

Eastern High School

Matt Girardin
Athletic Director
12400 Old Shelbyville Road
Louisville, KY 40243



Athletic Office: (502) 313-4049
School: (502) 485-8243
School Fax: (502) 313-3449

2017-18 PHYSICAL PACKET Incomplete forms will delay eligibility

Name: _____
Grade: _____ Sport: _____

REQUIRED FORMS/FEEES & COLLECTION DATES

The following forms must be completed in their entirety and submitted to Eastern's athletic office prior to the beginning of the student's athletic participation (due dates listed at the bottom of this page). Students must be ruled "CLEARED TO PARTICIPATE" by the athletic director. Coaches are not responsible for determining eligibility.

- **New KHSAA Physical Form (4 pages)**
 - physicals are valid for one calendar year from the date of examination
 - must be signed as "cleared for all sports without restriction" by a physician
- **Parent / Student-Athlete Concussion Statement**
 - concussion reference sheets are included
 - must be signed by the parent and the student
- **JCPS Parent Permission/Release Form**
 - must be notarized
- **JCPS Safety Video Signature Form**
 - must be signed by the parent and the student
 - video is available for viewing on the school website easternhs.org
- **Athletics/Extracurricular Participation Policy**
 - must be signed by the parent and the student
- **Social Media Responsibility**
 - must be signed by the parent and the student

REQUIRED FEES

Each student-athlete is required to pay the athletic fees listed below to participate. Student-athletes pay this fee one time per school year. Make checks payable to Eastern High School. **Fees will be submitted to the coach at the beginning of the season. Do not submit fees to the Athletic Director.** A multiple receipt should be signed for all submitted fees.

Athletic Participation Fees

Tryout Fee	\$5.00
Insurance Fee	\$15.00
<u>Trainer Fee</u>	<u>\$20.00</u>
Total	\$40.00

To ensure a timely eligibility ruling, please make sure all physical forms are submitted by the dates listed below:

FALL SPORTS – Physicals submitted by July 10, 2017

WINTER SPORTS – Physicals submitted by October 1, 2017

SPRING SPORTS – Physicals submitted by February 1, 2017

CHEER/DANCE – Physicals submitted 2 weeks prior to the tryout date.



**Athletic Participation Form
Parental and Student Consent and Release
For High School Level (grades 9-12) participation**

KHSAA Form GE04
High School Parental Permission
and Consent
Rev. 4/15, page 1 of 2
© KHSAA, 2015

*The student and parents/guardian must read this statement carefully and sign where required. By signing this form, all parties agree that they have accurately completed all sections of the form and have read and agree to the terms of this form as detailed. This form **must** be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics. This form should be kept in a secure location until the student has exhausted eligibility, graduated from high school and reached the age of 19.*

ATHLETE INFORMATION
(This part must be completed by the student and family)

Name (Last, First, Initial) _____ School Year _____

Home Address (Street, City, State, Zip): _____

Gender _____ Grade _____ School _____

Date of Birth: _____ Birth Place (County, State): _____

School Attendance History

Grade	School Name	School Year	Varsity Play – (Yes/No)?
9			
10			
11			
12			

I am planning to participate in the following (check all you might try to play):

- | | | | | | |
|-----------------------------------|---------------------------------------|--|--|---|------------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Football | <input type="checkbox"/> Golf | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Softball | <input type="checkbox"/> Swimming | <input type="checkbox"/> Tennis | <input type="checkbox"/> Track and Field | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Bass Fishing | <input type="checkbox"/> Bowling | <input type="checkbox"/> Competitive Cheer | <input type="checkbox"/> Other(s) _____ | |

EMERGENCY CONTACT INFORMATION

Name (please print) _____ Relation to Student

Emergency Contact Address, including City, State and Zip

Daytime Phone _____ Cell Phone

REQUIRED INSURANCE INFORMATION (KHSAA Bylaw 12)

Prior to participation in practice or contests (including trying for a place on a team) in any sport or sport activity during the limitation of seasons as defined in Bylaw 23, all students are required to have medical insurance with coverage limits of at least \$25,000. If this coverage is provided through the school, contact the Principal or Athletic Director regarding any potential claim. Individual schools and districts may impose additional requirements for insurance or coverage during additional periods for activities outside of Bylaw 23.

Insurance Carrier _____ Policy Number / ID Number _____ Group Number _____ Plan

EMERGENCY TREATMENT INFORMATION

The following information is recorded solely for potential hospitalization and emergency care needs and is not required to be recorded on this form. However, those failing to provide this information should be aware that this might be required by emergency treatment facilities prior to rendering service, and failure to provide could result in lack of appropriate care.

Social Security Number _____ Birth Date

**CONSENT INFORMATION TO PARTICIPATE, ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY
RULES, LIABILITY WAIVER AND CONSENT AND RELEASE**

As parent/legal guardian, I agree to allow my child to participate in interscholastic athletics.
The student and parent/legal guardian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries, including but not limited to death, serious neck, head and spinal injuries which may result in complete or partial paralysis, brain damage,

serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of the body, or effects to the general health and well being of the child. Because of these inherent risks, the student and parent/legal guardian recognize the importance of the student obeying the coaches' instructions regarding playing techniques, training and other team rules. By signing this form, the student and parent/legal guardian acknowledge that the student's participation is wholly voluntary and to having read and understood this provision.

The student and parent/legal guardian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and forever discharge the KHSAA and its officers, agents, attorneys, representatives and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or parent/legal guardian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student's participation in interscholastic athletics if due to the ordinary negligence of the Releasees.

The student and parent/legal guardian acknowledge that they have read and understood the KHSAA Bylaws by distribution under the handbook links at <http://khsaa.org/>. Please be aware that a student is subject to the one-year period of ineligibility the bylaw commonly referred to as the "Transfer Rule," upon participation in any varsity contest regardless of the amount of participation or lack thereof.

The student and parent/legal guardian agree to abide by the KHSAA Bylaws and Due Process Procedure as now enacted or later amended. The student and parent/legal guardian further acknowledge that they agree to abide by the rulings of the Commissioner, Assistant Commissioner, Hearing Officer and Board of Control.

The student and parent/legal guardian acknowledge that the student must have medical insurance coverage up to a limit of \$25,000 in order to be eligible to participate in interscholastic athletics.

The student and parent/legal guardian, individually and on behalf of this student, give the high school, the KHSAA and their representatives permission to release this student's demographic information (including motion picture and still photographic images) and participation statistics (including height, weight and year in school, participation history and other performance based statistics) and other information as may be requested, and agree that the student may be photographed or otherwise digitally or electronically captured during school-based competition. All of this material may be used without permission or compensation specifically related to the KHSAA and its events.

The student and parent/legal guardian consent to this student receiving a physical examination as required by the KHSAA.

The student and parent/legal guardian, individually and on behalf of this student, consent to the high school and the KHSAA and their representatives to use and disclose the necessary personally identifiable information from the student's education records including academic, financial and health care information, to third parties including school representatives, coaches, athletic trainers, medical facilities, medical staffs, KHSAA legal counsel and the media, for the purpose of receiving proper/necessary medical care and complying with the KHSAA bylaws, including making determinations regarding eligibility to participate in interscholastic athletics and any administrative or legal proceedings resulting from participation or attempted participation in interscholastic athletics, without such disclosure constituting a violation of rights under the Family Educational Rights and Privacy Act. The student and parent/legal guardian, individually and on behalf of this student, further release the high school, the KHSAA and their representatives from any and all claims arising out of the use and disclosure of said necessary personally identifiable information, and agree to release to the high school, the KHSAA, and their representatives, upon request, the detailed and completed application for financial aid.

The student and parent/legal guardian, individually and on behalf of the student, hereby acknowledge that they are aware of and will review if desired, the education materials available through the KHSAA, the Centers for Disease Control and other agencies regarding education all individuals with respect to nature and risk of concussion and head injury, including the continuance of play after concussion or head injury.

The student and parent/legal guardian, individually and on behalf of the student, hereby consent to allow the student to receive medical treatment that may be deemed advisable by the high school, the KHSAA, and their representatives in the event of injury, accident or illness while participating in interscholastic athletics, including, but not limited to, transportation of the student to a medical facility.

STUDENT AND PARENT/GUARDIAN ACKNOWLEDGMENT OF RISK, ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE AND EMERGENCY PERMISSION FORM

Students' Name (please print) School

Student and Parent/Guardian Address including City, State and Zip

Signature of Student Date

Please list above any health problems/concerns this student may have, including allergies (medications / others) and any medications presently being used

Name of Parent(s)/Guardian(s) who has/have custody of this student (please print) Emergency Phone Number

Signature of Parent(s)/Guardian(s) who has/have custody of this student Date

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM



Note: This form is to be filled out by patient and parent prior to seeing the physician, physician assistant, advanced practice registered nurse, or chiropractor (if performed within the scope of practice). The form should be kept with the chart. References to Physician on this form shall reference all permitted providers as detailed above and in KRS 156.070(2)(d)

Date of Exam _____
 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 Food Stinging Insects

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

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	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 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: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. 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 _____

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PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM



Name _____ Date of birth _____

PROVIDER REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP	/ (/)	Pulse	Vision R 20/ L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) ^b			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic ^c			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
^bConsider GU exam if in private setting. Having third party present is recommended.
^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- 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 physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

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

Could it be a concussion?

When in doubt, take the player out.

Observe the athlete for these warning signs	Does the athlete report any of these symptoms
Appears dazed or stunned	Headache
Is confused about assignment	Neck pain
Forgets plays	Balance problems or dizziness
Is unsure of game, score or opponent	Double or fuzzy vision
Moves clumsily	Nausea or vomiting
Answers questions slowly	Hearing problems or ringing
Loses consciousness	Confusion
Shows behavior or personality changes	Drowsiness
Can't recall events prior to or after hit	Feeling sluggish
Unequal size pupils	Concentration or memory problems

Continued on reverse

Knowing the signs of concussion can prevent further injury or even death.

The facts:

- A concussion is a brain injury.
- All concussions are serious.
- Concussions can occur without loss of consciousness.
- Concussions can occur in any sport.
- Second impact syndrome, a rare condition in which a second concussion occurs before a first concussion has healed, causes rapid and severe brain swelling and often permanent damage.

If the athlete exhibits or reports any warning signs of concussion, follow these steps:

Remove from play

- Only allow the athlete to return to play with permission from an appropriate health care professional.

Seek medical attention

- Ensure the athlete is evaluated by an appropriate health care professional. Do not try to judge the severity of the injury yourself.

Inform parent/guardian

- Make sure the athlete's parents or guardians are informed about the injury and that the athlete should be seen by a health care professional.

Prevent further injury

- Second impact syndrome can be prevented by delaying the athlete's return to play until the athlete receives appropriate medical evaluation and approval to play.

If you suspect an athlete has a concussion, the Headache & Concussion Center is here to help. As the only center of its kind in the area, our physicians have extensive training and specialized diagnostic tools to properly treat concussions. For more information, call the center at (502) **899-6782** or visit **NortonHealthcare.com/HeadacheandConcussion**.





Parent/Guardian Student-Athlete Concussion Statement 2.0

___ I understand that it is my responsibility to report all injuries and illnesses to my coach, athletic director, athletic trainer and team doctor.

___ I have read and understand the Norton Sports Health Concussion Fact Sheet. After reading the sheet, I am aware of the following information:

Parent/Guardian Initial Each Line

___ A concussion is a brain injury, which I am responsible for reporting to my coach, trainer, or athletic director.

___ A concussion can affect my (child's) ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance.

___ You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.

___ If I suspect a teammate or other student has a concussion, I am responsible for reporting the injury to my coach, team physician, trainer or athletic director.

___ I (My child) will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.

___ Following a concussion, the brain needs time to heal. You (your child) are much more likely to have a repeat concussion if you return to play before your symptoms resolve.

___ In rare cases, repeat concussions can cause permanent brain damage, and even death.

Signature of Student

Date

Printed name of Student

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

JEFFERSON COUNTY PUBLIC SCHOOLS

(Last Name)

(First Name)

(Middle)

(Birth date)

GENDER: M F (circle one)

NUMBER OF YEARS IN: MIDDLE SCHOOL _____ HIGH SCHOOL _____ YEAR ENTERED 9TH GRADE: _____

NUMBER OF YEARS PLAYED VARSITY SPORTS COUNTING THIS YEAR: _____.

(Home Address)

(Zip)

(Home Phone #)

PARENT/GUARDIAN: _____

WORK PHONE#: _____

EMERGENCY CONTACT: _____

PHONE#: _____

PHYSICAL EXAM COMPLETED: YES _____ NO _____

GROUP ATHLETIC INSURANCE PAID: YES _____ NO _____

LAST SCHOOL ATTENDED: _____

YEAR (S): _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

PARENT PERMISSION/RELEASE – HIGH SCHOOL ATHLETICS

I acknowledge receipt of a copy of the K.H.S.A.A. Eligibility Rules and Regulations and am familiar with these requirements. _____

I understand the personal safety of the student is of first importance to the school. In the event of needed professional medical care, I give my permission for a representative of the school to transport my child to the nearest medical facility and for staff of that facility to render treatment. _____

I agree to be responsible for equipment issued by the school and to return same property upon request by the school. _____

I consent for my child to participate in athletics during this school year and understand the school will pay NO medical or drug bills for accidents incurred in this activity/sport. _____

I have medical and hospital insurance with: _____ The certificate number is: _____

I understand there is NO waiver for the Group Athletic Insurance Program for all participation athletes. I have paid the \$5.00 tryout premium and agree to pay the additional \$15.00 premium in the event my child becomes a member of any respective athletic team. This insurance is full excess and benefits are payable for “Reasonable and Customary” expenses that are not recoverable from another plan providing medical benefits to the maximum of \$25,000. If not covered by another plan, the excess provision shall not apply and benefits are payable up to but not to exceed \$25,000. The K.H.S.A.A. carries a catastrophic policy on all athletics that provides coverage in excess of \$25,000.

This Permission/Release form MUST BE SIGNED, NOTARIZED AND RETURNED to the Athletic Department before the student will be permitted to participate.

(Student’s Signature)

(Parent’s Signature)

This form notarized the _____ day of _____ 20____. Notary Public _____

My commission expires on the _____ day of _____ 20_____.

Student Name: _____

School: _____

Sports: _____

**JEFFERSON COUNTY PUBLIC SCHOOLS
SPORTS SAFETY VIDEO FORM
Combination Form (Parent and Student)**

_____ We certify that we have viewed the JCPS Sports Safety Video in its entirety and understand the contents thereof.

_____ We certify that we will abide by all of the recommendations of the JCPS video.

The part of the video that I thought was most helpful was:

_____ Parent Name (Print)

_____ Student Name (Print)

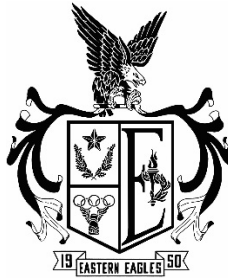
_____ School

_____ Grade

_____ Date

_____ Parent Signature

_____ Student Signature



**Eastern High School
12400 Old Shelbyville Road
Louisville, Kentucky 40243
502-485-8243**

Athletics/Extracurricular Participation

Students participating in extracurricular activities may be removed from such activities by the coach or sponsor of the activity, the athletic director, or an administrator due to unsatisfactory behavior, grades, or attendance.

A student suspended for offenses including alcohol, drugs, assault, or weapons will not be permitted to participate as a member of any Eastern High School extracurricular athletic team, competitive team, or performance group during the semester of the offense and the following semester or be permitted to attend a school dance during the semester of the offense and the following semester. Students in an alternative school will not be allowed to participate during their enrollment at the alternative school. Upon enrollment to Eastern High School from an alternative school, students will not be permitted to participate as a member of any Eastern High School extracurricular athletic team, competitive team, or performance group during the semester of their enrollment and the following semester or be permitted to attend a school dance during the semester of their enrollment in Eastern High School and the following semester. Students transferring or newly enrolling at Eastern High School will be subject to this requirement and violation(s) from the student's most recent semester at the previous high school will result in the same non-participation limits.*

*A student removed under this policy may appeal to be reinstated to activities after 45 school-in-session days for students beginning when a student returns to Eastern High School from suspension. An appeal can be submitted if the student has not had any behavior referrals or incidents and has no outstanding detentions (excluding tardies). Should the student be reinstated, the student shall still be required to meet all eligibility requirements for the athletic team, competitive team, or performance group.

Athlete Name

Parent Name

Athlete Signature

Parent Signature

Date

Date



Eastern High School
12400 Old Shelbyville Road
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502-485-8243

STUDENT-ATHLETE SOCIAL MEDIA RESPONSIBILITY

Eastern High School student-athletes are representatives of themselves, their family, their team, their high school, and their community. With that in mind, our student-athletes are expected to exercise good judgment in their use of social media, conducting themselves in a responsible and respectful manner.

- It is impermissible for student-athletes to post information, photos, or other representations of sexual content, inappropriate behavior (e.g., drug or alcohol use), or items that could be interpreted as demeaning or inflammatory.
- Student-athletes are required to abide by all team policies, school policies, and KHSAA rules when utilizing social media.
- It is not permissible to comment on injuries, officiating, coaching decisions or team matters that could reasonably be expected to be confidential to team members.
- Student-athletes are required to follow all respective social media rules.

Best Practices and Reminders

- Think twice before posting. If you wouldn't want your coach, parents, administrators, or future employer to see your post, don't post it.
- Be respectful and positive.
- Remember, many different audiences view your posts including fans, children, local authorities, parents, faculty, administrators, etc.
- The internet is permanent. Even if you delete something, it's still out there somewhere. Coaches and administrators monitor social media websites. Potential employers use these social media websites to screen candidates.

Failing to exercise responsible use of social media may result in disciplinary action, including temporary or permanent suspension from the team. By signing below, the athlete and parent agree to abide by these rules.

Athlete Name

Parent Name

Athlete Signature

Sport

Parent Signature

Date

Date