SCHUYLKILL HAVEN AREA SCHOOL DISTRICT EXTRACURRICULAR ACTIVITY – ATHLETIC CODE FOR STUDENTS

The Administration and Board of School Directors have developed guidelines to encourage responsible student behavior in all extra-curricular activities. These in-season guidelines will govern student behavior from the official opening of the season or activity until the close of that individual season or activity.

Beginning from the first day of PIAA sanctioned practice, a student-athlete will have a two week period of time to make a decision whether to participate in the respective sport for that season. Injury, illness or PIAA approved transfers will be exceptions to this policy. The Athletic Director and High School Principal will decide other possible circumstances on a case-by-case basis.

As a student in the Schuylkill Haven Area High School, I am interested in being part of a winning tradition. To do this, I must keep myself in top physical and mental condition. I do hereby agree to abide by all regulations of the school discipline policy, rules of the extracurricular activity/athletic code and all regulations required by coaches or activity advisors:

- 1. Academically, the student will conduct him/herself in a responsible manner.
- 2. No use of tobacco and nicotine in any form (including electronic/smokeless).
- 3. No drinking of alcoholic beverages.
- 4. No drugs or controlled substances unless prescribed by a physician.
- 5. No criminal convictions (felonies).
- 6. Never be late for practice.
- 7. Never miss a practice unless excused by the head coach or activity advisor ahead of time.
- 8. Be prepared in the classroom and on the field/court. Manage your time.
- 9. Inform your coach or advisor of any injury.
- 10. Control your temper. Profanity will not be tolerated.
- 11. No horseplay.
- 12. You are responsible for your school-issued equipment.
- 13. Plan appointments for weekends or at night, not during practice or games.
- 14. If you have gripes or problems feel free to discuss them with the advisor/head coach or have the team captain bring them to the advisor/coach. The chain of command after the coach is the athletic director and then the high school principal.
- Conduct yourself like a gentleman/lady on trips, at home and on the playing area. The advisor or coach will handle all misunderstandings. Remember you are representing Schuylkill Haven Area High School.
- 16. Participation in extracurricular activities/sports may be dangerous and could result in injury.
- 17. Violations of the activity code, numbers 2, 3, 4, and 5, during the school day, on school grounds at anytime, or at school sponsored activities (includes traveling from home to school and school to home) will be subject to the written discipline policy of the Schuylkill Haven Area School District. Coaches and activity advisors may also apply appropriate provisions of team rules or team/activity discipline codes.
- 18. Violations of the activity code, number 2, 3, 4, and 5, taking place during the PIAA sanctioned summer practice period will be assessed against the student at the beginning of the new academic year from the first day of school onward. Violations during the Christmas and Spring Recess will be assessed immediately during the recess period and continue during the academic year.
- 19. When a suspension cannot be completed due to the end of the playing season, event, or the school year, the suspension will carry over into the next sports season or event in

- which that student participates.
- 20. Violations of the activity code, numbers 2, 3, 4 and 5, in the community and public at large will result in the following disciplinary action:

Tobacco/Nicotine Products (including electronic/smokeless)

First offense – suspension for 1 PIAA sponsored games or events Second offense – suspension for 3 PIAA sponsored games or events

Further offenses – permanent suspension from squad and suspended from

all extracurricular activities for one calendar year

Alcohol/Drugs/Controlled Substances

First offense – suspension for 2 PIAA sponsored games or events

Second offense – permanent suspension from squad and suspended from

all extracurricular activities for one calendar year

Criminal Convictions (felonies)

First offense – Students found guilty will be immediately suspended

from the squad or activity for the remainder of that season and suspended from all extracurricular activities

for one calendar year

21. Removal from the team for the remainder of that season, for conduct detrimental to the team or activity as determined by the coaching staff or advisors.

Coaches and activity advisors may also apply appropriate provisions of team rules or team/activity discipline codes.

For the purpose of this activity code, PIAA sponsored games exclude any and all scrimmages.

Having read these rules and regulations, I agree to abide by them and realize that breaking of these rules may lead to my suspension from a team or activity.

STUDENT	
ACTIVITY	
DADENT/	
PARENT/	
GUARDIAN	
DATE	
DATE	

Please return to: Coach or Athletic Director

SCHUYLKILL HAVEN AREA SCHOOL DISTRICT

Acknowledgement of Warning by Student

that I have been properly advised, cautioned and warned of the Schuylkill Haven Area School District that by
I am exposing myself to the risk of serious injury,
and ligament and/or cartilage damage which could result in
rment in the use of my limbs; brain damage; paralysis; or
it is still my desire to participate in the above sport, and
reby further acknowledge that I do so with full knowledge
ch I am exposing myself by participating in the above sport.
NAME OF STUDENT
DATE
do hereby acknowledge that we/I have been fully advised, nd coaching personnel of the Schuylkill Haven Area School
rious injury, including but not limited to sprains, fractures,
ng in the sport of NAME OF SPORT
NAME OF SPORT Ige and understanding of the risk of serious injury to
e our consent to participating
e our consent to participating NAME OF CHILD
e our consent to participating NAME OF CHILD NAME OF PARENT/GUARDIAN

DATE



Authorization for Disclosure of Protected Health Information To School, Coaches, and/or Administrators and/or to Any Family Members

I authorize Coordinated Health Holding Company LLC, CHS Professional Practice, Inc., CH Hospital of Allentown, LLC, Coordinated Health Orthopedic Hospital, LLC, and/or Coordinated Health of Greater New Jersey, LLC, their affiliates, and/or any assistants that they may select (which may include physicians, residents, fellows, medical students, physician's assistants, nurses, technicians administrators, and/or other employees) (collectively and individually known as "Coordinated Health") to disclose the protected health information referenced in this Authorization to coaches, nurses and/or administrators at the following school and/or to any family members of the below identified student-athlete who are present at an event where the student-athlete is injured and/or receives care from a CH provider:

Print Name of School and/or Specific Family Members

The protected health information to be disclosed is the <u>entire</u> designated record set and/or information contained therein, which may include (but is not limited to) historical, examination, drug/alcohol, mental health and/or HIV information and/or drug/alcohol testing results, except the following: NONE.

If an exception applies, cross out "None" and specify the exception(s)

This protected health information is being disclosed at the request of the undersigned.

This Authorization shall be in effect for twelve (12) months from the below date. I understand that I have the right to revoke this Authorization in writing at any time by sending written notification to: Coordinated Health Privacy Officer, Coordinated Health, 3435 Winchester Rd., Allentown, PA 18104. I understand that Coordinated Health shall need a reasonable time to process my revocation. I agree that five (5) business days after Coordinated Health receives said revocation is a reasonable period of time for Coordinated Health to process my revocation. Consequently, I understand that my revocation will not be effective until five (5) business days after it is received by Coordinated Health.

I understand that Coordinated Health may condition my examination/evaluation on whether I execute this Authorization if the primary purpose of the creation of this protected health information is for disclosure to the aforesaid school (e.g., for participation in athletics). Otherwise, Coordinated Health shall not condition its medical care of the below identified patient on whether I execute this Authorization.

I understand that information used or disclosed pursuant to this Authorization may be used or disclosed by the recipient and may no longer be protected by Federal or State law.

I hereby release Coordinated Health and/or their officers, representatives, employees and/or agents from any and all claims related to their use or disclosure of information pursuant to this Authorization. This release shall apply to my heirs, beneficiaries, successors and/or assignees.

By my signature below, I acknowledge that I have received a copy of this document and a copy may be used as if it were an original.

Patient's Name	Patient's Signature	Date	
OR (if Patient is under 18 year	ars of age or if Patient has a legal guardian)		