



ATHLETICS CODE OF CONDUCT

Athletes are representatives of the school, the school district, the community and their parents. As leaders in the school, athletes are expected to conduct themselves in a manner prescribed by the school district.

Training Rules

Basic training rules are necessary for the health and safety of athletes. The head coach shall establish basic training rules, which are necessary for a particular sport (i.e. diet, sleep, language, body conditioning, grooming, etc.) and it shall be his/her responsibility to make sure, at the beginning of the season, all team members receive a copy of the training rules. The head coach shall have the prerogative to impose a penalty for violation of training rules.

Building and District Rules

School district policy, procedures and building codes of conduct specify the standards of behavior which every student is expected to follow. Athletes are expected to maintain the same standards of behavior.

The list below is not exclusive and will include all other school rules.

- An athlete will not use tobacco, illegal drugs or alcoholic beverages.
- An athlete who becomes involved with the law and is cited in a court for disciplinary action, may be subject to suspension from athletics.
- An athlete will display good school sportsmanship at all times. Disciplinary action taken by the principal's office may be supplemented by additional action taken by the athletic department. Students suspended from the regular school day are also suspended from attending all practices and contests during the term of the suspension.
- An athlete shall display good sportsmanship at all times. Horseplay, bad language, failure to follow instructions of the coach and/or officials may lead to suspension.
- An athlete is expected to present a neat, clean and well-groom appearance. Appropriate dress for an athletic activity shall be determined by the coach.
- An athlete shall respect the rules of the game, respect opponents for striving to do their best and accept personal responsibility for personal actions on the field.

Parental Involvement

Parents are an integral part of student success, both in class work and athletic participation. Parents are expected to:

- Realize that athletics are part of the educational experience and the benefits of involvement go beyond the final score of the game;
- Learn, understand and respect the rules of the game, and support the decisions of the coaches and officials who administer them;
- Help students, through example, to understand the rules of the game, accept consequences for their own actions, win or lose with dignity and exhibit other behaviors that reflect good sportsmanship.

We have read and understand the entire front portion of the Athletic Registration. My student athlete is responsible for his/her actions year round. Any violation of this Athletic/Activities Registration and/or Code of Conduct may result in suspension or expulsion from the Activities/Athletic Program(s).

SIGNED:

Student

Parent

Coach



MEDICAL EXAMINATION - ATHLETICS
PARENTS MEDICAL HISTORY
FOR ATHLETICS

Name _____

PARENT: _____

Current status of student's health:

Allergies? Yes ___ No ___ If so, describe _____

Contact lenses, glasses, teeth braces,
or any prosthesis (artificial tooth,
limbs, etc.) Yes ___ No ___ If so, describe _____

Long-term prescribed medications? Yes ___ No ___ If so, describe _____

Describe any other significant medical or health problems (asthma, diabetes, epilepsy, heart condition, kidney
problems, etc.) _____

Previous history of health:

Convulsions: Yes ___ No ___ If so, describe _____

Head injuries: Yes ___ No ___ If so, describe _____

Prior athletic injuries: Yes ___ No ___ If so, describe _____

Fractures: Yes ___ No ___ If so, describe _____

Serious or chronic illness: Yes ___ No ___ If so, describe _____

Describe any other significant medical or health problems _____

PHYSICIAN'S MEDICAL EXAMINATION FOR ATHLETICS

In order for this student to participate in the Aurora Public Schools athletic program, it is necessary that we have a complete record of health status. Please complete the following information and sign where indicated.

Height _____ Weight _____ Blood Pressure _____ UA _____ HCT _____

Check Each Item in Appropriate Space

	NORMAL	ABNORMAL
EYES		
EARS		
NOSE		
SKIN		
GLANDS		
THROAT		
HEART		

	NORMAL	ABNORMAL
LUNGS		
EXTREMITIES		
HERNIA		
OTHER		

DESCRIBE ANY ABNORMALITIES _____

I certify that I have on this date _____ 20 _____ examined _____
 (month) (day) (year)
 _____ and find him/her physically able to compete in supervised activities NOT
 CROSSED OUT BELOW.

BASKETBALL SOCCER	SWIMMING TRACK	VOLLEYBALL WRESTLING
----------------------	-------------------	-------------------------

LIST ANY MODIFICATIONS OR CONSTRAINTS FOR PARTICIPATION _____

I have read this history and certify that this student is eligible for participation in athletics in the Aurora Public Schools. **(Chiropractic signature WILL NOT BE ACCEPTED.)**

 (Physician's Signature)

 Address & Phone # of Physician

 (Date)

 Type/Print Physician's Name

Physician's Stamp Must Appear Here