

PLAINVIEW-OLD BETHPAGE

DEPARTMENT OF PHYSICAL EDUCATION, HEALTH, ATHLETICS AND RECREATION



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Plainview-Old Bethpage Interscholastic Athletic Participation Contract

A Plainview-Old Bethpage Student Athlete will aim for, pursue and achieve high academic standards.

A Plainview-Old Bethpage Student Athlete will compete passionately, but with integrity, pride and class.

A Plainview-Old Bethpage Student Athlete will develop and have a sense of community pride and social responsibility.

A Plainview-Old Bethpage Student Athlete will develop into young adults that possess strength of character and high moral purpose.

Requirements for Participation:

- Participation in Interscholastic Athletics is open to all students in grades 7-12. Participation is voluntary and shall be considered a privilege. Students and parents are expected to follow the rules and regulations set forth by New York State Public High School Athletic Association, Section VIII Athletics, Plainview-Old Bethpage Central School District, Plainview-Old Bethpage Athletic Department and the individual teams that they participate on.
- All participants shall be bonafide students within POB CSD.
- All participants are to have a current physical (within 1 year of the start of the season) and a completed Health History update on file with the school nurse.
- All participants must read and sign the Parent and Student Concussion Information sheet. This form must be completed prior to the start of each athletic season and handed into your head coach.
- All participants must complete and sign the POB Interscholastic Athletic Participation Contract. This contract must be completed prior to the start of each athletic season.

Attendance Requirements:

- All student athletes are required to be in attendance in school for at least four consecutive periods in order to be permitted to participate in a practice, scrimmage, or contest.
- NO student athlete may participate in a practice, scrimmage or contest on a day when he/she was absent from school unless granted permission by the Athletic Director.
- NO student athlete may participate in a practice, scrimmage or contest on a day when he/she is suspended from school, plus the day after the suspension ends.
- Student athlete medically excused, **unprepared** or that does not participate in Physical Education class will not be allowed to participate in a practice, scrimmage, or contest on the same day.

Academics Requirements:

- A student athlete who fails or is denied credit or placed in audit status for **two or more classes** in a given quarter shall be deemed ineligible to participate in Interscholastic Athletics until they meet with their guidance counselor to plan an appropriate intervention/remediation program.
- This plan must be adopted by the student athlete and approved by the principal and athletic director or their designee prior to returning to interscholastic sports or activities.
- Failure to complete or comply with the intervention/remediation policy will result in suspension from his/her team.
- A student athlete that fails or is denied credit or placed in audit status in **one class**, will be required to submit a weekly academic update for that class to the athletic office for the remainder of the next marking period. Failure to hand in this report can result in suspension from an interscholastic contest or the team.
- Failures that occur in the 4th quarter will be carried over into the 1st quarter of the next school year.

Equipment:

- All student athletes will wear district issued equipment and uniforms during all practices and competition. Any personal items must be preapproved
- Any student athlete that fails to return any district issued equipment and/or uniforms or pay for lost or stolen items shall not be able to participate in any other interscholastic sports until all items are returned and/or paid for.

Student Athlete Code of Conduct:

- **All Student Athletes must understand that as a member of a Interscholastic Athletic team, their conduct reflects upon themselves, their family, the team, the school, and the community. Therefore, student athletes should conduct themselves in such a way that their actions are a credit to themselves.**
- All student athletes and their parents/guardians are to abide by the rules, regulations, and policies of the Plainview-Old Bethpage CSD. These include, but are not limited to the Plainview-Old Bethpage Student Athlete Handbook, Plainview-Old Bethpage CSD Code of Conduct and any individual team code of conduct and rules. Violation of these policies can result in disciplinary action (resulting in by not limited to suspension from the games and/or the team).
- All Student Athletes and their parents/guardians will conduct themselves during games in accordance with the code of conduct set forth by Section VIII.
- **Possession/use/sale/distribution of any illegal drugs, alcohol, tobacco, tobacco products and/or illegal performance enhancing products either on or off campus while a member of an Interscholastic Athletic team will result in immediate suspension from participation on that team.**
- Hazing of another student while on or off campus while a member of an Interscholastic Athletic team will result in immediate suspension from participation on that team.
- In the event that a dismissal or suspension from an interscholastic team is deemed necessary the Head Coach, in consultation with the Athletic Director, will determine the length and guidelines. The Head Coach will notify the student athlete's parent/guardian of the dismissal/suspension and the reason(s) for the dismissal. The student athlete or his/her parent/guardian has the right to appeal. A written letter must be presented to the Athletic Director within 2 days of the suspension. Once an appeal has been made the Athletic Director will convene a meeting of the Coaches Council Review Committee (CCRC) within two school days of the written notification. At the meeting the student athlete or parent/guardian will have the right to present their case to the CCRC. The CCRC will render their decision within two days of the hearing. Throughout the appeal process, the student athlete must continue to serve his/her suspension/dismissal.

Emergency Contact Information

Student's Name: _____ Sport: _____
Address: _____ Home Tel: _____
Parent/Guardian Name: _____ Bus. Tel: _____
Physician Name & Tel: _____ Birth Date: _____ Gender: M/F
Emergency Name & Tel: _____ Grade: _____
Parent/Guardian Email Address: _____
School: POBMS MATTLIN POBJKFS

By signing below, I indicate that I have read the following participation contract and the Plainview-Old Bethpage Student Handbook (located online). I am aware of the rules and regulations for participation in the interscholastic sports program and agree to conduct myself in accordance with them. If my conduct is in violation of the rules, regulation or policies of the Plainview-Old Bethpage Central School District, including but not limited to this participation contract, I understand that I can be suspended from the athletic program. Further, I acknowledge that there is a risk of injury when participating in interscholastic practices, games, contests and during the transportation to and from away games and off-site locations. These injuries may range from minor to catastrophic and we realize the risks at hand by participating in any interscholastic sports.

Student Athlete Signature: _____ Date: _____
Parent/ Guardian Signature: _____ Date: _____
Coaches Signature: _____ Date: _____

Medical Clearance Complete

Nurses Signature: _____ Date: _____

Health alerts _____

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Health History Form

Please complete and hand into your school Nurse prior to participating in Interscholastic Athletics each season. Once handed in the School Nurse will sign Interscholastic Athletic Participation Contract.

Student's Name: _____ Sport: _____

Address: _____ Home Tel: _____

Parent/Guardian Name: _____ Bus. Tel: _____

Physician Name & Tel: _____ Birth Date: _____ Gender: M/F

Emergency Name & Tel: _____ Grade: _____

School: POBMS MATTLIN POBJKFHS

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| 1. Have you ever had a head injury, concussion, seizure or been unconscious in the past year? | Yes | No |
| 2. Have you ever been hospitalized, treated in the emergency room or had surgery in the past year? | Yes | No |
| 3. Do you have any allergies (medication, food or bee sting)? | Yes | No |
| 4. Do you have asthma? | Yes | No |
| 5. Have you had any fractures, dislocations, severe sprains or serious injuries? | Yes | No |
| 6. Have you ever been refused permission to participate in athletics? | Yes | No |
| 7. Do you wear glasses or contact lenses? Braces? Dental plate or bridge? | Yes | No |
| 8. Have you ever had a heart murmur, high blood pressure or heart abnormality? | Yes | No |
| 9. Have you ever been dizzy or passed out after exercise? | Yes | No |
| 10. Do you have any chronic illnesses? | Yes | No |
| 11. Are you under a doctor's care at this time? | Yes | No |

12. List all Medications you are presently taking and reason or condition: _____

13. PLEASE EXPLAIN ANY "YES" ANSWERS TO THE QUESTIONS ABOVE: _____

PERMISSION

We understand clearly that the above questions are asked in order to decide if the student is in a proper condition to participate in the athletic activity named at the top of this form. The answers are correct as of the date of this form when signed.

I am aware that a physical examination is required before participation in interscholastic athletics. Any illness that is five or more days in duration since the last physical in the current school year requires re-examination by the school physician. I am also aware that both the N.Y.S. Department of Health and the School doctor recommend an updated Tetanus shot every 10 years or sooner in case of injury.

I PERMIT MY SON/DAUGHTER TO PARTICIPATE IN: _____

DATE: _____ PARENT/GUARDIAN SIGNATURE: _____