

NEAH-KAH-NIE HIGH SCHOOL ATHLETIC PERMISSION SLIP

Participation in athletics has many rewards and can provide tremendous enjoyment. However, it is important for both participants and parents to realize that an element of physical risk is present when one is involved in athletics. The purpose of this letter is to clarify the school's position in terms of insurance coverage and to obtain your permission in securing the quickest medical assistance possible, if your athlete should be injured.

The school's insurance coverage, like that of all schools, does not cover personal injury that is the result of athletic participation. It is important that you check with your own insurance carrier to be certain that athletic injury for your son or daughter is covered by your own policy. The school's insurance policy does cover injury that would result from an accident incurred with school transportation going to and from practice or game sites. Students who choose to provide their own transportation must carry their own insurance coverage. Likewise, students and/or parents who volunteer to transport others to and from practice and/or games are not covered by school insurance.

PLEASE COMPLETE THIS FORM AND RETURN IT IMMEDIATELY TO THE HIGH SCHOOL OFFICE.

Student Name _____ Grade _____

Sports _____

Check box if student is interested in all sports.

Parent whose policy covers athlete _____

Health insurance carrier _____ Policy number _____

I hereby give permission to the proper school authorities to seek the appropriate medical assistance for our son or daughter in the event of an injury. I likewise understand that the school is not liable for the payment of the medical costs in the event of injury sustained in athletic participation. I assure the school that I am duly authorized to execute this document.

Parent signature _____ Date _____

Daytime phone number _____ Evening phone number _____

Emergency contact _____ Phone number _____

Please circle answers below and explain any "yes" if, in the past year, student named above:

1. Has had injuries requiring medical attention _____ Yes No

2. Has had illness lasting more than a week _____ Yes No

3. Is under a physician's care now _____ Yes No

4. Takes medication now _____ Yes No

5. Wears glasses: Yes No Contact lenses: Yes No

6. Had been in a hospital (except tonsils) _____ Yes No

If yes, explain here: _____

Do you know any reason why this student should not participate in sports? Yes No

Explain _____

Physician _____ Phone _____

A copy of this permission slip must be provided to the coach at the beginning of any/all sporting seasons.

School Sports Pre-Participation Examination – Part 1: Student or Parent Completes

Revised April 2023

HISTORY FORM

(Note: Form to be completed by the patient and parent/guardian prior to seeing the provider. Providers keep a copy in the patient's record. Schools keep a copy in the student's education records according to the requirements of the Family Education Rights and Privacy Act (FERPA). Under FERPA, education records may include any student's health records that are maintained by schools.)



Please scan QR code for updated mental health related resources.

Name: _____ Date of birth: _____

Sex: _____ Age: _____ Grade: _____ School: _____ Sport(s): _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Foods Stinging Insects

Over the last two weeks, how often have you been bothered by any of the following problems?
Give answers as 0 to 3, using this scale: 0 = Not at all; 1 = Several days; 2 = More than half the days; 3 = Nearly every day

Little interest or pleasure in doing things:	0	1	2	3	Feeling down, depressed, or hopeless:	0	1	2	3
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Note to Providers: If combined score is 3 or greater, the student should be further evaluated with the PHQ-9 to determine whether they meet criteria for a depressive disorder.

Explain "Yes" answers below. Circle questions you do not know the answers to.

GENERAL QUESTIONS	YES	NO
1. Do you have any concerns you would like to discuss with your provider?		
2. Has a doctor or other healthcare professional ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
4. Have you had a COVID-19 infection that required hospitalization?		
THESE QUESTIONS LET US KNOW ABOUT THE HEALTH OF YOUR HEART	YES	NO
5. Have you ever passed out or nearly passed out during or after exercise?		
6. Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?		
7. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: ___ High blood pressure ___ A heart murmur ___ High cholesterol ___ A heart infection ___ Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? For example, electrocardiography (ECG) or echocardiography.		
10. Do you get lightheaded or feel shorter of breath than your friends during exercise?		
11. Have you ever had a seizure?		
THESE QUESTIONS LET US KNOW ABOUT HEART HEALTH IN YOUR FAMILY. PLEASE ANSWER AS BEST YOU CAN.	YES	NO
12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 35 years (including drowning or unexplained car accident)?		
13. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTs), Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
14. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

THESE QUESTIONS LET US KNOW ABOUT ANY BONE OR JOINT PROBLEMS THAT COULD LIMIT YOUR ABILITY TO BE PHYSICALLY ACTIVE.	YES	NO
15. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint or tendon that caused you to miss a practice or game?		
16. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
THESE QUESTIONS LET US KNOW ABOUT ANY CURRENT OR PAST MEDICAL ISSUES	YES	NO
17. Do you cough, wheeze, or have difficulty breathing during/after exercise?		
18. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
19. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
20. Do you have any recurring skin rashes, or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?		
21. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
22. Have you ever had numbness, had tingling, had weakness in your arms or legs or been unable to move your arms or legs after being hit or falling?		
23. Have you ever become ill while exercising in the heat?		
24. Do you or does someone in your family have sickle cell trait or disease?		
25. Have you ever had, or do you have any problems with your eyes or vision?		
THESE QUESTIONS LET US KNOW IF YOU ARE PROVIDING YOUR BODY WITH ENOUGH ENERGY (FUEL) WHEN YOU ARE PHYSICALLY ACTIVE	YES	NO
26. Do you worry about your weight?		
27. Are you trying to or has anyone recommended that you gain/lose weight?		
28. Are you on a special diet or do you avoid certain types of food or food groups?		
29. Have you ever had an eating disorder?		
30. Have you ever had a menstrual period? (If yes, please answer the following questions.)		
31. How old were you when you had your first menstrual period? _____		
32. When was your most recent menstrual period? _____		
33. How many periods have you had in the last 12 months? _____		

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 _____

ORS 336.479, Section 1 (3) "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." Section 1(5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."

Form adapted from ©2023 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. OHA mental health related resources can be found on the OSA website via the QR code above or at <https://www.osaa.org/resources>.

School Sports Pre-Participation Examination – Part 2: Medical Provider Completes

Revised April 2023

PHYSICAL EXAMINATION FORM

(Note: Providers keep a copy in the patient's record. Schools keep a copy in the student's education records according to the requirements of the Family Education Rights and Privacy Act (FERPA). Under FERPA, education records may include any student's health records that are maintained by schools.)



Please scan QR code for updated mental health related resources.

Date of Exam: _____

Name: _____ Date of birth: _____

Sex: _____ Age: _____ Grade: _____ School: _____ Sport(s): _____

EXAMINATION		
Height:	Weight:	BMI %:
BP: / (/)	Pulse:	Vision R 20/ L 20/ Corrected <input type="checkbox"/> YES <input type="checkbox"/> NO
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/ears/nose/throat		
Lymph nodes		
Heart •Murmurs (auscultation standing, supine, with and without Valsalva)		
Pulses		
Lungs		
Abdomen		
Skin		
Neurologic		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for:

Not cleared

Pending further evaluation

For any sports

For certain sports: _____

Reason: _____

Recommendations: _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the provider may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians). This form is an exact duplicate of the current form required by the State Board of Education containing the same history questions and physical examination findings. I have also reviewed the "Suggested Exam Protocol".

Name of Provider (print/type): _____ Date: _____

Address: _____ Phone: _____

Signature of Provider: _____

ORS 336.479, Section 1 (3) "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." Section 1(5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."

Form adapted from ©2023 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. OHA mental health related resources can be found on the OSAA website via the QR code above or at <https://www.osaa.org/resources>.

School Sports Pre-Participation Examination – Suggested Exam Protocol for Medical Provider Revised May 2017

MUSCULOSKELETAL

Have patient:

1. Stand facing examiner
2. Look at ceiling, floor, over shoulders, touch ears to shoulders
3. Shrug shoulders (against resistance)
4. Abduct shoulders 90 degrees, hold against resistance
5. Externally rotate arms fully
6. Flex and extend elbows
7. Arms at sides, elbows 90 degrees flexed, pronate/supinate wrists
8. Spread fingers, make fist
9. Contract quadriceps, relax quadriceps
10. "Duck walk" 4 steps away from examiner
11. Stand with back to examiner
12. Knees straight, touch toes
13. Rise up on heels, then toes

To check for:

- AC joints, general habitus
- Cervical spine motion
- Trapezius strength
- Deltoid strength
- Shoulder motion
- Elbow motion
- Elbow and wrist motion
- Hand and finger motion, deformities
- Symmetry and knee/ankle effusion
- Hip, knee and ankle motion
- Shoulder symmetry, scoliosis
- Scoliosis, hip motion, hamstrings
- Calf symmetry, leg strength

MURMUR EVALUATION – Auscultation should be performed sitting, supine and squatting in a quiet room using the diaphragm and bell of a stethoscope.

Auscultation finding of:

1. S1 heard easily; not holosystolic, soft, low-pitched
2. Normal S2
3. No ejection or mid-systolic click
4. Continuous diastolic murmur absent
5. No early diastolic murmur
6. Normal femoral pulses
(Equivalent to brachial pulses in strength and arrival)

Rules out:

- VSD and mitral regurgitation
- Tetralogy, ASD and pulmonary hypertension
- Aortic stenosis and pulmonary stenosis
- Patent ductus arteriosus
- Aortic insufficiency
- Coarctation

CONCUSSION -- When can an athlete return to play after a concussion?

After suffering a concussion, no athlete should return to play or practice on the same day. Previously, athletes were allowed to return to play if their symptoms resolved within 15 minutes of the injury. Studies have shown that the young brain does not recover that quickly, thus the Oregon Legislature has established a rule that no player shall return to play following a concussion on that same day and the athlete must be cleared by an appropriate health care professional before they are allowed to return to play or practice.

Graduated, Step-wise Return-to-Participation Progression: A medical release is required by [ORS 336.485](#), [ORS 417.875](#) before returning to participation.

1. **Symptom-Limited Activity:** Relative rest up to 48-72 hours. Allow low intensity physical and cognitive activity. May include staying home or limiting school hours and/or homework. Gradually reintroduce very light activity while limiting symptoms.
2. **Light Aerobic Exercise:** Walking or stationary bike at low to moderate intensity; no contact, resistance or weight training.
3. **Sport Specific Exercise:** Sprinting, dribbling basketball or soccer; no helmet or equipment, no head impact activities.
4. **Non-Contact Training:** More complex drills in full equipment. Weight training or resistance training may begin.

****Before moving to the next stage, the athlete must be fully recovered, medically cleared, and in school full-time without accommodations.**

5. **Full-Contact Practice:** Participate in normal full-contact training activities.
6. **Unrestricted Return-to-Participation / Full Competition:** Game play against opposing team.

The athlete should spend a minimum of one day at each step. If symptoms re-occur, the athlete must stop the activity and contact their athletic trainer or other health care professional. Depending upon the specific type and severity of the symptoms, the athlete may be told to rest for 24 hours and then resume activity one-step below the level when the symptoms occurred. Graduated progression applies to all activities including sports and PE classes.

581-021-0041 Form and Protocol for Sports Physical Examinations

1. The State Board of Education adopts by reference the form entitled "School Sports Pre-Participation Examination " dated April 2023 that must be used to document the physical examination and sets out the protocol for conducting the physical examination. The form may be used in either a hard copy or electronic format. Medical providers may use their electronic health records systems to produce the electronic form. Medical providers conducting physicals of students who participate in extracurricular activities in grades 7 through 12 must use the form.
2. If the form is produced from an electronic medical record, it must contain the following statement above the medical provider's signature line:
This form is an exact duplicate of the current form required by the State Board of Education containing the same history questions and physical examination findings. I have also reviewed the "Suggested Exam Protocol".
3. Medical providers conducting physicals on or after May 1, 2018 and prior to May 1, 2023 must use the form dated May 2017.
4. Medical providers conducting physicals on or after May 1, 2023 and prior to May 1, 2024 may use either the form dated May 2017 or the form dated April 2023.
5. Medical providers conducting physicals on or after May 1, 2024 must use the form dated April 2023.

NOTE: The form can be found on the Oregon School Activities Association (OSAA) website at <https://www.osaa.org/health-safety>.

Statutory/Other Authority: ORS 326.051

Statutes/Other Implemented: ORS 336.479

ATHLETIC/ACTIVITIES CODE

Neah-Kah-Nie School District #56 is proud of its athletic and activity programs. Our coaches, teachers, advisors and administrators expect students to apply themselves to their academics, to have good attendance records, to be neat and clean in appearance, and to behave in an appropriate manner at all times. The faculty, coaching staff, and administration consider interscholastic athletics and activities to be an important extension of the school day. In order to enhance the overall athletic program for all participants, specific rules are provided which create particular athlete-coach expectations and allow for great consistency in the administration of the athletic program.

Physical Exams for Athletics

All students must have a physical exam performed by a physician licensed by the Oregon State Board of Medical Examiners, **prior** to practice and competition in athletics. The physical exam is the responsibility of the parents/students and is to be paid for by the parents. Any participant that has had an injury or illness and has been under the care of a physician **must** have a "Return to Play" form signed by the physician before participation.

The following guidelines have been established by School district #56 and **MUST** be read by the student and parent/ guardian before any student can participate in athletics or activities

General Rules

1. Team sports are: football, basketball, cheer and volleyball. Individual sports are: cross country, wrestling, swim and track.
2. The policy shall be in effect 24 hours a day from the first day of practice until the completion of High School.
3. Participants will ride to and from any event held at another school on school provided transportation. A student may ride with their own parent or guardian **ONLY** if it has been pre-arranged with the coach. (This is usually done only on the trip home.) If a student rides home with another player's parent, a change in transportation form must be completed prior to the trip. Students may not ride home with older siblings.
4. Athletes are eligible to compete in a contest or practice only if they attend school the entire day of the contest or practice. The only exceptions would be pre-excused absences or by administrative approval.
5. All students must be covered by insurance **before** being allowed to practice or compete in an athletic event.
6. All students must have a physical examination by a certified medical doctor on the prescribed OSAA physical form every two years.
7. All paperwork (permission form, physical, and insurance) must be on file in the office before the first practice.
8. No student will be allowed to participate in more than one sport during a sport's season unless all coaches arrange and agree to a joint participation agreement.
9. Students are expected to attend school first period on the morning after school sponsored event. Any extracurricular participation accompanied by a tendency toward tardiness will require a meeting with the Athletic Director, any advisor or teachers involved, and a parent to discuss further participation.

ATHLETIC & ACTIVITY CODE OF CONDUCT

Neah-Kah-Nie School District #56 is proud to offer athletic and activity opportunities to Neah-Kah-Nie High School students. Our coaches, teachers, advisors and administrators expect students to apply themselves to their academics, maintain good attendance, be disciplined, and represent Neah-Kah-Nie High School with pride and respect. The primary goal of Neah-Kah-Nie athletic and activity programs is to provide fun, rewarding, and successful learning experiences for all student athletes.

Academic Eligibility-Athletics/Activities

Students must meet OSAA and Neah-Kah-Nie High School eligibility requirements each trimester to participate in any athletics/activities at NKN High School. Students must be enrolled in four curriculum classes per trimester. Students who do not pass 4 out of 5 classes are not eligible for the following trimester. Participation for fall sports will be based on the previous year's third trimester grades. Participation in team practices will be determined by the head coach/advisor. Students' grades will be monitored during the season at mid-term for continued eligibility. A student deemed ineligible will be unable to participate until they have fulfilled the OSAA pass-to-play rule (passing 4 out of 5 classes).

Additionally, to be eligible to play, a student must also be making satisfactory progress towards the school's graduation requirements by earning a minimum of the quantity of credits indicated on the chart below for the specified year. (See OSAA Handbook, Rule 8.1.2.)

Minimum Satisfactory Progress Requirements:

Credits to Graduate: 28

Prior to Grade 10: 5

Prior to Grade 11: 11.5

Prior to Grade 12: 19.5

All returning students who do not meet the minimum credit requirements established above need to enroll in and complete a credit recovery program. Students who are not "on track to graduate" are not eligible to participate unless an Eligibility Request Form has been submitted to the OSAA office and approved by the Executive Director.

Students with unexcused absences or truancies will not participate in athletics/activities that day, although students with excused pre-arranged absences may participate in athletics/activities that day at the discretion of the administration. Appeals concerning the eligibility procedure must be made to the Athletic Director.

These guidelines have been established as a minimum code for athletics/activities. Coaches/advisors may institute additional rules of conduct.

Athletics & Activities offered at Neah-Kah-Nie High School:

Art Club	FBLA	Softball
Band	Football	Speech & Debate
Baseball	FNRL	Student Council
Basketball	Golf	Swimming
Cheerleading	Honor Society	Track and Field
Chess Club	LEO's	Unified-40
Choir	NOSB	Volleyball
Cross Country	Pirate Players	Wrestling
Dungeons & Dragons	Robotics	Yearbook

Physical Exams for Athletics

All students must have a physical exam performed by a physician licensed by the Oregon State Board of Medical Examiners, prior to practice and competition in athletics. The physical exam is the responsibility of the parents/student and is to be paid for by parents. Any participant that has had an injury or illness and has been under the care of a physician must have a "Return to Play" form signed by the physician before participation. The following guidelines have been established by School District #56 and **MUST** be read by the student and a parent/guardian before that student can participate in athletics or activities.

General Rules

1. The policy shall be in effect 24 hours a day from the first day of practice through completion of high school
2. Participants will ride to and from any event held at another school on school provided transportation. A student may ride with their own parent or guardian ONLY if it has been pre-arranged with the coach. (This is usually done only for the trip home.) If a student rides home with another player's parent, a change in transportation form must be completed prior to the trip.
3. Athletes are eligible to compete in a contest or practice only if they attend school at least half the day of the contest or practice, and only if the absence is excusable. The only exceptions are pre-arranged absences or those with administration approval.
4. A student removed from a team or suspended from sports competition may not letter or attend the awards banquet.
5. All students must be covered by insurance before being allowed to practice or compete in an athletic event.
6. All students must have a physical examination by a certified medical doctor using the prescribed OSAA physical form, unless they have had one within the last two years. All other students must complete an interim physical report.
7. All paperwork must be turned in before the first practice.
8. No student will be allowed to participate in more than one sport during a sport's season unless both coaches agree and complete a joint participation agreement.

9. Students are expected to attend school first period in the morning after a school sponsored event. Any co-curricular participation accompanied by a tendency towards tardiness will require a meeting with the Athletic Director, any advisor or teachers involved, and a parent, to discuss further participation.

CO/CURRICULAR PARTICIPATION REGULATIONS

The use, sale, distribution, or possession of alcohol, tobacco (including vape), or prescription drugs prescribed for the student and not used in accordance with the prescription is prohibited on and off campus. Presence beyond a minimal amount of time at places where drugs, tobacco (including vape) or alcohol are being used illegally is a violation of the athletic/activity policy. It is the student's responsibility in such a situation to immediately leave the premises where such activities are going on. Administration has the discretion to enact discipline to fit the parameters of student misconduct at any time.

Students who find themselves in jeopardy because of a substance problem should receive professional assistance. If a student voluntarily requests assistance from school officials with regard to an alcohol, drug use or tobacco problem and has not previously committed an alcohol/non-prescribed drug use or possession of tobacco use offense, the participant will receive the discipline of non-co-curricular participants (see drugs, alcohol and tobacco) and be required to complete the following to remain eligible for athletic participation:

A. The student meets with his school counselor and follows their recommendations, including a recommendation for a drug and/or alcohol abuse assessment and any recommended treatment: and

B. There are no subsequent incidents of either alcohol, tobacco, or non-prescribed drug use or possession.

In an instance where a student has failed to voluntarily request assistance as described above and is determined by a school official to have used or possessed either alcohol, tobacco, or non-prescribed drugs, the student will face the consequences below. Students and parents must clearly understand the offenses accumulated through the four years of high school. For example, a freshman student can break the Code of Conduct and receive a 45-day suspension. If they have a second offense at any time during their high school career they will receive the punishment for the second offense. Any offense of distributing alcohol or drugs to students may be treated as a Third Offense at the discretion of the administrator.

First Offense

If a school official determines a student has used, possessed, sold, or distributed alcohol, drugs, or tobacco, or used prescription medicine not in accordance with the prescription, or has been present in a place for more than a minimal amount of time where drugs or alcohol are being used unlawfully by others, the student will be excluded from representing the NKN School District in a public forum/setting/competition for 45 calendar days from the time the violation is dealt with by school personnel. Within one week of suspension, the student must meet with the school counselor and demonstrate a willingness to follow their recommendation for treatment. Failure to comply will be treated as a second offense.

Second Offense (at any time during the high school career)

A full suspension from all sports/activities will be enforced for one calendar year. A student is considered to be under this policy even during “first offense” suspension. If a student breaks the rules during this time period, the student is automatically suspended for one calendar year from the date of the infraction.

Third Offense

Full suspension from all sports/activities for the remainder of the student’s high school career.

Other Severe Violations May Include:

1. Fighting or Physical Aggression – Possible 15 calendar day athletic/activity suspension and at least one contest/game suspension.
2. Insubordination – Possible 5 school day athletic/activity suspension and no practice and 1 contest/game suspension.
3. Theft or vandalism while on athletic trips, from our school, or teammate - suspension for the duration of that sport season.
4. Bullying/Hazing/Harassment/Threats- Possible 15 calendar day suspension. Meeting with administrator/coach/counselor. Season suspension possible.
5. Plagiarism/violation of Academic Integrity Policy.
6. Weapons – Suspended from school pending an expulsion hearing.

NOTE: Activity suspensions will be consecutive school days and at least a partial or one game suspension for the violations listed above. Other consequences, depending on the infraction, may be at the coaches’ and/or the athletic director’s discretion.

All students may face other school consequences, including suspension and/or expulsion from school, and each individual coach/advisor may set higher standards for reinstatement after violations.

Coaches/advisors may institute higher standards or expectations or additional rules of conduct, which shall be provided to students at the beginning of the season.

Any violation that requires a suspension from the extracurricular activity or sport of 45 days or more may be appealed to the Athletic/Activity Council, which consists of the high school principal, athletic director and up to three head coaches (one of which will be the coach of the sport from which the athlete is being suspended), or four staff members. The student or their parents must communicate the desire to appeal the suspension in writing to the high school principal within five days of the suspension. The Council will meet within three days of receiving the notice of the appeal. The student may attend the hearing. The Council will review the incident and consequences, and will notify the student and their parents within three days of the hearing date.

Ejections

If a student is ejected from a contest for unsportsmanlike conduct, the student/parent will pay the OSAA fine at the rate prescribed by the OSAA.

OSAA Ejection Policy

First ejection: \$50

Second ejection: \$100

Third ejection: \$150

Fourth ejection: \$200*

*Each ejection thereafter in a sport during that season shall result in a fine to be increased by \$50 increments for each ejection, without limitation. The fine for an ejection in the last contest of the season shall increase by \$100 over the standard fine for the offenses.

NKN Ejection Policy

For one ejection in a sports season, the player pays NKN High School \$50. The players share the total sum of the fines when two or more ejections occur in the same sports season:

Second Ejection: Each player pays \$75

Third Ejection: Each player pays \$100

Fourth Ejection: Each player pays \$125

An athlete may be dismissed from a team if they are ejected from a contest.

Signature of Student Athlete _____ **Date** _____

Parent/Guardian _____ **Date** _____