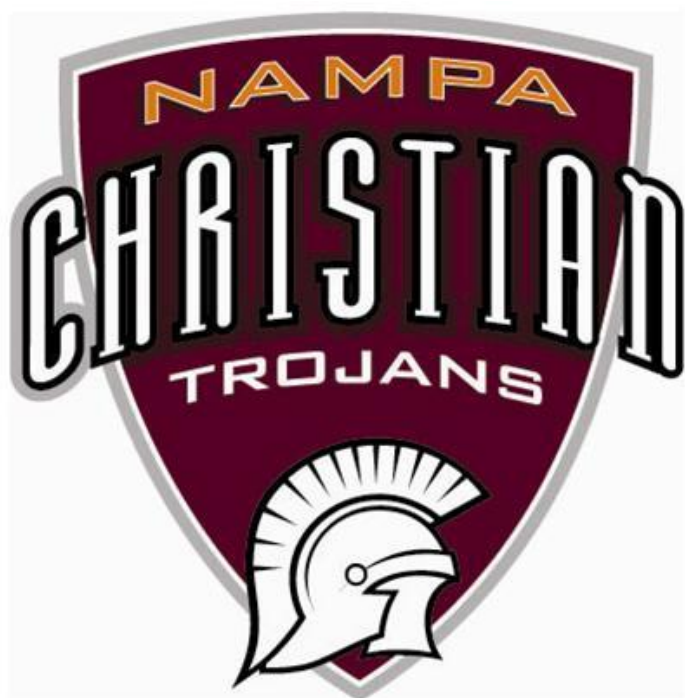


# NAMPA CHRISTIAN SCHOOLS



# ATHLETIC HANDBOOK

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## ATHLETIC STAFF

<b>Athletic Director</b>	<b>Randy Brothers</b>
<b>High School Secretary</b>	<b>Cindy Shervik</b>
<b>Head Cross Country Coach</b>	<b>Eric Lacy</b>
<b>Assistant Cross Country Coach</b>	<b>Glenn Lacy</b>
<b>Head Cheerleading Advisor</b>	<b>Rickie Wilson</b>
<b>Varsity Volleyball Coach</b>	<b>Lindsay Grant</b>
<b>Junior Varsity "A" Volleyball Coach</b>	<b>Mary Ann Doornebal</b>
<b>Junior Varsity "B" Volleyball Coach</b>	<b>Brenna Monahan</b>
<b>Varsity Football Coach</b>	<b>Bill Barr</b>
<b>Assistant Coach</b>	<b>Nate Tuttle</b>
<b>Assistant Coach</b>	<b>Randy Reams</b>
<b>Junior Varsity Football Coach</b>	<b>Jerry Smith</b>
<b>Assistant Coach</b>	<b>Allan Hensley</b>
<b>Varsity Girls Basketball Coach</b>	<b>Jim Jones</b>
<b>Junior Varsity "A" Girls Basketball Coach</b>	
<b>Junior Varsity "B" Girls Basketball Coach</b>	
<b>Varsity Boys Basketball Coach</b>	<b>Randy Brothers</b>
<b>Junior Varsity "A" Boys Basketball Coach</b>	<b>Levi Skogsberg</b>
<b>Junior Varsity "B" Boys Basketball Coach</b>	
<b>Head Golf Coach</b>	<b>Kyle Berkson</b>
<b>Assistant Coach</b>	<b>Joe Anderson</b>
<b>Varsity Girls Softball Coach</b>	<b>Beth Kinzler</b>
<b>Assistant Softball Coach</b>	<b>Brenna Monahan/ Rachel Ryan</b>
<b>Varsity Boys Baseball Coach</b>	<b>Marc Harris</b>
<b>Assistant Baseball Coach</b>	<b>Caleb Mintz</b>
<b>Junior Varsity Boys Baseball Coach</b>	<b>Allan Hensley</b>
<b>Assistant Baseball Coach</b>	<b>Nate Tuttle</b>
<b>Head Track Coach</b>	<b>Eric Lacy</b>
<b>Assistant Track Coach</b>	<b>Glenn Lacy</b>
<b>Assistant Track Coach</b>	<b>Zach Dwello</b>
<b>Assistant Track Coach</b>	<b>Bill Barr</b>
<b>Assistant Track Coach</b>	<b>Mark Pridgen</b>

## **SCHOOL CONTACT INFORMATION**

Nampa Christian Schools  
11920 W. Flamingo  
Nampa, Idaho 83651  
Phone- (208) 466-8451 Fax- (208) 475-1739  
[www.nampachristianschools.com](http://www.nampachristianschools.com)

## **MISSION STATEMENT**

Nampa Christian School is a non-denominational, biblically based, learning community that partners with Christian families to develop a Christian world-view, promote academic excellence, and prepare students, Pre-K-12, for a lifetime of faithfulness to Christ.

## **INTRODUCTION**

The purpose of the Nampa Christian Athletic Handbook is to provide an understanding and appreciation of the athletic programs, and to enhance communication among the coaches, athletes, and parents. This handbook contains the practices, policies and regulations that govern extracurricular athletics at Nampa Christian. The policies in this handbook are reviewed regularly by the Athletic Director and school administration. In order for a student to participate in any sport at Nampa Christian, both the student and the parents or guardians must sign the Statement of Commitment listed at the end of this Athletic Handbook. Signing this form indicates an agreement that all the policies, procedures and regulations in the Athletic Handbook are understood and will be followed. Additionally, a physical, risk form, and sportsmanship contract (also included at the end of this handbook) must be submitted to the high school office.

## **ORGANIZATIONAL STRUCTURE**

School Board  
Superintendent  
Principal  
Athletic Director  
Varsity Head Coach  
Other Coaches / Volunteers

## **ORGANIZATIONAL AFFILIATION**

Nampa Christian High School is a member of the 2A Western Idaho Conference (WIC) as well as a member of District III of the Idaho High School Activities Association (IHSAA). The WIC consists of seven schools: Cole Valley Christian, Marsing, McCall, Melba, New Plymouth, Nampa Christian and North Star. As a member in good standing we recognize and adhere to their guidelines and we submit to its authorities in all athletics at the high school level. The WIC and IHSAA rules and regulations are kept on file by the Nampa Christian Athletic Director and also by the high school Principal.

## **INTERSCHOLASTIC ATHLETICS PHILOSOPHY**

Every coach and staff member is a positive Christian role model that seeks to prepare young people to meet the challenges of competition, life and faith in Jesus Christ. Whether it is on or off the playing field, Nampa Christian Athletics is committed to the highest level of competition and to instilling and reinforcing the values exemplified through the life and teachings of Jesus Christ.

## **SPORTS OFFERED**

The following high school sports are offered at Nampa Christian Schools:

### **FALL**

Boys' Football\*  
Girls' Volleyball\*  
Cross Country  
Cheerleading

\* = also a middle school sport

### **WINTER**

Boys' Basketball\*  
Girls' Basketball\*  
Cheerleading

### **SPRING**

Boys' Baseball  
Girls' Softball  
Golf  
Track\*

Nampa Christian High School currently offers three levels of teams in volleyball and basketball, two levels of teams in football, golf and baseball, and one team in the other sports. Nampa Christian Middle School currently offers two levels of teams in each grade for volleyball and basketball, one team for each grade in football, and one team for track.

## **SCHEDULES**

The athletic department issues athletic schedules for each sport. These schedules are distributed to members of all teams. Additional schedules may be obtained from the high school office.

## **CANCELLATION OF PRACTICES/GAMES**

Cancellations of games and or practices due to inclement weather or other circumstances will normally be made after 2:00 pm on the day of the event. This information will be communicated on edline as well as to the athletes. It is the athlete's responsibility to notify their parents or guardians of any changes.

## **TRANSPORTATION**

Nampa Christian will provide transportation to and from away contests. Athletes must ride with the team unless a parent or guardian signs the student out immediately following the contest. It is the parents' or guardians' responsibility to arrange for transportation after practices, home events, and once a student arrives back at the school following away contests. Unless an athlete provides his or her own transportation, coaches are required to supervise athletes until they have left the school or athletic field premises; however, they should not be asked to wait for an extended period of time for parents or guardians to pick up their students.

## **ACADEMIC POLICY**

Students must maintain at least a 2.0 grade point average; receive no F's, and no more than one D in any class, on any progress reports during each quarter, or in any one grading period (1<sup>st</sup> quarter, 1<sup>st</sup> semester, 3<sup>rd</sup> quarter, 2<sup>nd</sup> semester). Academically ineligible students may begin practicing and competing once progress reports are issued if they meet eligibility requirements at that time.

## **FEES**

There is an athletic participation fee of \$50.00 per sport to offset some of the costs associated with paying officials and transportation to events. There is an additional \$100 football fee.

## **INSURANCE AND ATHLETIC PHYSICALS**

Adequate insurance coverage for an athlete is the **responsibility of the parent or guardian.**

Four forms must be signed by the parent or guardian and returned to the high school office before a student participates in athletic try-outs, practices, or games. These forms are the Idaho Health Examination and Consent Form (physical), the Interim Questionnaire (risk form), the sportsmanship contract and the NC Drug

Testing Consent Form. No student may begin any phase of the athletic program (try-outs, practices, or other activities) without the completion of these forms. A physical is required every two years and must be completed after May 1<sup>st</sup> for each upcoming school year (typically at the start of the seventh grade, freshman and junior years). Copies of the current emergency form will be issued to the coaches to carry with them to all away games and authorizes the school and its employees to seek appropriate medical treatment as needed.

## **SAFETY**

The Athletic Department strives to provide students a safe and enjoyable environment in which to participate. Consequently, all coaches and administrative personnel have a responsibility to reduce and/or eliminate all potential safety hazards. It is vital to understand that participation in athletics involves inherent risks, not limited to physical injury, disability, or even death. Coaches and administrative personnel are obligated to act in a prudent manner in order to prevent foreseeable accidents and injuries. They should respond to unexpected circumstances according to guidelines set forth in this Athletic Handbook.

## **CONCUSSION POLICY**

In accordance with Section 33-1620, Idaho Code the Idaho High School Activities Association has provided information on its website for coaches, parents, and athletes, concerning the Identification and Management Strategies regarding concussions. The IHSAA encourages all coaches, parents, and athletes to educate themselves about the recognition and treatment of concussions. Please take the time to visit their website at [www.idhsaa.org](http://www.idhsaa.org)

The IHSAA Board passed a motion that all coaches/directors must take the NFHS "Concussion in Sports - What You Need To Know" course. Each coach will be required to take the course every two years.

### **Nampa Christian High School Concussion Policy**

#### **Mandatory Parent/Athlete Meeting**

(a) Prior to the start of each sport's athletic season, a mandatory meeting shall be organized by the Athletic Director or other appropriate designated school official to discuss the topic of concussion in school sports.

(b) Each athlete planning on participating in the sport shall attend the meeting with the parent or legal guardian of the athlete, as well as team coaches, the athletic trainer or school nurse if available.

(i) The meeting shall provide athletes and parents with materials that include the following:

- a. The definition of concussion
- b. Signs and symptoms of the injury reported by the athlete
- c. Observable signs by others
- d. Tips for prevention of the injury
- e. Risks associated with continued play with a concussion
- f. What to do if you suspect someone has sustained a concussion for emergency and non-emergency situations
- g. The Centers for Disease Control and Prevention (CDC) 4 step action plan:
  1. Remove suspected injured athletes from play.
  2. Ensure the athlete is evaluated right away by an appropriate health care professional.

3. Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion.

4. Allow the athlete to return to play only with permission from a health care professional with experience in evaluating concussion.

h. Additional online resources for parents, athletes and coaches

(ii) Parents, athletes and coaches should review the material and have the opportunity to ask questions.

(c) Parent/Guardian Acknowledgment Form

(i) Prior to beginning practice the athlete and the athlete's parent or guardian must receive and sign a "Parent/Guardian Acknowledgment Form" regarding concussion in youth sports. This form is an acknowledgement by the parent and athlete that they have received the education mandated under subsection (3) of section 331625, Idaho Code, that they understand the material and have had an opportunity to ask questions.

a. Parent/Guardian Acknowledgment forms should be kept on file at the school for no less than seven (7) years by the Athletic Director.

**(2) Cognitive Baseline Testing (Optional)**

(a) On a biannual basis, athletes participating in football, volleyball, wrestling, basketball, soccer, baseball, softball, pole vaulting, cheer, and any other athlete at the request of the athlete's parent, guardian or coach, will receive a baseline cognitive ImPACT test. It is recommended athletes also establish baselines using cognitive tests such as the Balance Error Scoring System (BESS), the Standardized Assessment of Concussions (SAC), or other standardized assessment tests at least once in their junior high and high school careers.

(i) Baseline tests shall be utilized by a qualified health care professional trained in the evaluation and management of concussion and who has received training in interpreting the test results to aid in the evaluation and treatment of all injured athletes exhibiting cognitive deficits.

**(3) Biannual Concussion Training for Athletic Trainers and Coaches**

(a) Coaches:

(i) All coaches must receive online concussion training upon hire and biannually thereafter.  
a. Completion of the National Federation of State High School Associations' (NFHS) online education mandated by the Idaho High School Activities Association shall satisfy this requirement.

(ii) Evidence of training must be kept on file at the school by the athletic director.

(b) Athletic trainers:

(i) All athletic trainers employed by the school must receive online concussion training upon hire and biannually thereafter.

b. Athletic trainers must complete the "Heads Up to Clinicians Concussion Training" provided online by the Centers for Disease Control and Prevention.

(ii) Evidence of training must be kept on file at the school by the athletic director.

**(4) Removal from Play Protocol- Coaches & nonclinical staff**

(a) **Step 1:** If during a practice or game or competition, it is reasonably suspected an athlete has sustained a concussion or head injury and exhibits outward signs or symptoms of such as defined by the Centers for Disease Control and Prevention, then the youth athlete shall be immediately removed from play. Once removed an athlete shall not be allowed to return to play until authorized to return by a qualified health care professional.

Signs observed by Staff	Symptoms reported by Athlete
Appears dazed or stunned	Headache or “pressure” in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (even briefly)	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can’t recall events prior to hit or fall	Confusion
Can’t recall events after hit or fall	Just not “feeling right” or is “feeling down”

**\*\*NOTE:** *Keep in mind an athlete’s symptoms, although potentially minor, may worsen as time goes on. It is recommended an athlete does not return to play the same day they are symptomatic.*

(b) **Step 2:** Contact the athlete’s parents or guardians as soon as possible. If the athlete is experiencing any of the below signs the parents or guardians of the athlete may want to transport the athlete to the nearest emergency room. In the absence of a parent or guardian, or when in doubt about what action to take, **call 911 immediately.**

- (i) Headache that gets worse or does not go away.
- (ii) Weakness, numbness or decreased coordination
- (iii) Slurred speech
- (iv) Looks very drowsy or cannot be awakened.
- (v) Cannot recognize people or places.
- (vi) Are getting more and more confused, restless, or agitated.
- (vii) Experiences unusual behavior.

(c) **Step 3:** If symptoms of the athlete are continuing to deteriorate, or if an athlete exhibits **ANY** of the below signs **call 911 immediately:**

- (i) Repeated vomiting or nausea.
- (ii) Has one pupil (the black part in the middle of the eye) larger than the other.
- (iii) Experiences convulsions or seizures.
- (iv) Prolonged loss of consciousness (*a brief loss of consciousness should be taken seriously and the person should be carefully monitored*).

(d) **Step 4:** If emergency medical services are needed and en route to the scene, appoint an individual to ensure the responders can find the injured athlete easily upon arrival at the scene.

(e) **Step 5:** If not an emergency ensure the injured athlete is evaluated by a proper medical professional. **DO NOT** try to judge the seriousness of the injury yourself.



(i) Coaches should seek assistance from the host site athletic trainer or other appropriate medical personnel if at an away contest, and should always seek the assistance from an appropriate medical provider when at practice.

(f) **Step 6:** Communicate the injury to the school’s athletic trainer, school nurse, or other appropriate school personnel if it has not already been communicated.

(i) If not an emergency situation, the injury should be reported to your school athletic trainer, school nurse, or other appropriate school personnel in a timely fashion upon returning from an away contest or during practice.

(ii) If at an away contest the coaches should inform the parents of the athlete about the injury if they are present at the event. Otherwise, the athletic trainer will contact the parents once the athletic trainer has been informed of the injury.

(g) **Step 7:** Collaborate with the athletic trainer, any other appropriate school personnel or any outside medical providers to follow the return to play protocols as set forth in this policy.

(i) **NOTE:** *An athlete cleared to play by a qualified health care professional only provides clearance for the athlete to begin return to play protocols as set forth in this management plan.*

(h) Reported Injuries

(i) In the instance of an athlete receiving a concussion while away from your supervision, upon learning of the injury initiate the **removal from play protocol** at the corresponding step the situation calls for in the removal from play protocol progression.

**(5) Removal from Play Protocol- Athletic trainers or other appropriate medical providers**

(a) Athletic trainers and other appropriate medical personnel shall play a lead role in identifying and removing injured athletes from play during practices when available and for both the home and away teams during competition when available during activities.

(b) **Step 1:** If during a practice or game or competition, it is reasonably suspected an athlete has sustained a concussion or head injury and exhibits outward signs or symptoms of such as defined by the Centers for Disease Control and Prevention, then the youth athlete shall be immediately removed from play.

Signs observed by Staff	Symptoms reported by Athlete
Appears dazed or stunned	Headache or “pressure” in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (even briefly)	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can’t recall events prior to hit or fall	Confusion
Can’t recall events after hit or fall	Just not “feeling right” or is “feeling down”

(c) **Step 2:** Contact the athlete's parents or guardians as soon as possible. If the athlete is experiencing any of the below signs the parents or guardians of the athlete may want to transport the athlete to the nearest emergency room.

- (i) Headache that gets worse or does not go away.
- (ii) Weakness, numbness or decreased coordination
- (iii) Slurred speech
- (iv) Looks very drowsy or cannot be awakened.
- (v) Cannot recognize people or places.
- (vi) Are getting more and more confused, restless, or agitated.
- (vii) Experiences unusual behavior.

(d) **Step 3:** If symptoms of the athlete are continuing to deteriorate or if an athlete exhibits **ANY** of the below signs **call 911 immediately**:

- (i) Repeated vomiting or nausea.
- (ii) Has one pupil (the black part in the middle of the eye) larger than the other.
- (iii) Experiences convulsions or seizures.
- (iv) Prolonged loss of consciousness (*a brief loss of consciousness should be taken seriously and the person should be carefully monitored*).

(e) **Step 4:** If emergency medical services are needed and en route to the scene, appoint an individual to ensure the responders can find the injured athlete easily upon arrival at the scene.

(f) **Step 5:** If not an emergency ensure the injured athlete is evaluated by a proper medical professional.

- (i) Only individuals deemed a "qualified health care professional" under subsection (5) of section 331625, Idaho Code, may provide a medical evaluation and treatment of the injury. A qualified health care professional must meet two (2) criteria. The professional must be trained in the evaluation and management of concussions, **AND** the professional must be one of the following:
  - a. A physician or physician assistant licensed under chapter 18, title 54, Idaho Code;
  - b. An advanced practice nurse licensed under section 541409, Idaho Code (**a school nurse may not necessarily be an advanced practice nurse**); or
  - c. A licensed health care professional trained in the evaluation and management of concussions who is supervised by a directing physician who is licensed under chapter 18, title 54, Idaho Code.
- (ii) If the individual is not a "qualified health care professional" as defined under subsection (5) of section 331625, Idaho Code, or if the injury is beyond the expertise, scope of practice, or comfort level of the individual, then the athlete shall be referred to a qualified health care professional trained in the evaluation and management of concussion.
- (iii) If the youth athlete is referred to another health care professional, provide the medical professional with any baseline cognitive test results if needed, and act reasonably and to the best of your ability to ensure the athlete was referred to a proper medical professional who has experience in the evaluation and management of concussion pursuant to subsection (5) of section 331625, Idaho Code.

(g) **Step 6:** If the individual is qualified to evaluate the scope of the injury, the individual may use simple sideline cognitive testing to determine whether the athlete has any cognitive impairment.

(i) Sideline tests include the Sports Concussion Assessment Tool (SCAT), the Standardized Assessment of Concussion (SAC), Sideline ImPACT, or other standardized tools for sideline cognitive testing.

(ii) Sideline tests may only be utilized by those qualified to treat concussion under subsection (5) of section 331625, Idaho Code.

a. If an individual is qualified to treat concussion and finds the athlete has no cognitive deficits, it is reasonable for the individual to conclude a concussion did not occur and that it is safe for the athlete to return to play. In this instance the individual may forego the remainder of this protocol, as well as the return to play protocols as set forth in this management plan.

(h) **Step 7:** If unable to reach the parent or guardian of the athlete during step 2 of this protocol, make additional efforts to inform the parent or guardian of the athlete about the injury. Provide the athlete's parent or guardian with the factsheet on concussion provided online by the Centers for Disease Control and Prevention. Discuss the content of the factsheet and answer any questions or concerns the parent or guardian may have. Provide written and verbal home and follow up care instructions.

(i) **If the athlete is not a student of your school**, inform the parents or guardians of the athlete regarding the injury if they are present at the event following step 7 of this protocol.

(ii) **In the event an athlete's parents or guardians cannot be reached**, and the athlete is able to be sent home, the athletic trainer, coach, school nurse or other appropriate school personnel should ensure the athlete will be with a responsible individual capable of monitoring the athlete and who understands the home care instructions before allowing the athlete to go home.

Additional steps to take are:

a. Continue efforts to reach the parents or guardians.

b. If there is any question about the status of the athlete, or if the athlete is not able to be monitored appropriately, the athlete should be referred to the emergency department for evaluation. A coach, athletic trainer, school nurse, or other appropriate school personnel should accompany the athlete and remain with the athlete until the parents or guardians arrive.

c. Athletes with suspected head injuries should not be permitted to drive home.

(i) **Step 8:** If it has not already been done, communicate the injury to any other pertinent school personnel. Such personnel may include the athletic trainer, school nurse, school counselor, school administrator or teachers of the athlete.

(i) **If the athlete is not a student of your school**, inform the athletic trainer, school nurse, or other appropriate school personnel of the school the athlete is affiliated with, informing them of the injury and providing them with any other pertinent information.

(j) **Step 9:** Collaborate with any other appropriate school personnel and any outside medical providers of the athlete if needed, to follow the return to play protocols as set forth in this plan.

(i) **NOTE:** *An athlete cleared to play by a qualified health care professional only provides clearance for the athlete to begin return to play protocols as set forth in this management plan.*

(k) Reported Injuries

(i) In the instance of an athlete receiving a concussion while at another school's facilities or away from your supervision, upon learning of the injury initiate the **removal from play protocol** at the corresponding step the situation calls for in the removal from play protocol progression.

#### **(6) Return to Play Protocol**

(a) An athlete may be returned to play once the athlete is evaluated and authorized to return by a qualified health care professional who is trained in the evaluation and management of concussions. For the purposes of this section, "qualified health care professional" means and includes any one (1) of the following who is trained in the evaluation and management of concussions:

(i) A physician or physician assistant licensed under chapter 18, title 54, Idaho Code;

(ii) An advanced practice nurse licensed under section 541409, Idaho Code (**a school nurse may not necessarily be an advanced practice nurse**); or

(iii) A licensed health care professional trained in the evaluation and management of concussions who is supervised by a directing physician who is licensed under chapter 18, title 54, Idaho Code; (**such as most Idaho licensed athletic trainers**).

(b) An athlete cleared to play by a qualifying medical professional only provides clearance for the athlete to begin the return to play protocols as set forth in subsection (d) of this Return to Play Protocol section, unless the athlete has been directed through the stepwise return to play progression by the outside medical provider(s) prior to being cleared. Athletic trainers or other appropriate personnel must act reasonably and to the best of their ability to ensure an athlete is cleared by a proper medical provider experienced in the evaluation and management of concussion pursuant to subsection (5) of section 331625, Idaho Code.

(i) Clearance by a medical provider must be in written form and kept on file at the school for no less than seven (7) years.

(c) The athletic trainer or other school medical personnel may treat the athlete only if the individual satisfies the requirements of section 331625, Idaho Code. If the individual does not satisfy the requirements, or if the injury is beyond the expertise, scope of practice or comfort level of the individual, then the athlete shall be referred to a qualified health care professional trained in the evaluation and management of concussion for treatment and management of the injury.

(i) It is the responsibility of the athletic trainer or other appropriate medical personnel to provide that proper and sufficient communication takes place with any/all outside medical professionals to ensure the medical providers have all pertinent medical information and are accurately informed of the details and severity of the injury.

(ii) Athletic trainers or other appropriate personnel must act reasonably and to the best of their ability to ensure an athlete is referred to a proper medical provider experienced in the evaluation and management of concussion pursuant to subsection (5) of section 331625, Idaho Code.

(d) The return of an athlete to play shall be done in a stepwise fashion in accordance with the recommended return to play protocols of the CDC and the NFHS. Proper instruction and supervision of an outside medical provider should be used if necessary. Communicate daily with coaches of the athlete to inform them of the protocol and the athlete's progress.

(i) Return to play protocol includes the following stepwise progression allowing the athlete 24 hours between each step without any symptoms. If any symptoms return the athlete should return to the previous step and resume the progression again following 24 hours without symptoms.

a. **Baseline (Step 0):** As the baseline step of the Return to Play Progression, the athlete needs to have completed physical and cognitive rest and not be experiencing concussion symptoms for a minimum of 24 hours. *Keep in mind, the younger the athlete, the more conservative the treatment.*

b. **Step 1: Light Aerobic Exercise**  
The Goal: only to increase an athlete's heart rate.  
The Time: 5 to 10 minutes.  
The Activities: exercise bike, walking, or light jogging.  
Absolutely no weightlifting, jumping or hard running.

c. **Step 2: Moderate Exercise**  
The Goal: limited body and head movement.  
The Time: Reduced from typical routine.  
The Activities: moderate jogging, brief running, moderate intensity stationary biking, and moderate intensity weightlifting.

d. **Step 3: Noncontact Exercise**  
The Goal: more intense but noncontact.  
The Time: Close to typical routine.  
The Activities: running, high intensity stationary biking, the player's regular weightlifting routine, and noncontact sport specific drills. This stage may add some cognitive component to practice in addition to the aerobic and movement components introduced in Steps 1 and 2.

e. **Step 4: Practice**  
The Goal: Reintegrate in full contact practice.

f. **Step 5: Play**  
The Goal: Return to competition.

### (7) Academic Accommodations

(a) The athletic trainer, school nurse, school counselor or other appropriate designated school administrator shall communicate and collaborate with the athlete, parents or guardian of the athlete, coaches, teachers and any necessary and pertinent outside medical professionals of the athlete to create a plan that will support the athlete's academic and personal needs while symptomatic.

(i) Supporting a student recovering from a concussion requires a collaborative approach among school professionals, health care providers, and parents, as s/he may need accommodations during recovery.

(ii) If symptoms persist, accommodations for the student such as a 504 plan may be pertinent. A 504 plan is implemented when students have a disability (temporary or permanent) that affects their performance in any manner. Services and accommodations for students may include Environmental adaptations, curriculum modifications, and behavioral strategies.

(iii) Students may need to limit activities while they are recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms (such as headache or tiredness) to reappear or get worse.

(iv) Students who return to school after a concussion may need to:

- a. Take rest breaks as needed,
- b. Spend fewer hours at school,
- c. Be given more time to take tests or complete assignments,
- d. Receive help with schoolwork, and/or
- e. Reduce time spent on the computer, reading, or writing.

(v) It is normal for students to feel frustrated, sad, and even angry because they cannot return to recreation or sports right away, or cannot keep up with their schoolwork. A student may also feel isolated from peers and social networks. Talk with the student about these issues and offer support and encouragement. As the student's symptoms decrease, the extra help or support can be removed gradually.

(b) As the athlete returns to academic and athletic activities the athletic trainer, school nurse, school counselor or other appropriate school personnel shall follow up with the athlete periodically to ensure symptoms are decreasing, have been eliminated and have not returned, or to address any additional concerns of the athlete and the athlete's parents or guardians, and to adjust the academic and return to play plan for the athlete if needed until the athlete has been fully reintegrated into normal athletic and academic activities.

## **COMMUNICATING WITH COACHES**

Athletes, parents, and guardians are encouraged to have positive interactions with the coaching staff. The head coach should be notified of any schedule conflicts well in advance, as well as of any specific health concerns the athlete may be experiencing. Additionally, it is appropriate for parents and guardians to contact the coach regarding ways you can contribute to your child's skill improvement and development. However, it is not appropriate to discuss playing time, team strategy, or play calling, nor is it appropriate to confront a coach immediately following a game or practice. If a parent or guardian has specific concerns they wish to address with a coach, a meeting should be scheduled. If concerns are not resolved during the initial meeting with the coach, the parent or guardian should schedule a meeting with the Athletic Director.

## **PRE-SEASON COACHES/ PARENTS/PLAYERS MEETING**

A pre-season meeting between coaches, parents and prospective athletes may be conducted at the beginning of the school year. The dates and times for these meetings will be announced at least two months in advance. Parents or guardians are required to attend the pre-season meeting in order to allow their son or daughter to continue as a member of the team. If for some reason, neither parent/guardian can attend the scheduled meeting, they must contact the high school office as soon as possible to make other arrangements.

## **SPORTS AWARDS BANQUET**

A sports awards banquet will be held at the conclusion of each sports season in order to honor our high school athletes. The date and location of the sports awards banquet will be announced at least one week prior to the event, and athletes as well as their families should make every effort to attend. Parents or guardians are encouraged to provide side dishes or refreshments for this event. At the discretion of the coaching staff, teams may have their own sport-specific events at the conclusion of the season.

## **VOLUNTEER OPPORTUNITIES**

Volunteer opportunities are available if you are interested in assisting coaches to keep the scorebook or team stats. Please check with the coach prior to the season to see if there are opportunities available. If you are interested in taking tickets for admission into games, please contact the high school office.

## **BOOSTER CLUB**

The Booster Club serves to support all activities at Nampa Christian Schools. The Booster Club provides financial and organizational support to Nampa Christian athletics through annual fundraisers and other events during the year. The club elects its own officers and operates alongside the Nampa Christian Athletic Director. All parents of NCS athletes are strongly encouraged to participate by joining this support organization.

## **DRUG POLICY**

### **Background**

The School Board and Leadership Team at Nampa Christian School have developed the following Drug Testing Policy for Athletics. We are implementing this policy because of our passion to help our students make good choices that are healthy and biblically based, and to ensure that we are above reproach in our interactions with our community. We are very blessed at Nampa Christian to have outstanding students and families that partner with us. Nevertheless, drugs and alcohol are a real temptation and we believe it is important for us to do all we can to ensure the safety and well-being of our students. We believe the following are important considerations for having a drug testing policy in place:

- First and foremost, we love our students and desire for them to be free from the slavery that addiction can lead to. If we can prevent, or provide early intervention, for a single student who may struggle with this temptation from taking the wrong path, it is worth it.
- It is important for us as a Christian school to be above reproach. All of the public schools in our league have a drug testing policy for athletics, and we feel that while we may not deal with all of the issues that they do, it is important for us to be able to definitively state our position and not allow doubters to question our integrity on this issue.
- Unfounded rumors, hearsay, and accusations about substance abuse are very destructive to students and their families. This policy provides an objective means of defusing unfounded rumors.
- Having a policy in place helps promote a culture wherein students and parents have confidence that NCHS is doing everything possible to provide a safe and caring Christ-centered educational environment. This partnership between NCHS and families encourages the few students who may consider abusing substances to more carefully consider their choices and refuse temptation.
- This policy gives parents and NCHS the opportunity to provide accountability and guidance for the few students in our body who are in need of help in this area.

The Leadership at NCHS believes that this program sends a strong message to the student body and to the community that drugs and alcohol are simply not acceptable, and that we are committed to offering assistance in getting free, and staying free, of drug use.

## **Policy**

### **Written Consent**

To fulfill our legal requirement, and in keeping with our philosophy of partnering with parents, a Drug Testing Consent Form must be completed and signed by the parent or legal guardian as a condition of participation in NCHS athletics. Failing to provide a signed consent form or refusing to comply with the provisions of this policy will forfeit the student's eligibility to participate in any NCHS sponsored athletic activity, and may require further discussion with the NCHS Administration to determine the nature of concern.

### **Student Selection**

The Nampa Christian School administration determines at its sole discretion when a drug test may be appropriate under the following guidelines:

- An entire athletic team may be tested at any given time within the athletic season.
- A random sampling of 5 male and 5 female athletes may be tested on a regular ongoing basis.
- An individual test may be requested in the event that the administration has probable cause to do so. Parents will be notified prior to testing in this situation.
- A parent may request a test for their own student at any time.

In all scenarios above, student dignity and privacy will be held at a premium. For more details on the actual testing procedure, please refer to the "Testing Procedure" section.

### **Procedure for Random Sampling**

Throughout the school year, at intervals deemed appropriate by the NCHS administration, five male and five female athletes may be selected on a random basis. To ensure the anonymity of the participants, each student will be assigned a number at the beginning of each school year. Only the student and the athletic director and/or administrator will know these numbers and the identity of the student to who such number is assigned. The athletic director and/or administrator will keep the number lists in a secure place where access is limited only to them.

After all numbers are drawn for a particular round of testing, they will immediately be returned to the pool of numbers in order to ensure the randomness of the next draw. It is possible that the number of a student may be drawn more than once during the season, school year, or not drawn at all.

### **Sampling Procedure**

On the day the numbers are drawn, those students selected will be notified and must promptly report to the designated place to produce a urine sample. They will be given a sample collector and provided a private bathroom stall where they will produce the urine sample. An adult monitor of the same gender will be collecting the sample once the student is done.

After the urine sample is given, the container will then be sealed with the number of the student printed clearly on the outside. The person collecting the sample, and testing the sample, will not be the same person in order to protect the anonymity of the students' results.

Urine samples will be collected at a mutually convenient time on the same day the student is selected for testing or, if the student is absent, on the day the student returns to school.

### **Prescription Medication**

Students who are taking prescription medication must provide a copy of the prescription or a doctor's verification in a sealed envelope to school personnel at the time a urine sample is collected or within seventy-two (72) hours after the urine sample is taken. The sealed envelope will be forwarded, unopened, to a testing lab with instructions for the lab to consider the student's use of such medication in conducting its analysis. Prescription information provided by the student will not be disclosed to any school official.



### **Scope of Tests**

The testing device is designed to test for one or more controlled substances or for alcohol. Urine samples will not be screened for the presence of any substance other than any illegal drugs or alcohol, nor for the purpose of identifying the existence of any disability or physical condition.

### **Test Results**

The administrator of the test will be authorized to report results only to the school administration. Test results shall be destroyed at the expiration of one year after the last day of the activity season for the school year, except with respect to students who have tested positive.

### **Procedure in the Event of a Positive Test**

Whenever a student's test result indicates the presence of an illegal drug or alcohol (i.e., "positive test") the following procedures shall be followed:

- The student and parent will be notified and a meeting with the parent and NCHS Administration will take place.
- The parent may request the sample to be submitted to a lab for further verification.
  - If the results are verified as positive, the student will be responsible for the lab costs, and the parent and NCHS Administration will move to the corrective plan.
  - If the results from the lab are negative, the student and parent will be notified, no further action will be taken, and NCHS will be responsible for the lab costs.

### **Corrective Plan for a Student who Tests Positive**

In the event a student tests positive for the use of alcohol or the unauthorized or illegal use of a drug or drugs, it is the sincere desire of NCHS to partner with parents to help that student learn from, and find victory over, this damaging behavior. Infractions will be dealt with on a case by case basis. The consequences of one positive test may include loss of athletic participation for the remainder of the school year and possible expulsion, depending on the severity of the infraction and student response. Any corrective action plan would include on-going drug testing at the expense of the student.

## **VARSITY LETTERING REQUIREMENTS**

Athletes must uphold all general athletic requirements as outlined by the Nampa Christian Student Handbook, and complete the entire season in good standing with the head coach. The coaching staff holds authority to consider special circumstances of individual athletes when making lettering determinations.

### **Fall Sports**

#### **Cross Country**

Athletes will attain varsity status in cross country by meeting *any* of the following requirements:

- ✓ Competing in at least two varsity races during the season.
- ✓ Meeting or exceeding a varsity standard for an approved 5K course.  
Boys Standard – 21:00 Girls Standard – 24:00
- ✓ Completing a third season of cross country participation at NCHS.

#### **Volleyball**

1. A player will letter if they make the varsity team.
2. For players that split playing time between the varsity and junior varsity: The player would letter if she played in more than half of the scheduled games or started in six (6) varsity contests.

*Post-season considerations:* Junior varsity players that are pulled up will not letter. This is considered an honor and should not be misconstrued as making the varsity squad.

## **Football**

A player will letter if they play on the varsity team. A swing player playing in at least 3 varsity games will be considered for a letter.

*Post-season consideration:* A junior varsity player will letter if he practices with the team during playoffs.

## **Winter Sports**

### **Basketball**

A player will letter if they make the Varsity team.

*Post-season or transitional players:* Players brought up from JV (for post season play) will not letter. This opportunity is considered a reward in and of itself.

### **Snow Club**

Members of the Snow Club must meet the following four requirements:

1. NCHS Snow Club members will be held responsible for information given at all meetings.
2. NCHS Snow Club members must attend 5 out of 6 races **as well as** the end of season Dottie Clark Race.
3. NCHS Snow Club members must participate in all fundraising events.
4. NCHS Snow Club members must maintain a "C" average or better in all classes during the course of the season.

At the conclusion of the season, if students have completed all of the above requirements and the advisor has approved them, the NCHS Snow Club member will receive their Varsity Letter for the season.

## **Spring Sports**

### **Baseball**

1. A player will letter if they make the varsity squad.
2. For players that split playing time between the varsity and junior varsity: the player would letter if he played in more than half of the scheduled games or started in six (6) varsity contests.

*Post-season consideration:* If a junior varsity player is asked to participate on the varsity team during the playoffs, the player will letter if he fills in for a varsity player. Otherwise, this is just considered an honor.

### **Golf**

1. A player will letter if they make the varsity team.
2. For players that split playing time between the varsity and junior varsity: The player would letter if he or she played at the varsity level for at least half of the scheduled regular season tournaments.  
\* Post-season considerations: The player would letter if he or she qualifies for the state tournament either as an individual or as part of a team.

### **Softball**

1. A player will letter if they make the varsity squad.
2. For players that split playing time between the varsity and junior varsity: the player would letter if she played in more than half of the scheduled games or started in six varsity contests.

*Post-season considerations:* If a player is asked to participate on the varsity team during the playoffs, the player will letter if they fill in for a varsity player. Otherwise, this is just considered an honor.

## **Track & Field**

Athletes will attain varsity status in track and field by meeting any of the following requirements:

- ✓ Meeting or exceeding a varsity standard in any individual event.
- ✓ Scoring at least 10 points during the course of a season (standard scoring—relays 1/4 total points)
- ✓ Placing in the top 6 at the district track meet in either an individual or relay event
- ✓ Completing a third season of track and field participation at NCHS.

## Varsity Standards

### Girls

100 M	14.24	HJ	4' 6
200 M	30.24	LJ	13' 9
400 M	1:08.14	TJ	29' 0
800 M	2:42.00	PV	7' 6
1600 M	6:20.00	SP	27' 0
3200 M	13:45.00	D	80' 0
100 H	18.34		
300 H	53.24		

### Boys

100 M	12.34	HJ	5' 4
200 M	25.24	LJ	17' 0
400 M	56.64	TJ	35' 0
800 M	2:20.00	PV	9' 6
1600 M	5:20.00	SP	37' 0
3200 M	11:45.00	D	100' 0
110 H	17.94		
300 H	45.74		

### **Drama**

1. Students will letter if they make the cast.
2. Students will letter if they have attended practices regularly and punctually. (No more than two unexcused absences).
3. Students must perform in all performances assigned.
4. Students must meet academic guidelines established by NCHS.

### **Cheer**

1. Must cheer on the varsity squad.
2. No more than 1 unexcused absence from practices or games per year.
3. Must be respectful to coaches and squad members at all times.
4. No dishonorable actions or comments to or about coaches, squad members, those who represent other schools, or Nampa Christian Schools.
5. Must have a GPA of 2.0 (no "F's" and no more than one "D" during any grading period)

### **Reasons to withhold a letter from a student-athlete:**

1. Unexcused absences from practices and/or games.
2. Repeated disrespect of coaches.
3. Any behavior that would be deemed dishonorable to opposing players, officials, fans, coaches, or Nampa Christian Schools.
4. An injury at the beginning of the season that prevents an athlete from participating in any contests.
5. An athlete that fails to complete a sports season. An injury would not necessarily prohibit an athlete from lettering. Circumstances will be evaluated case by case.

## **GENERAL POLICIES**

### **1. Team Selection**

The makeup of each individual team is at the discretion of the head coach. All team selections will be discussed with the Athletic Director prior to being posted to the teams.

### **2. Tryouts**

Tryouts will be held during the first official week of practice in each sport. Any student who meets the NCS and IHSAA eligibility requirements may try out.

### **3. Cuts**

At the JV-B level, we encourage a no-cut policy. However, when the number of participating athletes exceeds the feasible amount of players, cuts may be necessary. For JV-A and Varsity levels, cuts are at the discretion of the coaches, based on evaluation of players and the overall make-up of the team. At these levels, coaches should provide clear communication to each player as to the expectations of the team and the specific role the athlete will play on the team. Each coach should be available for players when cuts are made to provide specific information and suggestions to help the player improve.

#### **4. Parent Information**

After a team has been determined, the coach will call a parent meeting to go over logistical matters, expectations, and requirements of the athletes and parents in regards to the upcoming season. Parents will be given an opportunity to ask questions of the coach, and may be asked to sign a form covering topics such as sportsmanship and commitment to the program.

#### **5. Practices**

All athletes are expected to be present and on time at all practices called by the coach during the season of a particular sport and are expected to stay for the entire duration until dismissed by the coach, unless other arrangements have been made in advance. This does not warrant an athlete to leave practice on a regular basis to attend an outside activity, unless the head coach agrees to the situation. Other school activities such as band, choir, drama, meeting with a teacher for help after school, etc. will be dealt with in the appropriate manner. Unexcused absences will be dealt with on an individual basis and some form of discipline will be taken. Missing practice for any reason may negatively affect future playing time.

#### **6. Playing Time**

The amount of playing time each player receives is at the discretion of the Head Coach.

*JV-B* Instruction and active participation are the primary concerns at this level. It is our goal that every player participates in each contest as long as they meet practice requirements and are abiding by team rules. Players will not necessarily receive equal playing time.

*JV-A* Concepts of competition and role-playing within the team become more evident and may result in some athletes not playing in a particular contest. As dictated by game situation, the coach may or may not play every player in the contest.

*Varsity* Playing time is determined by the coach's determination of which players provide the best opportunity to win the contest. Depending on game situations, a player may or may not play in the game. Equal playing time is not expected at this level. Players, regardless of grade level and past experience, will enter contests based on the discretion of the coaches.

#### **7. Dress Code**

Students are representing Nampa Christian when they are traveling to and from athletic contests. On the day of an athletic contest, students are required to dress in either team apparel as outlined by the coach or in conjunction with the NCS chapel dress code. For away contests, students must be attired properly before they board the bus going to the game as well as returning from the game if traveling with the team. For home games and practices, the dress code applies as soon as the athlete enters the building where the contest takes place.

#### **8. Uniforms**

Uniforms and team equipment must be returned in satisfactory condition no later than one week after the conclusion of the season. Otherwise fines may be imposed. If possible, coaches should collect all uniforms and equipment at the conclusion of the final game. Parents of athletes will be responsible for uniforms not returned after the week period. Any charges for uniforms lost or not returned within one week after the final athletic contest will be added to the student's account. Report cards will be held until all uniforms are paid for or returned.

#### **9. Attendance**

Students must be in attendance at school at least 4 periods on the day of an activity in order to be permitted to participate on that day. Students are expected to be on time, actively participate in class, and complete all assignments when they are due.

## **10. Quitting a Team**

Once an athlete commits to play a sport, it is expected that they finish the season. Any athlete that quits prior to the end of the season will not letter in that particular season. An injury would not necessarily prohibit an athlete from lettering. Circumstances will be evaluated case by case.

### **CODE OF CONDUCT**

The Athletic Department of Nampa Christian recognizes that student-athletes often hold a unique place in society and that they are under considerable pressure to not only perform in athletics, but in the classroom as well. Student-athletes are often looked upon as public role models. They must develop and maintain outstanding levels of achievements and athletic endeavors and adhere to the highest standards of ethical behavior and sportsmanship. The way a student-athlete conducts himself/herself is a direct reflection, not only of them, but of Nampa Christian as well.

#### **The athlete must:**

- Be courteous to visiting teams and officials.
- Respect the judgment of officials and accept their decisions without question.
- Respect the facilities of the host school and the trust extended in being a host.
- Play hard and to the limit of potential and ability regardless of discouragement. Each should realize that the true athlete does not give up, nor do they insult, mock, quarrel, cheat or showboat.
- Encourage their teammates and speak highly of them when talking to others.
- Be modest when successful and be gracious in defeat. A true sportsman does not offer excuses for failures.

#### **The coach must:**

- Exemplify a Christ-like attitude and behavior that is representative of Nampa Christian Schools and be a credit to the Christian coaching profession.
- Demonstrate the highest ideals, desirable attitudes in personal behavior, good habits of courtesy, and demand the same standards of the players.
- Recognize that the process is as important as the end product and, in fact has a major bearing on the outcome of the product God wants to produce.
- Remember that the most important values are derived from playing the game fairly, and teach players that it is better to lose fairly than to win unfairly.
- Maintain self-control at all times, accepting adverse decisions without loss of emotional control. Demonstrate to layers how to work with officials to improve performance without humiliating them or being disrespectful.
- Be modest in victory and gracious in defeat.

#### **The spectators must:**

- Realize that they represent the school just as distinctly as the players on a team. Therefore, he/she has an obligation to be a true sportsman, encouraging through personal example the practice of good sportsmanship by others.
- Understand that good sportsmanship involves applauding good team play, individual skill, and outstanding examples of sportsmanship and fair play exhibited by either team.
- Treat visiting teams and officials as our guests, seeing this as an opportunity to be a witness for Christ to unbelievers and so extending to them every courtesy.
- Be modest in victory and gracious in defeat.
- Respect the judgment of officials, realizing that their decisions are based on fast moving game conditions as they observe them from their vantage point.

STATEMENT OF COMMITMENT

I, \_\_\_\_\_, as a member of a Nampa Christian athletic team, do agree to abide by the following rules and standards of conduct. I realize that athletic involvement is a privilege, and not a right, and carries with it responsibilities. I further acknowledge that there will be consequences for misconduct or not fulfilling my commitment.

- I agree to attend and be on time for all practices, meetings, and games. This includes awards banquets, team parties, team pictures and all other team functions. Though I may have outside activities, I will not allow them to interfere with my NCS commitment.
- I agree to personally gain prior permission from my coach if extenuating circumstances arise where I must be late or miss a team function.
- I agree to give 100% effort during practices and in games.
- I agree to inform my coach of an illness or injury that I feel may affect my playing ability. I recognize that lack of practice due to an injury may limit my playing tie and that I am still responsible to attend practices and games when injured unless excused by my coach.
- I agree to keep an attitude of encouragement towards my teammates in every situation.
- I agree to perform any function that the coach, in his/her best judgment, not my own, determines is best for the team’s overall success.
- I agree to refrain from smoking, drinking, drugs, and profanity anytime and anywhere, and to avoid situations (parties, informal gatherings, etc.) where alcohol and drugs may be present.
- I agree to maintain my academic eligibility as outlined in the Student and Athletic Handbooks and to inform my coach of any academic problems that I encounter.
- I agree to take care of any uniforms or equipment that may be issued to me and will return it when I am asked. If any damage occurs during my possession, I agree to pay for repair or replacement costs. I agree to not use any school issued equipment for any outside activities unless approved by my Head Coach and/or the Athletic Director.
- I agree to uphold the guidelines as outlined in the Student and Athletic Handbooks.
- I understand that if I do not attend three classes on the day of an athletic event, I will not be allowed to participate unless prior arrangements have been made.

By signing below, I, the student-athlete, and we, the parents/guardians, agree to the above stated responsibilities. We waiver all rights to the NCS Athletic Department to guide myself, and our child, in the sports participated in, to the best of their ability.

\_\_\_\_\_  
Student-Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian

\_\_\_\_\_  
Date

**Idaho High School Activities Association  
Idaho Health Examination and Consent Form**

It is required that all students complete a History and Physical examination prior to his/her first 9<sup>th</sup> and 11<sup>th</sup> grade practice in the interscholastic (9-12) athletic program in the State of Idaho. The exam is at the expense of the student and may not be taken prior to May 1 of the 8<sup>th</sup> and 10<sup>th</sup> grade years. This examination is to be done by a licensed physician, physician's assistant or nurse practitioner under optimal conditions. Interim history forms are required during the 10<sup>th</sup> and 12<sup>th</sup> grade years and must be submitted to the principal prior to the first practice.

Name \_\_\_\_\_ Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Grade \_\_\_\_\_ Sports \_\_\_\_\_  
 Personal Physician \_\_\_\_\_ Physician's Phone Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ School \_\_\_\_\_

**History Form**

Fill in details of "YES" answers in space below:

	YES	NO		YES	NO
1. A. Have you ever been hospitalized?	___	___	5. Do you have any skin problems? (itching, rash, acne)	___	___
B. Have you ever had surgery?	___	___	6. A. Have you ever had a head injury?	___	___
2. Are you presently taking any medication or pills?	___	___	B. Have you ever been knocked out or unconscious?	___	___
3. Do you have any allergies (medicine, bees, other stinging insects)?	___	___	C. Have you ever been diagnosed with a concussion?	___	___
4. A. Have you ever passed out during or after exercise?	___	___	D. Have you ever had a seizure?	___	___
B. Have you ever been dizzy during or after exercise?	___	___	E. Have you ever had a stinger, burner, or pinched nerve?	___	___
C. Have you ever had chest pain during or after exercise?	___	___	7. A. Have you ever had heat cramps?	___	___
D. Do you tire more quickly than your friends during exercise?	___	___	B. Have you ever been dizzy or passed out in the heat?	___	___
E. Have you ever had high blood pressure?	___	___	8. Do you have trouble breathing or cough during or after exercise?	___	___
F. Have you ever been told you have a heart murmur?	___	___	9. Do you use special equipment, pads, braces, mouth or eyeguards?	___	___
G. Have you ever had racing of your heart or skipped beats?	___	___	10. A. Have you had problems with your eyes or vision?	___	___
H. Has anyone in your family died of heart problems or a sudden death before age 50?	___	___	B. Do you wear glasses, contacts, or protective eyewear?	___	___
11. Were you born without a kidney, testicle, or any other organ? _____					
12. Have you ever sprained/strained, dislocated, fractured/broken, or had repeated swelling or other injuries of any of your bones or joints? ___ Head      ___ Neck      ___ Chest      ___ Back      ___ Hip ___ Shoulder      ___ Elbow      ___ Forearm      ___ Wrist      ___ Hand ___ Thigh      ___ Knee      ___ Shin/Calf      ___ Ankle      ___ Foot					
13. Have you ever had any other medical problems such as: ___ Mononucleosis      ___ Diabetes      ___ Asthma      ___ Hepatitis ___ Headaches (frequent)      ___ Eye Injuries      ___ Other					
14. Have you had a medical problem or injury since your last exam? _____					
15. When was your last tetanus shot? _____ When was your last measles immunization? _____					
16. When was your first menstrual period? _____ When was your last menstrual period? _____ What was the longest time between periods last year? _____					
Explain "YES" answers here: _____ _____ _____					

**Consent Form**

(Parent or Guardian and Student Permission and Approval)

I hereby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated by school authorities for any illness or injury resulting from his/her athletic participation. I also consent to the release of any information contained in this form to carry out treatment and healthcare operations for the above named student.

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the State Association.

SIGNATURE OF STUDENT \_\_\_\_\_ DATE: \_\_\_\_\_

**PHYSICAL EXAMINATION FORM**

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ T \_\_\_\_\_ Pulse \_\_\_\_\_ R \_\_\_\_\_

Visual Acuity R 20 / \_\_\_\_\_ L 20 / \_\_\_\_\_ Corrected: Y N Pupils \_\_\_\_\_

	Normal	Abnormal
Ears, Nose, Throat	_____	_____
Cardiopulmonary		
Pulses	_____	_____
Heart	_____	_____
Lungs	_____	_____
Skin	_____	_____
Abdominal	_____	_____
Genitalia	_____	_____
Musculoskeletal		
Neck	_____	_____
Shoulder	_____	_____
Elbow	_____	_____
Wrist	_____	_____
Hand	_____	_____
Back	_____	_____
Knee	_____	_____
Ankle	_____	_____
Foot	_____	_____

**CLEARANCE / RECOMMENDATIONS**

Clearance:

- \_\_\_\_\_ A. Cleared for all sports and other school-sponsored activities.
- \_\_\_\_\_ B. Cleared after completing evaluation / rehabilitation for:  
\_\_\_\_\_
- \_\_\_\_\_ C. *NOT* cleared to participate in the following IHSAA sponsored sports:
 

Baseball	Wrestling	Golf	Softball
Track	Cross Country	Basketball	Football
Soccer	Tennis	Volleyball	

*NOT* cleared for other school-sponsored activities:  
 (Example: *Swimming*)    1. \_\_\_\_\_    2. \_\_\_\_\_    3. \_\_\_\_\_
- \_\_\_\_\_ D. Student is *NOT* permitted to participate in high school athletics.  
 Reason: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Recommendation: \_\_\_\_\_  
 \_\_\_\_\_

Examiner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(This Physical form must be signed by a licensed physician, physician's assistant or nurse practitioner)*

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_



**INTERIM QUESTIONNAIRE**



**PLEASE PRINT!!**

\_\_\_\_\_ Male/Female  
 Last Name First Middle (circle one) City Date

Since his/her last athletic physical examination, has this student:

	YES	NO	_____
			Year in School
(1) Had surgery	_____	_____	
(2) Been hospitalized	_____	_____	
(3) Been under a physician's care	_____	_____	
(4) Had a serious illness	_____	_____	
(5) Had an injury requiring a physician's care	_____	_____	
(6) Been rendered unconscious	_____	_____	
(7) Started taking any new medications	_____	_____	
(8) Developed any new drug allergies	_____	_____	
(9) Developed any health problems	_____	_____	
(Please explain all <u>yes</u> answers)			

\_\_\_\_\_  
 -  
 \_\_\_\_\_  
 -  
 \_\_\_\_\_  
 =====  
 =====

My child \_\_\_ should or \_\_\_ should not have a physical examination prior to participation in high school athletics.

School health insurance needed: \_\_\_Yes \_\_\_No

If yes, a premium charge will be required prior to participation in any IHSAA athletic activity. More information may be obtained from the local school district.

If no, is your child covered by a family health insurance policy? \_\_\_Yes \_\_\_No\_\_\_

\_\_\_\_\_  
 Signature of Parent or Guardian

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City Zip Code

=====

**CONSENT FORM**

I hereby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated by school authorities for any illness or injury resulting from his/her athletic participation.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

My participation in interscholastic athletics for the above school is entirely voluntary on my part, and with the understanding that I have not violated any of the eligibility rules and regulations of the state association.

SIGNATURE OF STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

NOTE: The original copy is to be returned to the school

TO: Prospective Sports Participants and Parents

FROM: Nampa Christian Schools

SUBJECT: **NOTICE OF RISK FOR STUDENT ATHLETES**

When a person practices, plays and participates in any sport, the activity can be dangerous. The person risks serious and permanent injury.

Injuries which may result from practicing, playing and participating in sports could cause serious injury or impairment which may result in permanent damage to the participant. The damage could affect the general health and well-being of that participant.

Serious injury could impair a person’s ability to earn a living and engage in social and recreational activities in the future.

We, the undersigned, understand the dangers of practicing, playing and participating in sports. We also recognize the importance of following instructions given by the coach(es) regarding playing techniques, training, and obeying team rules.

We specifically acknowledge we have **carefully read and understand** this Notice of Risk for Student Athletes and that FOOTBALL, VOLLEYBALL, CROSS COUNTRY, CHEERLEADING, BASKETBALL, TRACK, BASEBALL, SOFTBALL, GOLF AND SKI CLUB are sports involving risk of injury.

Date: \_\_\_\_\_

\_\_\_\_\_  
Participant:

\_\_\_\_\_  
Parent/Guardian

TO: Prospective Sports Participants and Parents

FROM: Nampa Christian Schools

SUBJECT: **SPORTSMANSHIP CONTRACT**

I have read, understand and choose to support the NC Sportsmanship Contract.

	Date	Grade in School
Student’s Signature _____	_____	_____
Mother’s Signature _____		
Father’s Signature _____		

**PARENT/GUARDIAN  
DRUG TESTING CONSENT FORM**

We, the undersigned Parent/Guardian, recognizing that Nampa Christian School is committed to protecting its students from the harmful effects of substance abuse, hereby agree to accept and abide by the standards, policies, and regulations as set forth in this NCHS Drug Testing Policy for Athletics.

We authorize Nampa Christian Schools to conduct random drug testing of urine specimens that our Student provides, to test for illegal drugs and/or alcohol use. We also authorize the release of information concerning the results of such test to the NCHS Administration as deemed appropriate. We understand that additional laboratory testing resulting from a second positive test will be completed at the expense of the student's family.

“Student Name” \_\_\_\_\_  
Student's Name: please print

“Parent/  
Guardian” \_\_\_\_\_  
Parent's/Guardian's Signature Date