

## ATHLETIC PACKET INSTRUCTIONS and DATA COLLECTION PAGE

Please read this instruction page carefully. This document has been designed to assist you in filling out the Athletic Packet for your child to be able to participate in Athletics at Heidelberg High School. Use the following steps to help you complete the packet:

1. Fill in all information in the Data Collection section of this PDF file. All fields are required. This PDF file has been set up so that field values only have to be entered one time and will propagate to the other fields.
2. Print the form. Only pages 3 - 8 of this PDF file need to be printed and returned to HHS.
3. Parent and/or student signatures are required on pages 6 and 8.
4. Return the packet to the Athletic Coach.

Note: We will not accept the document in electronic format. Please do not email a saved copy of the PDF file.

### DATA COLLECTION

Student Information							
Name (last, first)							
ID / SSN							
Passport Number							
Place of Birth							
Nationality							
Date of Birth (MM-DD-YYYY)							
Existing Medical Conditions (list all)							
Chicken Pox / Varicella Vaccine	<table border="0"> <tr> <td>Has student contracted Chicken Pox?</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Has student received Chicken Pox Vaccine?</td> <td>Yes</td> <td>No</td> </tr> </table>	Has student contracted Chicken Pox?	Yes	No	Has student received Chicken Pox Vaccine?	Yes	No
Has student contracted Chicken Pox?	Yes	No					
Has student received Chicken Pox Vaccine?	Yes	No					
Known Allergies (list all)							
Medications (list all medications and dosage)							
Is student a Pay Patient?	<table border="0"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No				
Yes	No						

Parent / Sponsor Information	
Name (last, first)	
Email	
Quarter's Address	
Quarter's Telephone	
Duty Address	
Duty Telephone	
Cell Phone	
Unit	
Rank	
Sponsor SSN	
Spouse's Work Phone	
Spouse's Cell Phone	
Additional Comments regarding Sponsor contact or student information	

Emergency Contact for Student	
Name (last, first)	
Telephone (no DSN)	

## ATHLETIC INFORMATION SHEET

Athlete's Name: \_\_\_\_\_

ID / SSN: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_

Quarter's Address: \_\_\_\_\_

Quarter's Telephone: \_\_\_\_\_

Sponsor's Duty Address: \_\_\_\_\_

Sponsor's Duty Telephone: \_\_\_\_\_

Sponsor's Cell Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emergency Contact Telephone: \_\_\_\_\_

Sponsor's Email Address: \_\_\_\_\_

## ATHLETIC ELIGIBILITY AND STANDARDS OF CONDUCT

The following is written specifically for students participating on school sponsored interscholastic sports teams. All students who represent Heidelberg High School are expected to adhere to the standards of conduct and comply with the eligibility requirements for the duration of the sport, to include vacation periods.

This document is an agreement between student athletes, managers, parents/sponsors and Heidelberg High School. It covers the various rules and regulations governing all participants in any extracurricular sport sponsored by DoDDS and Heidelberg High School. Both the participants and their sponsors must sign this document. The signatures acknowledge agreement to meet eligibility criteria and abide by the standards of conduct and its consequences. No participation in an athletic practice will be permitted until the student has given the responsible head coach a properly executed limited Medical Power of Attorney form and a Heidelberg High School Athletic Eligibility and Standards of Conduct properly signed by both the student and the parent/sponsor. It should be understood that the head coach of the sport might formulate additional rules affecting the team but may not negate or eliminate the policies stated herein.

### Academic Eligibility

The following Academic Eligibility requirements must be met:

- A. All incoming Ninth Grade students are eligible for first semester activities if they are not failing more than one class weekly.
- B. Tenth, Eleventh, and Twelfth Grade students must earn a 2.0 GPA and may fail no more than one class the previous semester to be eligible.
- C. A student declared ineligible may practice, but is not authorized to participate in competition, be in school uniform at a scheduled event, or travel with the team to any away event.
- D. All student participants will be monitored for D's and F's on a weekly basis throughout the semester. Students who earn more than one failing grade in the classes in which they are enrolled are ineligible for competition. A student participant who has been identified as being ineligible for three consecutive weeks may be dropped from the team. Grades during the period of monitoring will be cumulative from the beginning of each quarter.
- E. Students who do not meet the GPA requirement: Students may request reinstatement of eligibility after three weeks of ineligibility. This request must be supported by demonstrated academic achievement, which meets the basic eligibility requirement of 2.0 GPA, and no more than one failing grade.
- F. The GPA of students who are reinstated will continue to be monitored every three weeks through the end of the semester to ensure students maintain eligibility requirements.
- G. Students unable to maintain eligibility after reinstatement will become ineligible for the remainder of the semester.

## **Behavior and Conduct**

At all times, but most particularly when involved in "away" travel, students are expected to behave in an exemplary fashion. Poor sportsmanship, fighting, or any activity which brings discredit to the school and/or community will not be tolerated. Disciplinary measures will be determined by the faculty sponsor and/or school administration.

Vandalism, thievery, or insubordination may involve suspension, expulsion, loss of letter, or police intervention, depending upon the severity of the offense.

## **Medical Requirements**

**Physical Examinations:** Each student eligible to participate in tryouts, practice, and regularly scheduled contests must have a physical examination and a certified statement from a physician that the student is medically qualified to participate in the designated sport(s). The information will be kept on file with the school nurse.

Injured students must present appropriate release from an acceptable medical authority, usually a physician before they are able to continue with the sporting activity.

## **Attendance/Suspension**

Students are required to be in attendance on the full day prior to an extracurricular event in order to be able to participate in that event. If the student has an excused absence on the full day prior to the event it must be cleared through the administration.

Student athletic participants who skip one or more classes will be suspended from the team or activity for a minimum of one day. The head coach may determine additional punitive measures. Legitimate reasons for missing practices, except for absence from school, must be cleared with the head coach or team sponsor in advance.

Students suspended from school by the administration also are suspended from all athletics for the duration of the suspension.

## **Controlled Substance Policy**

Students shall not have possession, use of or sell controlled or mind altering substances, tobacco, alcoholic beverages, hallucinogenic drugs, inhalants, or a combination of drugs or paraphernalia expressly prohibited by federal or local laws. The penalty for infractions will result in removal from the squad for the remainder of the season and forfeiture of varsity or junior varsity letter qualification.

## Dress Regulations/Travel

Participants are to be properly groomed and attired for any "away" trip. The faculty sponsor, the school dress code, and security considerations will determine acceptable standards.

Participants will travel to and from a scheduled sports event as a team. The exception can be made on the return trip. Participants may leave the sporting event with their parents/sponsors after the parent/sponsor has signed a release waiver. This waiver must be signed and given to the administration before the team leaves for the sporting event.

## Age Requirements

Student athletic participants must meet DoDDS regulations involving age limitations, number of years of eligibility, and mentioned qualifications for student eligibility at the Heidelberg High School. In order for students to meet the age limitation, they must not turn nineteen before September 1st of the current school year. Students are limited to four years (8 semesters) of eligibility in interscholastic sports.

## Equipment

All equipment, uniform items, or other school property must be returned in acceptable condition in order to fulfill the requirements for completion of the sport and prior to receiving any letter or other award. The student must pay for lost, stolen, or damaged items.

I understand and agree to abide by the Athletic Eligibility and Standards of Conduct as described above.

Printed Name of Student: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent / Sponsor: \_\_\_\_\_

Signature of Parent / Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

## MEDICAL POWER OF ATTORNEY

In the event that my dependent \_\_\_\_\_, is injured or becomes ill, necessitating immediate medical examination or care, while under the supervision or while participating in any activities sponsored by HEIDELBERG HIGH SCHOOL, UNIT 29237, APO AE 09102, I authorize and release to any agent or employee of HEIDELBERG HIGH SCHOOL, Mark Twain Strasse 1, 69126 Heidelberg, Germany, to take my dependent to any U.S. military facility or any civilian hospital if deemed necessary by the above referenced individual.

I understand that the above named personnel of Heidelberg High School will use all diligent and reasonable efforts to contact my spouse or me. If neither my spouse nor I can be contacted after reasonable attempts by personnel of Heidelberg High School or the U.S. treatment facility, I authorize and release any physician or other qualified medical personnel to examine my child. I authorize any and all emergency care necessary for treating injuries or illness involving immediate danger of life or limb of my dependent. I further authorize non-emergency care necessary treatment such as suturing superficial lacerations, treating colds, minor allergies and minor gastro-intestinal upsets, splinting sprains, casting uncomplicated fractures, or other similar treatments.

### Medical Information About the Above Named Dependent

This information is to be completed by the parent and shared with school personnel and health care providers on a "need to know" basis.

My dependent has the following medical problems (such as diabetes, seizures, asthma, ADHD, heart problems, kidney disease, etc.)

My dependent has had Chicken Pox or has had the Chicken Pox Vaccine

Has student contracted Chicken Pox?	Yes	No
Has student received Chicken Pox Vaccine?	Yes	No

My dependent is allergic to the following:

My dependent takes the following medications on a regular and/or "as needed" basis (list name and amount of each medication)

SPONSOR CONTACT INFORMATION

This information to be completed at registration and updated as needed by the parent.

Home Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_ Rank: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Sponsor's Unit: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Spouse's Work Phone # (include prefix) \_\_\_\_\_ Spouse's Cell Phone #: \_\_\_\_\_

Other Names and Phone Numbers to Use in Case of Emergency if Parents are Unavailable:

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

I AGREE TO NOTIFY THE SCHOOL IMMEDIATELY OF ANY CHANGES IN THE ABOVE INFORMATION.

Date: \_\_\_\_\_ Signature of Parent: \_\_\_\_\_

Sponsor's Social Security Number: \_\_\_\_\_

Are you a Civilian "Pay Patient"? Yes No

PRIVACY ACT NOTICE

AUTHORITY: Title V, Sec. 301. PRINCIPAL PURPOSE: To refer to emergency medical facilities in parents' absence. ROUTINE USES: (a) To obtain emergency medical care when parents cannot be reached; (b) To provide emergency contact names; (c) To supply health and medical information about student. Health Data collected will be entered into the school health computer program for use by health and educational personnel on a need to know basis. This form is used by DoDDS employees and trained medical personnel in emergency. Social Security number of sponsor is required by military medical facilities in case of emergency referral. MANDATORY/VOLUNTARY DISCLOSURE/EFFECT OF NON-DISCLOSURE: Mandatory. School personnel will not be able to provide emergency care and health services in parents' absence.