Lamoille Union High School

Athletic Guidelines and Procedures for Interscholastic Sports

**LUHS Board Policy Criteria**

The interscholastic athletic program should:

* provide a wide basis of participation in team and individual sport competition;
* provide athletic facilities and opportunities for equal participation for girls and boys;
* employ qualified personnel for coaching and supervising;
* stress the educational and recreational benefits derived from sports;
* strive to be competitive while allowing individuals maximum opportunity to participate while acknowledging some students may excel, some may struggle, but all will benefit from participation.

**LUHS Board Athletic Program Determination**

Including/eliminating activities based on these considerations:

* Level of student interest in the activity
* Level of community interest in the activity
* Impact of adding/eliminating an activity on the balance of opportunities for girls/boys participating in total athletic program
* Potential of the activity to remain competitive with other schools
* Availability of qualified personnel to coach and supervise an activity

**Selection of Teams:** Varsity teams will be selected from the most qualified players in grades 9-12. Freshmen may participate at the varsity level with the coach’s approval in writing, the approval of the athletic director, school counselor, student and parents/guardians. The student must be able to balance the physical, emotional and academic pressures to participate.

**Participation:** Participation will be stressed at all sub-varsity levels. The varsity program is the ultimate goal of the building process. The coach will determine who will play, when, and how much, to allow the program to be as competitive as possible.

**Attendance for Practices, Games and Meets:** Students must be in attendance the day before and the day of a contest. Exceptions are limited to excuses approved by the athletic director, coach or principal. Excused absences will be given for the following reasons: satisfactory parent/guardian permission, illness or school sponsored activity. In special cases approved by the coach, athletic director or principal, a student may join a team after the first contest if they have handed in the appropriate paperwork. The student must also participate in ten practices before they may be in a contest. Students prohibited from playing for medical, academic, or disciplinary issues may rejoin/join a team, with the coach’s and athletic director’s permission, once they become eligible.

**Transportation:** The school shall coordinate transportation of all students participating in any away events. Late buses will run daily at 5:30 p.m. Transportation to and from practices on weekdays after 5:30 p.m. and on weekends is the responsibility of the student athlete. Students traveling to an away event will dress and behave in an appropriate manner and ride the bus home from away events unless they provide a written note of permission from a parent/guardian allowing them to ride home with another adult.

**Physical Exam:** Physical exams, as set forth by the School Health Committee of the VT State Medical Society, will be mandatory for all students participating in an interscholastic event. An exam every two years will cover all activities unless concern for a student’s well being warrants another examination. Evidence of this physical must provide proof of medical insurance coverage prior to the first practice. Students may not participate without insurance coverage. Insurance is available through the school.

**Practices:** Students must complete ten practices before competing in a VT Principal’s Association sponsored event. Practice sessions shall not be more than two hours. All practices must be in compliance with the VT Headmasters Policy 2340.55 (out of season practice). Students who become academically ineligible can continue to practice until a review of progress.

**Equipment and Uniforms:** Uniforms issued through the school must be maintained in proper condition. The student will pay for lost or unreturned uniforms.

**Substance Abuse and Consequences:** The use or possession of drugs, alcohol or tobacco products on or off school premises will result in immediate suspension of the student athlete for the remainder of the season. The student will appear before a Standards Board to gain permission to participate in the following season. Suspended students must meet the school policy regarding drug/alcohol counseling before reinstatement.

LUHS Athletics Informational Sheet

Athlete’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

Parent/Guardian **Printed** Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Phone Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has your son/daughter:**

* had injuries requiring medical attention? Yes No
* had an illness lasting longer than a week? Yes No
* had a surgical operation? Yes No
* seen a dentist in the last six months? Yes No
* had allergic reactions to bee stings? Yes No

**Is your son/daughter:**

* currently under a physician’s care? Yes No
* taking medication(s) now? Yes No

**Does your son/daughter:**

* wear glasses or contacts? Yes No

If you answered yes to any of the above, please explain below. Please list any medications/medical conditions that LUHS athletics should be aware of:

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

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

Insurance company and policy number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of completed poliomyelitis immunization by inoculation or oral vaccine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of tetanus toxoid and booster inoculation within the past four years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To be signed by examining physician if physical is needed (mandatory every two years)

Doctor’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My signature below verifies that I have read and understood the LUHS policies, procedures and guidelines in regards to interscholastic sports. I am aware that my daughter/son has expressed an interest in participating in sports at LUHS. I am aware that the school must have my permission, and by signing below I am verifying my permission for my daughter/son to participate in any and all LUHS sports. My child also has permission to be treated in case of a medical emergency, including treatment by an athletic trainer or medical professional.

Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LUHS Athletics Extra-Curricular Agreement

Eligibility as stated below must be met and sustained in order for a student to participate in any/all extra-curricular activities offered at Lamoille Union.

**Criteria:**

* Students must have passing grades in five courses during the previous marking period. Students who fail to meet this academic requirement may request review of their progress.
* Students must be in good disciplinary standing as determined by the principal.
* Students must be in regular attendance and must be in attendance on the entire day of the event unless excused by the principal or athletic director.
* Students will meet the criteria set forth in the guidelines of the Vermont Principals’ Association.

**Substance abuse (abridged 4.10):**

* Violation of Policy 4.10 Substance Abuse will affect eligibility for participation in extra-curricular activities. Possession of and/or use of drugs, alcohol or tobacco products will result in the immediate suspension of the student for the remainder of the activity or season. Students suspended from any activity must meet the school policy regarding drug/alcohol counseling and appear before he SAP counselor, coach, activity advisor, and the athletic director or principal. Parental input and involvement is also required.

Student’s **printed** name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Our signature below verifies that we have read and understand the LUHS policies, procedures and guidelines in regards to extra-curricular activities. I am aware that my daughter/son has expressed interest in participating in an extra-curricular activity. I am aware that the school must have my permission, and by signing below I am verifying my permission for my daughter/son to participate in any and all sports at LUHS.

Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Sport(s) participating in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reminder:** There are several required forms that must be signed and submitted prior to extra-curricular participation. These forms may have to be submitted several times as activities and/or sports seasons change.

Concussion Law/Act 58

Included in recently approved statewide legislation is the Concussion Law/Act 58. This law requires all schools to complete several actions to meet its requirements, including providing all families of student athletes with written information regarding concussions and concussion treatment. Please read the following handouts and have your son/daughter do the same. Once you have completed reading the information, please sign (parent/guardian and athlete) the form and return to the Athletic Office as soon as possible.

In addition to the hard copy information, distribution of additional information will be available by accessing the VPA Sports Medicine page through a link on the athletic department’s portion of the Lamoille Union High School website.

We have read the attached concussion information provided by the athletic department at Lamoille Union High School.

Parent/Guardian **printed** name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student athlete **printed** name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student athlete signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Concussion in High School Sports

A Fact Sheet for Parents

**What is a concussion?**

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

**What are the signs and symptoms?**

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports *one or more symptoms* of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention.

**Signs observed by parents/guardians Symptoms reported by athlete**

Appears daze or stunned Headache or “pressure” in head

Is confused about assignment or position Nausea or vomiting

Forgets an instruction Balance problems or dizziness

Is unsure of game, score or opponent Double or blurry vision

Moves clumsily Sensitivity to light or noise

Answers questions slowly Feeling sluggish, hazy, foggy or groggy

Loses consciousness (even briefly) Concentration or memory problems

Shows mood, behavior or personality changes Confusion

Can’t recall events prior to hit or fall Just not “feeling right” or is “feeling down”

**How can you help your teen prevent a concussion?**

Every sport is different, but there are steps your teen can take to protect themselves from concussions or injuries.

* Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained and be worn consistently and correctly.
* Ensure that they follow their coach’s rules for safety and the rules of the sport.
* Encourage them to practice good sportsmanship at all times.

**What should you do if you think your teen has a concussion?**

* Keep your teen out of play. If your teen has a concussion, her/his brain needs time to heal. Don’t let your teen return to play the day of the injury and until a health care professional, experience in evaluating for concussion, says your teen is symptom-free and it’s ok to return to play. A repeat concussion that occurs before the brain recovers from the first – usually within a short period of time (hours, days or weeks) – can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage and even death.
* Seek medical attention right away. A health care professional experienced in evaluating for concussion will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.
* Teach your teen that it’s not smart to play with a concussion. Rest is important after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don’t let your teen convince you that s/he’s “fine.”
* Tell all of your teen’s coaches and the student’s school nurse about any concussion. Coaches, school nurses, and other school staff should know if your teen has ever had a concussion. Your teen may need to limit activities while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your teen’s coaches, school nurse and teachers. If needed, they can help adjust your teen’s school activities during her/his recovery.

**Lamoille Union High School Athletic Medical Card - 2018/2019**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code: \_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wk. Phone: \_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wk. Phone: \_\_\_\_\_\_\_\_\_\_\_\_

Insurance Co.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies/Medical Needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Our child has permission to be treated in the case of a medical

Emergency, including treatment by an Athletic Trainer, if available.

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