

# KMHS

A T H L E T I C S

## PHYSICAL FORM



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Physical form and insert must be completed and on file prior to any athletic try-out or participation.

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# Kennesaw Mountain High School Athletic Department



## ATHLETIC PARTICIPATION, INSURANCE, AND CONSENT FORM 2010-2011 School Year

(Physical must be completed on or after April 1, 2010 for the 2010-11 school year and is good through the end of the 10/11 school year)

PLEASE PRINT

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street) (City) (Zip)

The student is domiciled at the above address located in the \_\_\_\_\_ High School District.  
(School must be notified if student moves from the above address)

Have you attended this Cobb County school for at least one full school year? Yes \_\_\_\_\_ No \_\_\_\_\_

You live with (Name of Parent/Parents/Guardian) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Date entered 9<sup>th</sup> grade \_\_\_\_\_ Your grade level for the 2010-2011 school year \_\_\_\_\_

### PARENTAL CONSENT FOR ATHLETIC PARTICIPATION

**Warning:** Although participation in supervised inter-scholastic athletics and activities and intra-scholastic athletic clubs and activities may be one of the least hazardous in which students will engage in or out of school, **BY ITS NATURE, PARTICIPATION IN INTER-SCHOLASTIC ATHLETICS AND INTRA-SCHOLASTIC SPORTS CLUBS INCLUDES A RISK OR INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG TERM CATASTROPHIC, INCLUDING PERMANENT PARALYSIS FROM THE NECK DOWN OR DEATH.** Although serious injuries are not common in supervised athletic programs or athletic clubs, it is possible only to minimize, not eliminate this risk.

Participants can and have the responsibility to help reduce the chance of injury. **PARTICIPANTS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES OR CLUB SUPERVISORS, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR EQUIPMENT DAILY.**

By signing this permission form, you acknowledge that you have read and understand this warning. **PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.**

I (we) hereby give consent for \_\_\_\_\_ to:

**Compete in athletics at KENNESAW MOUNTAIN HIGH SCHOOL of the Cobb County School District in Georgia High School Association approved sports EXCEPT THOSE CROSSED out below:**

<i>Baseball</i>	<i>Basketball</i>	<i>Golf</i>	<i>Volleyball</i>	<i>Swimming &amp; Diving</i>	<i>Lacrosse</i>
<i>Cross Country</i>	<i>Football</i>	<i>Softball</i>	<i>Wrestling</i>	<i>Tennis</i>	<i>Gymnastics</i>
<i>Rifle Team</i>	<i>Soccer</i>	<i>Track &amp; Field</i>	<i>Cheerleading</i>	<i>Weight Training</i>	<i>ROTC</i>

**and, to accompany any school sports team of which the student is a member of on any of its local or out-of-town trips.**

I hereby verify that the information on all pages of this form is correct and understand that any false information may result in my son/daughter being declared ineligible.

Students found illegally enrolled out of their school attendance zone could be ruled ineligible for GHSA competition for one (1) full year.

Parents should contact the Head Coach for information regarding injuries to their son/daughter.

**This acknowledgement of risk and consent to allow participation shall remain in effect until revoked in writing.**

PARENT'S/GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Revised 7/1/05  
Mandatory

**Preparticipation Physical Evaluation**

**HISTORY FORM**

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Personal Physician \_\_\_\_\_

**In case of emergency, contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_

**Explain "Yes" answers below.  
Circle questions you don't know the answers to.**

- |  |                          |  |
|--|--------------------------|--|
|  | <b>Yes</b>               | <b>No</b>                                  |
| 1. Has a doctor ever denied or restricted your participation in sports for any reason?                 | <input type="checkbox"/> | <input type="checkbox"/>                   |
| 2. Do you have an ongoing medical condition (like diabetes or asthma)?                                 | <input type="checkbox"/> | <input type="checkbox"/>                   |
| 3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? | <input type="checkbox"/> | <input type="checkbox"/>                   |
| 4. Do you have allergies to medicines, pollens, foods, or stinging insects?                            | <input type="checkbox"/> | <input type="checkbox"/>                   |
| 5. Have you ever passed out or nearly passed out DURING exercise?                                      | <input type="checkbox"/> | <input type="checkbox"/>                   |
| 6. Have you ever passed out or nearly passed out AFTER exercise?                                       | <input type="checkbox"/> | <input type="checkbox"/>                   |
| 7. Have you ever had discomfort, pain, or pressure in your chest during exercise?                      | <input type="checkbox"/> | <input type="checkbox"/>                   |
| 8. Does your heart race or skip beats during exercise?   | <input type="checkbox"/> | <input type="checkbox"/>                   |
| 9. Has a doctor ever told you that you have (check all that apply):                                    |                          |  |
| <input type="checkbox"/> High blood pressure   |                          | <input type="checkbox"/> A heart murmur    |
| <input type="checkbox"/> High cholesterol  |                          | <input type="checkbox"/> A heart infection |
| 10. Has a doctor ever ordered a test for your heart? (for example: ECG, echocardiogram)                | <input type="checkbox"/> | <input type="checkbox"/>                   |
| 11. Has anyone in your family died for no apparent reason?   | <input type="checkbox"/> | <input type="checkbox"/>                   |
| 12. Does anyone in your family have a heart problem?   | <input type="checkbox"/> | <input type="checkbox"/>                   |
| 13. Has any family member or relative died of heart problems or of sudden death before age 50?         | <input type="checkbox"/> | <input type="checkbox"/>                   |
| 14. Does anyone in your family have Marfan syndrome?   | <input type="checkbox"/> | <input type="checkbox"/>                   |
| 15. Have you ever spent the night in a hospital?   | <input type="checkbox"/> | <input type="checkbox"/>                   |
| 16. Have you ever had surgery?   | <input type="checkbox"/> | <input type="checkbox"/>                   |

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | <b>Yes</b>               | <b>No</b>                |
| 24. Do you cough, wheeze, or have difficulty breathing during or after exercise?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Is there anyone in your family who has asthma?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Have you ever used an inhaler or taken asthma medicine?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?             | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Have you had infectious mononucleosis (mono) within the last month?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Do you have any rashes, pressure sores, or other skin problems?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Have you had a herpes skin infection?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Have you ever had a head injury or concussion?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Have you been hit in the head and been confused or lost your memory?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Have you ever had a seizure?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Do you have headaches with exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?     | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Have you ever been unable to move your arms or legs after being hit or falling?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. When exercising in the heat, do you have severe muscle cramps or become ill?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Have you had any problems with your eyes or vision?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Do you wear glasses or contact lenses?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Do you wear protective eyewear, such as goggles or a face shield?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Are you happy with your weight?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Are you trying to gain or lose weight?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Has anyone recommended you change your weight or eating habits?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. Do you limit or carefully control what you eat?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Do you have any concerns that you would like to discuss with a doctor?                                 | <input type="checkbox"/> | <input type="checkbox"/> |

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below:          | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:   | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Have you had a bone or joint injury that required x-rays MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: | <input type="checkbox"/> | <input type="checkbox"/> |

Head	Neck	Shoulder	Upper Arm	Elbow	Forearm	Hand/ Fingers	Chest
Upper Back	Lower Back	Hip	Thigh	Knee	Calf/ Shin	Ankle	Foot/ Toes

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 20. Have you ever had a stress fracture?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Do you regularly use a brace or assistive device?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Has a doctor ever told you that you have asthma or allergies?                                  | <input type="checkbox"/> | <input type="checkbox"/> |

- FEMALES ONLY**
- |  |                          |                          |
|--|--------------------------|--------------------------|
| 47. Have you ever had a menstrual period?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. How old were you when you had your first menstrual period? | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. How many periods have you had in the last 12 months?       | <input type="checkbox"/> | <input type="checkbox"/> |
- Explain "Yes" answers here: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.**

Signature of Athlete \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



### INSURANCE INFORMATION

Please INITIAL one of the following statements regarding insurance coverage for your son/daughter for the 2010-2011 school year, then sign below:

\_\_\_ My son/daughter is adequately and currently covered by accident insurance that will cover injuries sustained while participating in inter-scholastic Athletics (including, but not limited to, Varsity and Junior Varsity Football).

COMPANY PROVIDING INSURANCE \_\_\_\_\_ NAME OF INSURED \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_ PRIMARY CARE PHYSICIAN'S NAME \_\_\_\_\_

\_\_\_ I wish to purchase the Benefit Plan provided by the Cobb County School System. (A copy of this benefit plan is available from the administration.)

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### AUTHORIZATION

I understand that per The Georgia High School Association a **Preparticipation Physical Evaluation** must be performed by a physician to medically screen each student who participates in the athletic programs of the Cobb County School District. I further understand that a basic medical screening (the required physical exam) is general in nature and limited in its scope and does not indicate or assure me that my child is completely free from impairments. If I wish for a more detailed physical exam to be performed upon my child/ward then it is my responsibility to arrange and pay for such an exam. If this more detailed exam is performed, it is my responsibility to notify the Cobb County School District, and its appropriate employees, of any potential medical problems uncovered by any physical exam given to my child/ward other than the general physical required by the school system for athletic participation. I agree to fully waive any and all claims of whatever nature, fully and finally, now and forever, for my child/ward, for myself, my estate, my heirs, my administrators, my executors, my assignees, my agents, my successors, and for all members of my family, and to indemnify, release, defend, exonerate, discharge and hold harmless the Cobb County School District, their schools, their trustees, officers, Board members, Board of Education, employees, agents, coaches, athletic trainers, physicians, and any other practitioner of the healing arts (an "Indemnified Party") from any and all liability, personal or property damages, claims, causes of action or demands brought against the Cobb County School District or indemnified party arising out of any injuries to my child/ward or to his or her property or losses of any kind which may result from or in connection with his or her participation in any activity related to the athletic programs provided by the Cobb County School District.

**My signature below attests that I have read, understand and concur with the information on this form, and that I give consent for my child to participate in the athletic programs as stated above.**

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Relation To Student: (Check One) Mother \_\_\_ Father \_\_\_ Other \_\_\_  
Phone Numbers (W) \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_

### CONSENT

**(COBB COUNTY SCHOOL DISTRICT PERMISSION TO PARTICIPATE IN ATHLETIC TEAM ONE-DAY SCHOOL SPONSORED TRIPS)**

I hereby consent for \_\_\_\_\_ (student's name) to participate in school-sponsored trips, excluding overnight trips, associated with inter-scholastic athletic competitions. I understand that transportation may or may not be provided by the Cobb County School District. In the event transportation is not provided by the Cobb County School District, transportation will be the student's responsibility. If any emergency medical procedures or treatments are required by the student during the trip, I consent to the trip supervisor(s) taking, arranging for, and consenting to the procedures or treatment in his/her discretion.

I release and waive, and further agree to indemnify, hold harmless or reimburse the Cobb County School District, the Board of Education, its successors and assigns, its members, agents, employees and representatives thereof, as well as trip supervisors, from and against, any claim which I, and any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, from any losses, damages or injuries arising out of, during, or in conjunction with the student's participation in the activity, any trip associated with the activity, or the rendering or emergency medical procedures or treatment, if any.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



**THIS PAGE  
MUST BE  
SIGNED BY A  
LICENSED M.D.  
OR  
DOCTOR OF  
OSTEOPATHY**

THE ACTUAL  
EXAM MAY BE  
COMPLETED BY A  
LICENSED  
MEDICAL  
PHYSICIAN,  
DOCOTOR OF  
OSTEOPATHY,  
NURSE  
PRACTITIONER,  
OR PHYSICIANS  
ASSISTANT

THE DOCTORS  
STAMP IS  
ACCEPTABLE IF IT  
IS IN SCRIPT AND  
IF THE  
INFORMATION  
APPEARS  
ELSEWHERE ON  
THE PAGE  
IDENTIFYING  
HIM/HER AS A  
MEDICAL  
DOCTOR

**Preparticipation Physical Evaluation**

**PHYSICAL EXAMINATION FORM**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body Fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ ( \_\_\_\_\_ / \_\_\_\_\_, \_\_\_\_\_ / \_\_\_\_\_ )  
 Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Y N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

	NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>			
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only)+			
Skin			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

\*Multiple-examiner set-up only.  
 +Having a third party present is recommended for the genitourinary examination.

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Signature of physician \_\_\_\_\_, MD or DO

**Preparticipation Physical Evaluation**

**CLEARANCE FORM**

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Cleared without restriction  
 Cleared, with recommendations for further evaluation or treatment for: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Not Cleared for  All sports  Certain sports: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_  
 \_\_\_\_\_

**EMERGENCY INFORMATION**

Allergies \_\_\_\_\_  
 Other Information \_\_\_\_\_

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Signature of physician \_\_\_\_\_, MD or DO

# **Kennesaw Mountain High School Conduct Statement**

Kennesaw Mountain High School has established a solid program of extracurricular activities for its students. Many teams and clubs have received state recognition for their outstanding achievements. Students involved in competitive interscholastic activities enjoy high visibility and serve as role models for their peers, younger students, and are considered school leaders. Therefore, Kennesaw Mountain High School expects its students to act in accordance with their positions as representatives of the school at all on-campus and off-campus activities all year (including the summer and holidays). Inappropriate behavior of a student **on or off campus, at any time of the year**, will be investigated and may result in disciplinary action and/or expulsion from the club/team, **regardless of whether the offense occurred at a school-related or non-school-related activity**. In addition, the student may be excluded from future participation in extracurricular activities. The policies and rules that follow are taken from the Cobb County School Board Policy JICDD. These policies are meant to be guidelines only. Kennesaw Mountain High School reserves the right to issue any additional disciplinary measures as are deemed necessary based on individual circumstances.

## **A. PROCEDURES: Cobb County Policy JICDD**

### **1. Time in Effect:**

Except as specifically provided, the following behavioral expectations and prohibitions apply 365 days a year, 24 hours a day, in and out of the specific extracurricular season, and on or off school grounds.

### **2. Reporting of Incidents**

Parents/guardians and/or students must report any arrest of a student or behavior in which law enforcement is involved, to their high school administration or coach within two weeks (14 calendar days) of the arrest or behavior. The two week time frame includes weekends, school holidays and summer vacation. Failure to report arrest or behavior will result in the student's consequences for the behavior in question being doubled and possible additional consequences for failure to report the behavior.

### **3. Provisions:**

- Sponsors/Coaches should investigate policy violations and report to the school administration. The Principal or designee should make all determinations of penalties, in consultation with the coaches, sponsors and the District Athletic Director, as appropriate.
- Unless otherwise specified, periods of suspension from activities does not include preseason workouts and other preseason activities. Such student's ability to participate in preseason activities will be determined by the Principal or designee in consultation with the coach. During the student's period of suspension the student cannot have contact with the team during any team activities.
- Students cannot attempt to evade the intent of the Rule by joining a new sport specifically to allow their suspension days to run their course. If a student athlete participates in a sport that he/she had not been previously involved with, he/she must complete the season of the new sport in good standing in order for the suspension days to count.
- Transferring from one District school to another does not relieve the student from the consequences for a violation of this rule. Should a student choose to transfer outside of the District, the designated school administrator or the school athletic director will contact the new school to inform them of the violation and the resulting penalty. The District may also honor the activity consequences from other private or public school systems.

### **4. Notification: High Schools**

In addition to providing students with copies of Administrative [Rule JICDA-H](#) (Student Code of Conduct - High School), each high school should provide written notification of this Administrative Rule to all participants in extracurricular activities.

## **B. ALCOHOL/ILLEGAL DRUGS/INHALANTS: Cobb County Policy JICDD**

The District believes very strongly that using/possessing over the counter drugs or products to get high; using/possessing alcohol; using/possessing illegal drugs; or using/possessing prescription drugs in an unauthorized manner at any time is a serious offense. Such use or possession by extracurricular participants is banned. **All misdemeanor driving under the influence (DUI) offenses will be dealt with according to this section. All felony DUI offenses will be dealt with under Section D, below. Offenses are cumulative at the high school level.**

#### **• 1st Offense:**

- Suspension from extracurricular activities, including practice and regular season, a **minimum** twenty-five (25) calendar days; plus
- Suspension from a **minimum** of 30% of the regular season contests/performances; plus
- Enrollment in the Gaining Results in Intervention and Prevention Program (GRIP) or comparable alcohol/other drug education program.
- The first offense suspension will begin on the GHSA start date for the next season with which the recognized athlete is affiliated.
- If the student has not completed his suspension at the end of the season, the remaining days will be completed at the beginning of the next affiliated GHSA activity.

#### **• 2nd Offense:** Suspension from extracurricular activities for a **minimum** of one calendar year. The student will not be permitted to participate in preseason activities or practice.

#### **• 3rd Offense:** Permanent suspension from extracurricular activities, including preseason activities and practices.

## **C. TOBACCO [IN-SEASON USE]: Cobb County Policy JICDD**

- **1st Offense:** Suspension from all extracurricular activities for two (2) school days.
- **2nd Offense:** Suspension from all extracurricular activities for five (5) school days and must sit out 10% of games/matches/performances/competitions.
- **3rd Offense:** Suspension from all extracurricular activities for ten (10) school days and must sit out 20% of games/matches/performances/competitions.
- **4th Offense:** Suspension from all extracurricular activities for ninety (90) calendar days.

## **D. FELONY: Cobb County Policy JICDD**

### **1. Guidelines:**

- A student who is arrested for, or charged with a felony or charged with an act that would constitute a felony if committed by an adult shall be automatically suspended from interscholastic/extracurricular activities;
- Students will not be permitted to participate in preseason activities;
- DUI: All felony DUI offenses will be dealt with according to this section.

### **2. Duration:**

- The student shall remain suspended from extracurricular activities until:
  - The charges are completely dismissed;
  - The charges are reduced to a misdemeanor in which case the student may be subject to penalties outlined in Section E, below, or Section B, for alcohol offenses;
  - The student is found not guilty; or
  - The student serves his consequences as outlined below.
- Once the student successfully completes the consequences assigned by the judge or agreed to by the student, including probation or diversion, the student may be permitted to participate in extracurricular activities. Evidence that the probation period has expired, fines have been paid and/or community service has been completed is required.
- If a student has been arrested or charged with an offense, but the matter has been expunged, sealed, removed from a student's record, treated as a "first offender" action, or the behavior has not been prosecuted (nolle prosequi), that student should present or obtain documentation as required by the school to determine the circumstances of the matter. **These circumstances may not be sufficient to lift the student's consequences.**

## **E. MISDEMEANORS: Cobb County Policy JICDD**

1. A student who is arrested for, charged with, or found guilty of a misdemeanor shall receive consequences as outlined below. However, minor offenses that result in fines alone may be dealt with as a violation of Section F(7) below.

**1st and Subsequent Offenses:** Minimum suspension from extracurricular activities for one (1) school day up to a maximum of permanent suspension from extracurricular activities.

- Drug/Alcohol/DUI: Any student who is accused of a misdemeanor alcohol/drug offense or a misdemeanor DUI will receive consequences as outlined in Section B above.
- If the student produces proof that the charges are completely dismissed or the student is found not guilty, these consequences may be lifted. If a student has been arrested or charged with an offense, but the matter has been expunged, sealed, removed from a student's record, treated as a "first offender" action, or the behavior has not been prosecuted (nolle prosequi), that student should present or obtain documentation as required by the school to determine the circumstances of the matter. **These circumstances may not be sufficient to lift the student's consequences.**

## **F. OTHER OFFENSES: Cobb County Policy JICDD**

A student who commits the following offenses may be suspended or permanently dismissed from the team or activity. The head coach in conjunction with the school administration will determine consequences for the following:

- Hazing:** School clubs and student organizations shall not use hazing or degradation of individual dignity (Administrative [Rule JJ](#) [Student Activities: School Clubs/Organizations and Student Organizations]);
- Missing a practice, a rehearsal or activities. (unless excused by the coach, teacher, or sponsor)
- Truancy and/or skipping classes
- Acting in an unsportsmanlike manner when representing the school;
- Violating curfew as established by the coach;
- Any act at school or away from school, which results in any discipline by school administration; or
- Any act at school or away from school which, in the opinion of the Principal reflects in a negative manner on the school, athletic program, or activity.

## **G. ATTENDANCE RULES (INCLUDING OSS AND ISS): Cobb County/School/GHSA Policy**

- A student involved in interscholastic/extracurricular activities must be in school at least one-half of the school day in order to participate in any game, performance, practice, tryout, or conditioning. Exceptions may be made by Kennesaw Mountain administration.
- Students in **ISS** (for all or part of the day) **may not** participate in conditioning, tryouts, practice or games. If ISS ends on Friday, the student can play Saturday. Each coach reserves the right to impose a harsher penalty for ISS if he/she desires.
- Students under **out-of-school suspension** **may not** participate in conditioning, tryouts, practice or games until they return to class. Example: If suspension is through Friday, the student cannot play on Saturday. Each coach reserves the right to impose a harsher penalty for OSS if he/she desires.

## **H. ATHLETIC TRAINER: KMHS Policy**

Kennesaw Mountain High School is fortunate to have on their staff a Nationally Certified and Georgia Licensed Athletic Trainer. By signing here you allow the Sports Medicine Staff to refer to appropriate medical providers and to treat your student athlete in emergency and non-emergency situations that occur on and off campus. This also allows the Sports Medicine Staff to conduct day to day injury evaluation, treatment and rehabilitation on your student athlete.

## **I. PARENT EXPECTATIONS AND BEHAVIOR: KMHS Policy**

Parents are expected to be role models at all times. KMHS expects that parents will show respect for all players, coaches, and spectators. Parents are expected to promote the spirit of fair play and the good sportsmanship expected by KMHS. By signing below, parents accept the responsibility to be a model of good sportsmanship that comes with being the parent of a student athlete.

**My signature below indicates that I have read and understand the Code of Conduct, Consequences for a Violation, Attendance Rules, Parent Expectations, and Athletic Trainer treatment policies.**

**Print Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_