

SALMON SAVAGES

Salmon Junior-Senior High School

ATHLETIC REQUIREMENTS and REGISTRATION FORMS – 2020-2021

According to Salmon School District #291 and Idaho High School Activities Association rules, all students interested in participating in athletics must complete the following list of requirements. Please read and complete these items as directed. Forms are available on the district website at www.salmonschools.com and click on Athletics (left menu bar).

- ___ (1) **Physical**—All freshman and juniors are required to have a physical dated after May 1, 2020. Any sophomores or seniors that have not participated in the previous year, any student new to Salmon High School from another state will be required to get a current physical. Transfer students from within the state of Idaho may use their physical if dated after May 1, 2020. Any junior high school student that does not have a current physical on file is required to get a physical. **Physicals must be completed and on file before the participant can participate in practice.**
- ___ (2) **Interim Questionnaire/Acknowledgement of Activity Rules/Element of Risk & Insurance Notification (All Athletes)**—This form must be on file at the school and a copy will be with the coaching staff in case of a medical emergency and emergency treatment is necessary. This form also acknowledges that the parent/guardian and participant have been notified and understand the Extracurricular Participation Policy, Concussion Guidelines to be followed by School District 291 per Idaho Code: I.C. § 33-1625 Youth athletes—concussion and head injury guidelines Title 54, Chapter 18 Idaho Code. This form must be turned in prior to tryouts or first athletic practice. All football participants must have ImPACT testing prior to practice. All other student athletes are encouraged to test in order to get a base line. Every student athlete must complete this form each year. All student-athletes are encouraged to have medical insurance. For information on medical insurance, please see the athletic director or the SJSHS office for more information. **This form must be completed and on file before the participant can participate in practice.**
- ___ (3) **Drug Testing Consent Form**—This form is required for all participants in grades 7-12. See additional information in the Extracurricular and Co-Curricular Participation Policy. This form must be notarized. Signatures to the form must be performed in front of the notary. This form must be renewed every year.
- ___ (4) **COVID-19 Assumption of Risk and Waiver of Liability**—All participants must have this form completed and on file with the school prior to participating in any activity.
- ___ (5) **Academic Eligibility**—Students must have passed all classes in the spring 2020 semester and completed the semester with a GPA of 2.0 or greater. Athletes must be enrolled full time (6 classes). Student athletes attempting to recover credit via summer school, correspondence, and/or online will remain ineligible until official notification has been obtained. If deemed ineligible for the semester, students will not be allowed to participate in any way with the team. (See Extracurricular and Co-Curricular Participation Policy)
- ___ (6) **Transfer and Foreign Exchange Students**—Transfer and foreign exchange papers required by the IHSAA must be completed and filed with the IHSAA before such a student will become eligible to participate. Please contact the athletic director to obtain these forms immediately.
- ___ (7) **Activity Cards**—Athletes are REQUIRED to purchase an activity card before their first athletic contest. No one will be allowed to participate in an athletic contest for Salmon Junior-Senior High School until this purchase is made.

High School Activity Card (Grades 9-12.....)	\$30
Junior High School Activity Card (Grades 1-8).....	\$30
Family Activity Card.....	\$300
- ___ (8) **Travel Fees**— Please refer to the next page.

Any student who is in financial need should see the administration in order to set up a payment plan (\$20 down payment is required) that will meet the need of the student. If a student is unable to meet the travel fee obligation, then a letter stating financial hardship must be submitted to the building principal prior to the first contest. No one will be allowed to participate in an athletic contest for Salmon Junior-Senior High School until the fees have been paid, payment plans completed, or letter submitted. Checks should be made out to Salmon Junior-Senior High School.

SALMON SCHOOL DISTRICT 2020-2021
Activity Card and Travel Fee Agreement

Salmon School District has implemented fees that will help offset athletic budget expenses and maintain the athletic programs for this school year. The activity card fee is a one-time fee and enables students to attend all home events (excluding playoff events) free of charge. The travel fee will be applied to any Salmon Junior-Senior High School student-athlete (grades 6th through 12th) who wishes to participate in Salmon School District athletics.

All student-athletes participating in interscholastic athletics will be required to pay for an activity card and the travel fee. **The travel fee will be charged per athlete per sport played during the school year.**

Salmon High School (grades 9-12)

Activity Card (one-time fee) \$30
Travel Fee per sport 1st Sport \$55; 2nd Sport \$40; 3rd Sport \$25

Salmon Junior High School (grades 6-8)

Activity Card (one-time fee) \$30
Travel fee per sport 1st Sport \$45; 2nd Sport \$30; 3rd Sport \$20

**Family Activity Cards (\$300) suffices for any student who wishes to participate.

- I. **Agreement:** An Activity Card and Travel Fee Agreement **MUST** be submitted with payment prior to the first event or competition. Failure to submit the agreement and fee prior to the first event or competitions will result in student ineligibility.
- II. **Fees:** Fees may be paid by check or cash. Checks should be made payable to: Salmon Junior-Senior High School. A confirmation receipt will be issued at the time of payment. Please retain this receipt for your records.
- III. **Payments:** Payments may be made at the SJSHS office. Agreement forms and fees will not be accepted by coaches.
- IV. **Refunds:** No refunds will be given if a student chooses to leave a team or a student becomes academically ineligible or is removed for disciplinary reasons. Refunds will be made if there are insufficient numbers for the team, your child does not make the team, you move out of district prior to the first event or competition, or your child is injured prior to the first event or competition.

I have reviewed the Salmon School District's Activity Card and Travel Fee Agreement and understand that the fee **does not guarantee playing time**. The fee only provides an opportunity for my son/daughter to participate on a team. I also understand that paying this fee does not, in any way, alter Salmon School Board's student policies, individual team rules, and/or the Idaho High School Athletic Association's regulations.

An athlete will not be allowed to participate in any athletic event or competition unless all signatures are affixed to this document and the fee has been paid.

Make checks payable to: Salmon Junior-Senior High School. Agreement forms and fees are to be turned into the middle/high school office prior to the first event or competition.

Student Signature

Date

Parent/Guardian Signature

Date

Form must be completed for each athlete.

Athlete Name (please print)

Participation Grade

Office Use Only:

Amount Paid: _____ Check #: _____

Cash: _____

Received by: _____

Date: _____

PLAYER NAME _____

2020-2021

INTERIM QUESTIONNAIRE

It is required all students complete a history and physical examination prior to his/her first 9th and 11th grade practice in the interscholastic (9-12) athletic program in the State of Idaho. The exam is at the expense of the student and may not be taken prior to May 1 of the 8th and 10th grade years. This examination is to be done by a licensed physician, physician's assistant or nurse practitioner under optimal conditions. Interim history forms are required during the 10th and 12th grade years and must be submitted to the school administration prior to the first practice.



PLEASE PRINT!!

Name: _____ Date of Birth: _____ Sex: M / F

Address: _____ Phone: _____

School: _____ Participation Grade: _____

MEDICAL HISTORY

SINCE LAST ATHLETIC PHYSICAL EXAMINATION, HAS THIS STUDENT:

	YES	NO		YES	NO
(1) Had surgery?	___	___	(6) Been rendered unconscious?	___	___
(2) Been hospitalized?	___	___	(7) Been diagnosed with a concussion?	___	___
(3) Been under a physician's care?	___	___	(8) Started taking any new medications?	___	___
(4) Had a serious illness?	___	___	(9) Developed any new drug allergies?	___	___
(5) Had an injury requiring a physician's care?	___	___	(10) Developed any health problems?	___	___

Explain "YES" answers: _____

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CONSENT FORM

I hereby consent to the above-named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated by school authorities for any illness or injury resulting from his/her athletic participation. I also consent to release of any information contained in this form to carry out treatment and health care operations for the above named student.

My child **should** or **should NOT** have a physical examination prior to participation in high school athletics.

This application to compete in interscholastic athletics for the above school is entirely voluntary on my part, and with the understanding that I have not violated any of the eligibility rules and regulations of the State Association.

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ELEMENT OF RISK AND INSURANCE NOTIFICATION

Participation in Salmon Junior-Senior High School athletics has many rewards and can provide tremendous enjoyment. However, it is important for both the participant and his or her parents or guardians to realize that an element of risk is present in athletics. The purpose of this letter is to clarify the school's position in terms of insurance coverage and to obtain your permission to secure the quickest assistance possible if your child should be injured.

Salmon's insurance coverage, like that of most schools, does not cover personal injury that is the result of athletic participation. It is most important that you check with your own insurance carrier to be certain that athletic injury would be covered by your own policy, especially if your son or daughter is participating in a contact sport.

The school's insurance policy does provide coverage for injuries resulting from a traffic accident involving school transportation going to or from practice or game sites. The school's insurance does not cover transportation in non-school vehicles. For information on medical insurance, please see the athletic director or the SJSHS office for more information.

PLAYER NAME _____

2020-2021

EMERGENCY CONTACT INFORMATION

Please complete and submit the following to the SJSHS Office before the first practice of the sport season.

Sports Participating _____
Parent/Guardian #1 _____ Phone # _____ Cell # _____
Email _____
Parent/Guardian #2 _____ Phone # _____ Cell # _____
Email _____

Relative or Friend responsible for child if parent/guardian cannot be reached:
Name _____ Phone # _____ Cell # _____

My son/daughter takes the following medication: _____

Is your son/daughter is **ALLERGIC** to any medication? _____ If yes, please list: _____

Other Allergies: _____

Health/Accident Insurance Carrier _____

Policy Number _____

Describe any previous injuries, conditions, or hospitalizations that may affect the performance or treatment of this child-reason and date: _____

I hereby give permission to the proper Salmon Junior-Senior High School authorities to seek appropriate medical care for (Student-Athlete) _____ in the event of illness or injury. I likewise understand that Salmon Junior-Senior High School is not liable for the payment of medical costs incurred in the event of injury or illness sustained in athletic participation. I have also read the activity rules and have discussed them with my son or daughter.

ACKNOWLEDGEMENT OF RECEIPT OF CONCUSSION GUIDELINES

Concussion Reference:

<https://idhsaa.org/concussion>

I, _____, acknowledge that I am the parent or guardian of the Salmon School
(Parent/Guardian)

District #291 student _____, and that we have received information related to
(Student-Athlete)

student athlete concussions, including information from the Idaho High School Activities Association (IHSAA) and the Center of Disease Control and Prevention (CDC).

Parent/Guardian and Student-Athlete have completed the medical history, consent form, and emergency contact information. Parent/Guardian and Student-Athlete have read through and understand Salmon Schools District's Extracurricular and Co-Curricular Participation Policy and agree to adhere to the policy. Parent/Guardian and Student-Athlete understand that participation in school athletic leagues or sports is dangerous, accept the risk of potential consequences of such dangers, and hereby agree to waive all liability against Salmon School District #291, its employees, agents, and trustees, related to any injury or damages that my student may experience or incur as a result from such school athletics leagues or sports.

Student Signature

Date

Parent/Guardian Signature

Date

Note: Both signature lines must be filled in and this form must be provided to the District prior to the student athlete participating in any school athletic leagues or sports.

NOTE: The original copy is to be returned to the school



HEALTH EXAMINATION *and* CONSENT FORM

It is required all students complete a history and physical examination prior to his/her first 9th and 11th grade practice in the interscholastic (9-12) athletic program in the State of Idaho. The exam is at the expense of the student and may not be taken prior to May 1 of the 8th and 10th grade years. This examination is to be done by a licensed physician, physician's assistant or nurse practitioner under optimal conditions. Interim history forms are required during the 10th and 12th grade years and must be submitted to the school administration prior to the first practice.

Name: _____ Sex: M / F Date of birth: _____ Age: _____
 Address: _____ Phone: _____
 School: _____ Sports: _____ Participation Grade: _____

MEDICAL HISTORY

Fill in details of "YES" answers in space below:	Yes	No		Yes	No
1. Have you ever been hospitalized? Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	6. Have you ever had a head injury? Have you ever been knocked out or unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you presently taking any medication or pills?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been diagnosed with a concussion?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any allergies (medicine, bees, other insects)?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever passed out during or after exercise? Have you ever been dizzy during or after exercise? Have you ever had chest pain during or after exercise? Do you tire more quickly than your friends during exercise? Have you ever had high blood pressure? Have you been told you have a heart murmur? Have you ever had racing of your heart or skipped heartbeats? Has anyone in your family died of heart problems or a sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	7. Have you ever had heat or muscle cramps? Have you ever been dizzy or passed out in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any skin problems (itching, rash, acne)?	<input type="checkbox"/>	<input type="checkbox"/>	8. Do you have trouble breathing or do you cough during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you had a medical problem or injury since your last evaluation?	<input type="checkbox"/> Yes <input type="checkbox"/> No		9. Do you use special equipment (pads, braces, neck rolls, mouth guard or eye guards, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any of bones or joints? <input type="checkbox"/> head <input type="checkbox"/> back <input type="checkbox"/> shoulder <input type="checkbox"/> forearm <input type="checkbox"/> hand <input type="checkbox"/> hip <input type="checkbox"/> knee <input type="checkbox"/> ankle <input type="checkbox"/> neck <input type="checkbox"/> chest <input type="checkbox"/> elbow <input type="checkbox"/> wrist <input type="checkbox"/> finger <input type="checkbox"/> thigh <input type="checkbox"/> shin <input type="checkbox"/> foot			10. Have you ever had problems with your eyes or vision? Do you wear glasses, contacts or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>
14. Were you born without a kidney, testicle, or any other organ?	<input type="checkbox"/> Yes <input type="checkbox"/> No		11. Have you had any other medical problems (infectious mononucleosis, diabetes, ect.)?	<input type="checkbox"/>	<input type="checkbox"/>
15. When was your first menstrual period? _____ When was your last menstrual period? _____ What was the longest time between your periods last year? _____					
Explain "YES" answers: _____					

CONSENT FORM

(Parent or guardian and student permission and approval)

I hereby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated school authorities for any illness or injury resulting from his/her athletic participation. I also consent to release of any information contained in this form to carry out treatment and healthcare operations for the above named student.

If the health care provider's exam will be performed without compensation as part of the school's health examination program for participation in high school activities, I agree to the waiver provisions as set forth in Idaho Code Section 39-7703 and agree that the health care provider shall be immune from liability as specified in said section.

PARENT OR GUARDIAN SIGNATURE _____ DATE: _____

This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulation of the State Association.

SIGNATURE OF STUDENT _____ DATE: _____

Idaho High School Activities Association Physical Examination Form

Name: _____ Date of Birth: _____

Height _____	Weight _____	BP _____ / _____	Pulse _____
Vision R 20 / _____ L 20 / _____		Corrected: Y N	
Normal	Abnormal findings		
Medical			
Pulses			
Heart			
Lungs			
Skin			
Ears, nose, throat			
Pupils			
Abdomen			
Genitalia (males)			
Musculoskeletal			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back			
Knee			
Ankle			
Foot			
Other			

CLEARANCE / RECOMMENDATIONS

Clearance:

- A. Cleared for all sports and other school-sponsored activities.
- B. Cleared after completing evaluation/rehabilitation for:
-
- C. NOT cleared to participate in the following IHSAA sponsored sports /activities:
 baseball basketball cheer/dance cross country football golf soccer softball swimming tennis track volleyball wrestling
- NOT cleared for other school-sponsored activities (*example: lacrosse*):
-
- D. Student is NOT permitted to participate in high school athletics.
 Reason: _____

Recommendation:

Name of physician:

Address: _____ Phone: _____

Signature of physician/medical provider: _____ Date: _____

(This Physical Examination Form MUST be signed by a licensed physician, physician assistant or nurse practitioner)

Salmon School District #291

Student Parent/Guardian Drug Testing Consent Form 2020-2021

I, _____, understand that my performance as a participant and the reputation of my school are dependent, in part on my conduct as an individual. I hereby agree to accept and abide by the standards, rules, and regulations set forth by Salmon Junior-Senior High School, Salmon School District #291 Board of Trustees, and the sponsors for the activity in which I participate.

I authorize Salmon Junior-Senior High School to conduct test on urine specimens, saliva samples, and/or breath, which I provide, to test for controlled substances, alcohol, and/or tobacco use. I authorize the release of information concerning the results of such a test to the drug testing coordinator at Salmon Junior-Senior High School, appropriate school personnel, and to my parent or guardian. This form needs to be signed every year.

This shall be deemed consent pursuant to the Family Education Right to Privacy Act for the release of above information to the parties named above.

Student Signature

Date

Parent/Guardian Signature

Date

ACKNOWLEDGEMENT CERTIFICATE

(INDIVIDUAL PERSONALLY KNOWN BY NOTARY)

State of Idaho)
) ss
County of Lemhi)

On this _____ day of _____ in the year of _____.

Before me _____, personally known to me to be the person(s) whose name(s) are subscribed to the within instrument, and acknowledged to me that he/she (they) executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, and the day and year in this certificate first above written.

Notary Public for Idaho

Expires on _____

Assumption of the Risk and Waiver of Liability

Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The Salmon School District (Salmon SD) has put in place protective measures to reduce the spread of COVID-19; however, the Salmon SD cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending activities on the campuses of Salmon SD could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending activities on Salmon SD campuses and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 while on Salmon SD campuses may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Salmon SD employees, classified staff, coaches, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance in activities or participation in Salmon SD programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Salmon SD, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Salmon SD, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Salmon SD activity.

The safety of our employees, students, families and visitors remains the Salmon SD's priority. To prevent the spread of COVID19 and reduce the potential risk of exposure to all parties, we are conducting a simple screening questionnaire with this waiver. Your participation is important to help us take precautionary measures to protect you, your Child(ren) and everyone on campus. Please circle your answers.

- | | | |
|--|------------|-----------|
| 1. Has your child had close contact with or been diagnosed with COVID-19 within the 30 days?* | YES | NO |
| 2. Has your child experienced any of the symptoms below in the last 14 days?* | YES | NO |
| (fever, chills, cough, sore throat, respiratory illness, difficulty breathing, or loss of taste or smell) | | |
| 3. If my Child(ren) develop(s) any of the above symptoms I will keep them home, notify the Coach and seek medical care to obtain a physician's note stating it is safe to return to participation. | YES | NO |

** If the answer is "yes" to questions 1 or 2, access to campus activity will be denied until a physician's note is delivered to the Athletic Director or Athletic Trainer.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Name of Student Participant(s)