when your child is involved in our program, you have the right to understand what expectations are placed on him/her. This begins with clear communication from the coach of the sports.

Appropriate Communication Between Parents and Coaches

1. Concerns expressed directly to the coach.
2. Notification of any schedule conflicts in advance.
3. Notification of illness or injury as soon as possible.

As your child becomes involved in athletic programs at middle and/or high school, he/she will experience some of the most rewarding moments of his/her life. It is important to understand that there also may be times when things do not go the way you and your child wish. At these times, discussion with the coach is encouraged. It is the first and most integral step to understanding and resolution.

Appropriate Concerns to Discuss With Coaches

1. The treatment of your child.
2. Ways to help your child improve.
3. Concerns about your child's behavior.

It is very difficult to accept your child's not playing as much as you had hoped. Coaches are professionals. They make decisions based on what they believe to be best for all student-athletes involved. As you have seen from the list above, certain things can be and should be discussed with your child's coach. The three items listed below should be left to the discretion of the coach.

1. Playing time, positioning, and event entry.
2. Team strategies, game tactics, play calling.
3. Any discussion about other student-athletes.

Conferences

There are situations that may require a conference between the coach and player or coach and parent. These conferences are encouraged. It is important that all parties involved have a clear understanding of the other person's position. When a conference is necessary, the following procedures should be used to help resolve any concerns.

1. Student-Coach – open-door policy for all coaches
2. Parent-Coach – done by appointment

If you have a concern to discuss with a coach, the procedure you should follow is:

1. Call the coach to schedule an appointment.
2. If the coach cannot be reached, call the school athletic director; he/she will set a meeting time for you.
3. Please do not attempt to confront a coach before or after a contest or practice. These can be emotional times for both the parent and the coach. Meetings of this nature usually do not promote positive resolutions.

The Next Step

What can a parent do if the meeting with the coach did not provide a satisfactory resolution?

1. Call and schedule an appointment with the school athletic director to discuss the situation.
2. At this meeting the appropriate next step can be determined, if necessary.

Transportation

All student athletes who travel with a team to an away athletic event must return to the school with the team.

The only exception to this policy is when both the coach and parent/guardian agree that it is beneficial for the student athlete to ride home with the parent/guardian. Student athletes are not to ride home from athletic events with any other person.