

HUNTINGTON UNION FREE SCHOOL DISTRICT

Department of Health, Physical Education & Athletics

Georgia D. McCarthy, Director



HUNTINGTON HIGH SCHOOL ATHLETIC PROGRAM PACKET



Dear Parent:

If your son/daughter will be participating in interscholastic athletics this upcoming school year, please read this document in its entirety for some very important information. Please make sure you see the back of this page for Fall Tryout information.

Sincerely,

Georgia D. McCarthy, AD

New School Requirement:

ALL children enrolled in the seventh grade in any school on or after September 1, 2000, are **REQUIRED** to have a Hepatitis B vaccine. In addition, any child born on or after 1/1/1994, require a Tdap vaccine.

Checklist prior to tryouts:

- Family Physician physical form or School Physician physical form (physicals are valid for 1 year)
- Health History Form completed and signed by parent/guardian
- Re-qualification by school nurse (a physical form and signed health history form must be presented to school nurse in order for student to be re-qualified)

Listing of Sport by Season: (end of season dates may vary)

FALL SEASON

August 14 – November 1 (this does not include Varsity playoffs)

Football Meeting, 8/14 @ 7:30am

Football Tryouts Start, 8/18

August 25 – October 31

Boys & Girls Soccer

Girls Tennis

Boys Golf

Field Hockey

Boys & Girls Volleyball

Girls Swimming

Boys & Girls Cross Country

WINTER SEASON

November 19 – February 13

Boys & Girls Basketball

Boys Swimming

Boys & Girls Fencing

Wrestling

Boys & Girls Indoor Track

SPRING SEASON

March 9 – May 21

Baseball

Boys & Girls Lacrosse

Softball

Boys & Girls Spring Track

Boys Tennis

Crew

++PLEASE SEE IMPORTANT INFO ON BACK OF THIS PAGE++

HUNTINGTON UNION FREE SCHOOL DISTRICT

Department of Health, Physical Education & Athletics

Georgia D. McCarthy, Director



FINLEY MIDDLE SCHOOL ATHLETIC PROGRAM PACKET



Dear Parent:

Your son/daughter will be entering the seventh or eighth grade this coming fall. There will be many new and exciting opportunities available to them, including a full program of athletics. Please see important information below on back of this page.

Sincerely,

Georgia D. McCarthy, AD

New School Requirement:

ALL children enrolled in the seventh grade in any school on or after September 1, 2000, are **REQUIRED** to have a Hepatitis B vaccine. In addition, any child born on or after 1/1/1994, require a Tdap vaccine.

Checklist prior to tryouts:

- Family Physician physical form or School Physician physical form (physicals are valid for 1 year)
- Health History Form completed and signed by parent/guardian
- Re-qualification by school nurse (a physical form and signed health history form must be presented to school nurse in order for student to be re-qualified)

Listing of Sport by Season: (end of season dates may vary by a few days)

FALL SEASON

September 8 – October 31

Field Hockey
Football (B & W)
Boys Soccer
Girls Soccer
Girls Tennis
Co-Ed Cross Country

WINTER I SEASON

November 5 – January 16

Girls Volleyball
November 10 – January 16
Boys Basketball – 7
Boys Basketball – 8

WINTER II SEASON

January 20 – March 20

Girls Basketball – 7
Girls Basketball – 8
Wrestling
Boys Volleyball

SPRING SEASON

March 23 – June 5

Baseball
Softball
Boys Track
Girls Track
Boys Tennis
Girls Lacrosse (B & W)
Boys Lacrosse (B & W)

++PLEASE SEE IMPORTANT INFO ON BACK OF THIS PAGE++

HUNTINGTON UNION FREE SCHOOL DISTRICT

Department of Health, Physical Education and Athletics

Georgia D. McCarthy, District Director

gmccarthy@hufsd.edu

Listed below are important dates if your child wishes to participate on an Interscholastic Athletic Team. To obtain information regarding **FMS & HHS Athletics** and the **HEALTHY SCREENING FORM* & PHYSICAL EXAMINATION FORM****, please follow directions below:

Log on: www.hufsd.edu

Click on: **ATHLETICS** on top tool bar

Click on: **Forms and Files** on left side tool bar

Click on: **FMS or HHS Tryout Info 2014-2015**

PHYSICAL DATES 2014 – 2015 SCHOOL YEAR WITH SCHOOL PHYSICIAN

HUNTINGTON HS

Thursday, August 14th @ High School
2014 - 15 ~ Grades 9 - 12

7:00 – 10:00AM

*Bring Health Screening Form Signed

FINLEY MS

Tuesday, September 2nd @ Finley MS
2014 – 15 ~ Grades 7 & 8

8:00 – 10:00AM

*Bring Health Screening Form Signed

MANDATORY RE-QUALIFICATION DATES WITH THE SCHOOL NURSE

HUNTINGTON HS

(Nurse's Office)

8/14	10 – 11 AM	Football Players Only
8/18	9 – 11 AM	All Fall Athletes
8/19	9 – 11 AM	All Fall Athletes
8/20	9 – 11 AM	All Fall Athletes
8/25	7 – 11 AM	All Fall Athletes

*Bring Health Screening Form Signed

**Bring physical exam form if done by family DR

FINLEY MS

(Nurse's Office)

8/18	9 – 12 PM	All Fall Athletes
8/19	9 – 12 PM	All Fall Athletes
9/03	During Lunch Period	
9/04	During Lunch Period	
9/05	During Lunch Period	

*Bring Health Screening Form Signed

**Bring physical exam form if done by family DR

All High School athletes must present the white clearance requalification form to their coach on the first day or they will not be eligible to try out

2014 FALL SPORT TRYOUT START DATES

Thurs. Aug. 14 th	H.S. JV & V Football, Mandatory Meeting @ 7:30am
Mon., Aug. 18 th	H.S. JV & V Football First day of tryouts @ 7 – 10am & 5 – 7:30pm*
Mon., Aug. 25 th	All Other H.S. Fall Sports tryouts @ 8 – 10 am & 5 – 7pm*
Sept. 3 rd – 5 th	All M.S. Tryout Information during lunch
Mon., Sept. 8 th	All M.S. Sports tryouts begin @ 3 – 5pm

*Most JV & Varsity sports have double sessions. Students are required to be at both.

All JV and Varsity teams will meet at Huntington High School on the first day for tryouts, except for: Girl's Varsity Swim Team tryouts will be at the Huntington Yacht Club. Boys' Varsity Golf will meet at HHS on first day and then tryouts will be at a golf course the following day.

HUNTINGTON SCHOOL DISTRICT

Health Screening Form

THIS FORM MUST BE COMPLETED AND SIGNED BY PARENT

Date _____

Student's Name _____

Address _____

Phone _____

Date of Birth _____ Grade _____

Date of Last Tetanus Booster _____

Notify in Case of Emergency (Parents' Business Phone) _____

Authorized Alternates (Relatives, Friend, Neighbor) _____

Family Doctor _____

Phone _____

A. General Family History

Please state who in Your Family (Parents, Aunts, Uncles, Cousins, Grandparents) Had or Now Has:

(Check One)

Yes No

1. Diabetes

Allergies: Hay Fever
Asthma
Frequent Hives or Rashes
Reaction to Medication
Reaction to Insect Stings
Migraine Headaches
Epilepsy

2. Has anyone in Your Family Under Age of 50 Died Suddenly?

If So, Indicate Cause _____

3. Has Anyone in Your Family Had or Now Has:

Tendency to Bleed
Anemia
Heart Disease
Stroke
Coronary Artery Disease
Rheumatic Fever
High Blood Pressure
Rhythm (Heart Beat) Disturbance
High Cholesterol in Blood
Has Anyone Had Tuberculosis

B. Student History

Cardiovascular - Respiratory

Has your Child a History of: **Yes No**

Heart or Lung Trouble
Chronic Tiredness
Murmur Heard by a Physician at any time
High Blood Pressure
Chest Pains with Exercise
Persistent Cough
Dizziness or Faintness With Exercise
Palpitations
Rapid or Irregular Heart Beats
Shortness of Breath
Wheezing With Exercise
Rheumatic Fever
Heart or Lung X-Rays For Any Reason
Electrocardiogram For Any Reason
Marfans Syndrome
Ehlers Danios Syndrome

BLOOD

Has Your Child a History of:
Tendency to Bleed or Bruise Easily
Anemia
Hepatitis
Mononucleosis

DIGESTIVE

Has Your Child A History of:
Frequent Pain in Abdomen
Ulcers
Colitis
Enteritis

NEUROLOGICAL

Has your Child a History of:
Brain Concussion (Head Injury)
Fainting Spells
Skull Fracture
Recurring Severe Headaches
Convulsions or Epilepsy

HUNTINGTON SCHOOL DISTRICT

Health Screening Form

Eyes-Ears-Nose-Throat
Has Your Child a History of:
Very Bad Vision In One Eye
Temporary Loss of Vision
To Wear Glasses or Contact Lenses
Hearing Loss
Perforated Ear Drum
Discharge From an Ear
(Recurrent Infection)
Sinus Infection
Frequent Nose Bleeds
Broken Nose
Deviated Septum
Dental Plate (Dentures)
Orthodontia

Genito-Urinary
Has Your Child a History of:
Hernia
Blood, Pus, or Protein in Urine
Impaired Function or Loss of
A Kidney
Absence of Testicle
Menstrual Problems
Age At Onset of Menstruation _____

Orthopedic
Has Your Child A History Of:
Bone Fracture
Joint Dislocation

(Check One)
Yes No

Foot Problems
Spine or Limb Deformity
Neck Injury
Back Injury or Frequent Backaches
Knee Injury (Sprain) or Recurrent Pain
Ankle Injury (Sprain) or Recurrent Pain
Other Joint Problems
Bone Infection

Allergy
Has Your Child Had
Hay Fever
Asthma
Frequent Hives or Rashes
Reaction to Medication
Reaction to Insect Stings
Does Your Child:
Take Any Medications Regularly
If Yes, Name _____
Take Medication For Emergency Use
If Yes, Type _____
Has Your Child Ever Had an Operation
If Yes, Name _____
Has Your Child Ever Been
Hospitalized
Reason _____
Has Your Child Ever Been Told to
Give Up Athletics Because of A Health
Problem
If Yes, Describe _____

If There Are Any Yes Answers to the Above Questions, Use the Space Below to Explain:

Please Sign _____ **Parent or Guardian** _____ **Date**

In addition, if you wish your child to be examined by the school physician, you must also sign below.

Please Sign _____ **Parent or Guardian** _____ **Date**



School Health Service
Huntington Public Schools
Huntington, New York 11743

PHYSICAL EXAMINATION FORM

Name _____ D.O.B. _____ Gender: M F
was examined and found in good health and able to participate in all athletic programs.

Positive Physical Findings: _____

Recommendations and/or Exceptions: _____

Height _____ Weight _____ Blood Pressure _____ Pulse _____ PPD _____
Scoliosis _____ Hearing R _____ L _____ Vision: Near R _____ L _____
**BMI _____ **BMI Percentile _____ Urinalysis _____ Far R _____ L _____

Immunizations:

HIB	_____	_____	_____	_____
DTaP	_____	_____	_____	_____
tdap	_____	_____	_____	_____
IVP	_____	_____	_____	_____
MMR	_____	_____	_____	_____
Hep B	_____	_____	_____	_____
Varicella	_____	_____	_____	_____

For interscholastic Athletic Activities Only:

The above named student is physically qualified to participate in the following categories during the school year. Qualification for contact or collision sports qualifies the student for all other physical activities.

Contact or Collision Sports

Endurance Activities

Other

yes no

yes no

yes no

Football
Baseball
Basketball
Soccer

Hockey (Field)
Wrestling
Lacrosse
Softball

Gymnastics
Swimming
Track
Cross Country

Tennis
Volleyball
Handball
Fencing - Crew

Bowling
Golf
Archery
Field Events
Cheerleading
Rifle Team

Reason for disqualification _____

Date _____ Signed _____ (Physician) _____ M.D.

Signed _____ (Parent or Guardian)



Physician's Stamp

OVER...

**THIS INFORMATION IS REQUIRED UNDER N.Y.S. EDUCATION LAW (Section 903)

**Student Health Appraisal Supplement
for Body Mass Index and Weight Status Reporting**

This supplement should be completed and attached to student health appraisals for students in Kindergarten, 2nd, 4th, 7th or 10th grade. This information is required under New York State Education Law (Section 903) by the beginning of the 2008 academic school year.

Gender: Male Female

Grade (Check One): Kindergarten 2 4 7 10

Date of Measurement: / /
 mm dd yyyy

Body Mass Index (BMI): .

Weight Status Category (Based on BMI percentiles for age and gender):

(Check ONE)

- Less than 5th
- 5th through 49th
- 50th through 84th
- 85th through 94th
- 95th through 98th
- 99th and higher

Specify current diseases (Check ALL that apply):

- Asthma
- Diabetes, Type 1
- Diabetes, Type 2
- Hyperlipidemia (High Cholesterol or Triglycerides)
- Hypertension (High Blood Pressure)

HUNTINGTON UNION FREE SCHOOL DISTRICT

INFORMATION REGARDING STUDENT PARTICIPATION IN INTERSCHOLASTIC SPORTS, INCLUDING CONCUSSION INFORMATION, AND INTERSCHOLASTIC SPORTS CONSENT AND PERMISSION FORM

Dear Parent/Guardian:

Your son/daughter is a candidate for one of the interscholastic athletic teams sponsored by the Huntington Union Free School District (“District”). Student participation in all interscholastic sports is voluntary. The District requires that each student provide the District with signed parent consent and permission in order for the student to participate in such activities.

This letter sets forth important information for parents and students regarding participation on the District’s interscholastic teams and the risks involved in such participation. This letter includes important Concussion Information, Guidelines for the Student-Athlete and the Athlete’s Code of Conduct. At the end of this letter there is a parental consent and permission form. If you consent to your child’s participation on a District interscholastic sport team, this letter in its entirety must be returned to the District with the consent and permission form at the end of the letter signed by you. **Please read all the information in this letter in its entirety and review the information with your son or daughter, including the information regarding the risks inherent in sports activities. Please note, your son/daughter will be required to abide by all guidelines, rules, policies and codes.**

In addition to your permission, in order for your son/daughter to participate on a sports team, the District requires that your son/daughter have a physical health examination. The District provides health examinations by the school physician at no charge to parents or students. These health examinations are conducted in June for participation in interscholastic sports during the following school year. Parents and students may choose to have their own physician complete the physical health examination at parent expense, however, the District reserves the right to require a physical examination by the school physician. Parents and students who choose this option may obtain a “Health Examination Form” from my office or the school nurse’s office. The Health Examination Form must be completed by the examining physician and returned to the school nurse. Sports physicals are only valid for one (1) year from the date of examination. The school nurse must approve all physicals prior to a student trying out for a sport. Students trying out for multiple sport teams during a school year must be re-qualified by the school nurse prior to trying out for each team.

There will be a **mandatory meeting** that all athletes must attend after try-outs. Parents/Guardians are encouraged to attend this meeting. The team coach will notify you and your child of the meeting date, time, and location after try-outs and when team rosters are complete.

Again, in order for your son/daughter to be eligible to try out and participate on a District sponsored sport team, this letter must be returned to the District with the Interscholastic Consent and Permission Form filled out completely and signed by a parent/guardian of the student and the student. There will be no exceptions made.

CONCUSSION INFORMATION

As you know, physical injuries may occur as a result of participation in any sport. Concussions are among the types of injuries that may occur during interscholastic sports activities.

A concussion is a type of traumatic brain injury caused by an impact or blow to the head or body. Concussions can happen in any sport, but are most often associated with contact sports such as football, rugby, or ice hockey.

Symptoms of a concussion include, but are not necessarily limited to:

- Amnesia (*e.g.* decreased or absent memory of events prior to or immediately after the injury, or difficulty retaining new information)
- Confusion or appearing dazed
- Headache or head pressure
- Loss of consciousness
- Balance difficulty or dizziness, or clumsy movements
- Double or blurry vision
- Sensitivity to light and/or sound
- Nausea, vomiting, and/or loss of appetite
- Irritability, sadness or other changes in personality
- Feeling sluggish, foggy, groggy, or lightheaded
- Concentration or focusing problems
- Slowed reaction times, drowsiness
- Fatigue and/or sleep issues (*e.g.* sleeping more or less than usual)

All coaches, physical education teachers, and certified athletic trainers are required to be trained to recognize the symptoms of a concussion and to seek proper medical treatment for such injuries.

The District's policies provide for the immediate removal from athletic activities of any student who has sustained, or is believed to have sustained a concussion. If there is any doubt as to whether the student has sustained a concussion, it shall be presumed that he or she has sustained a concussion until proven otherwise. A student is prohibited from resuming athletic activities until he or she has been symptom-free for not less than 24 hours, and has been evaluated by, and received a written and signed authorization from a licensed physician. In addition, in order to resume participation in interscholastic sports activities, the student must receive clearance from the District's Medical Director to participate in such activities. The District will follow any directives issued by the student's treating physician with regard to limitations and/or restrictions on activities for the student.

Detailed information on concussions can be found on the websites of the New York State Education Department (“SED”) and the New York State Department of Health (“DOH”). See <http://www.p12.nysed.gov/sss/schoolhealth/schoolhealthservices/ConcussionManageGuidelines.pdf>. Among other things, the Guidelines recommend a gradual return to physical activities following any concussion. We urge you to read the information posted on the SED and DOH websites prior to your child’s participation in any athletic activities.

GUIDELINES FOR THE STUDENT-ATHLETE

1. Medical Requirement:

- a) To be eligible for participation, a student must have passed a physical examination for the activity he/she wishes to participate in. Physicals examination reports completed by private physicians must be submitted to the school nurse for approval. **SPORT PHYSICALS ARE VALID FOR ONE (1) YEAR FROM DATE OF EXAMINATION.** The district reserves the right to require a physical examination by the school physician.
- b) All students must submit a health history form in order to be re-qualified by the school nurse prior to each season.
- c) Any student who sustains an injury during practice or game must report it immediately to their coach, athletic trainer and the school nurse.
- d) Any student whose safe participation is in question as a result of the health history interview, an injury, or prolonged absence (5 days) must obtain a medical release from a physician and bring it to the school nurse prior to continued participation in the sport.

2. Attendance Requirement:

- a) To be eligible for interscholastic athletics, a student must be taking at least four subjects including physical education, and be in regular attendance 80 per cent of the school time.
- b) To be eligible for an athletic contest or practice, you must be in school a minimum of six (6) periods for that school day. If you must miss any part of the school day, a note from your parent/guardian is required. This note must be presented to the Athletic Director. Only legal excuses/absences are acceptable.
- c) Students are expected to be in all scheduled classes. Repeated cutting may result in temporary or permanent suspension from team.
- d) Attendance at all practices and games is mandatory. It is the athlete's responsibility to notify the coach in the event it becomes absolutely necessary to miss a practice or game. This should be a rare occurrence and if you are unable to contact your coach, call the Athletic Office at 673-2018.
- e) If an athlete leaves the team prior to the completion of the season, post-season recognition, awards, and credit may be forfeited. The season consists of the regularly scheduled competitions as well as any playoff or post-season competitions the team or individual has qualified for.
- f) Athletes serving In-School Suspension (ISS) or Out-of-School Suspension (OSS) are not permitted to practice or participate in games/scrimmages.

3. Academic Requirement:

All students are expected to pass all subjects. Passing physical education is a requirement for participation in interscholastic sports. Failure to maintain a passing average in all other subjects may result in being placed on probation from the activity, until improvement is displayed, as judged by the Athletic Director. Students on probation will be required to attend extra help to concentrate on the

subject failed. Participation may or may not continue during the probation. Continued academic failure may result in being suspended from the activity.

4. Athletic Equipment:

As an athlete, you are responsible for the care and the return of all athletic equipment that is issued to you. Any equipment that you do not return must be paid for. Failure to return or pay for equipment issued to you will result in your not being permitted to try out for the next sport season. In addition, if you have in your possession any athletic equipment that has not been issued to you, it could result in the immediate suspension from the team you are participating on. Such items should be turned into the Athletic Office immediately. These rules will be enforced to protect the community's investment in the athletic program.

5. Athletic Uniforms:

No athletic equipment is to be worn without the consent of the coach. Athletic uniforms are **NOT** to be worn during physical education class. If the student-athlete fails to return or pay for uniforms at the end of a season, he/she may not be eligible to try out for the next sport season.

6. Personal Property:

The school district is not responsible for personal property. It is recommended that all valuables be left at home. Students must provide their own lock to store items in team locker rooms.

7. Transportation:

The district requires that a Transportation Release Form must be completed and signed by a parent/guardian and returned to the athletic office each time the release of a student-athlete is sought from the return transportation provided by the district. (TRF is available on the district's website or in the athletic office)

ATHLETE'S CODE OF CONDUCT

1. Sportsmanship:

It is important for athletes to remember that participation is a privilege that is not to be abused by unsportsmanlike conduct. The District athlete is to demonstrate self-control and respect for other students, teammates, other athletes, officials, and spectators at all times. District athletes are expected to treat opponents with respect before, during and after competitions. Congratulations, shaking hands and other acts of good sportsmanship are expected.

Students are expected to display good citizenship during the school day, on the athletic field, and in the community. You are representing the school district, so you are expected to act accordingly. **Behavior that is less than acceptable will lead to temporary or permanent suspension from the team.**

SPORTSMANSHIP CODE: The athlete must understand and comply with the following code:

1. Follow the proper ideals of sportsmanship, ethical conduct and fair play.
2. Eliminate all possibilities which tend to destroy the best values of the game.
3. Stress values derived from playing a game fairly.
4. Show cordiality and courtesy to visiting teams and officials.
5. Establish positive relations with visiting teams and hosts.
6. Respect the integrity and judgment of game officials.
7. Follow the Section XI, NYSPHSAA and the High School rules of eligibility.
Links: www.sectionxi.org and www.nysphsaa.org
8. Encourage leadership, use of initiative and good judgment by teammates.
9. Recognize that the purpose of athletics is to promote the physical, moral, social and emotional well being of the individual player.
10. Remember that an athletic contest is ONLY A GAME, not a matter of life or death, for any athlete, school, spectator or community.

2. Student Code of Conduct:

All student athletes must comply with the District's Code of Conduct in addition to the Athlete's Code of Conduct.

PROHIBITED BEHAVIORS FOR A DISTRICT STUDENT-ATHLETE

1. Hazing/Harrasment:

Hazing, defined as any activity directed against another for the purpose of initiation into any school district sponsored activity, organization, club or team, is a form of harassment whether it is physical or verbal is prohibited and should not be condoned by a victim, coach, staff, school administration, fellow students and especially team members. Any student found to have committed an act of harassment against any student in the District, including team members, will be faced with disciplinary action which may include suspension from their athletic team and suspension from school. Team members are fully expected to notify a coach and other school officials if any such behavior is observed.

2. Substance Abuse:

An athlete may not use or be in possession of alcohol, tobacco or illegal substances such as illicit drugs or steroids at any time. An athlete may not use prescription drugs that have been prescribed for another person. Any student found to use alcohol, tobacco, or any illegal drug on or off school property at any time, including weekends, during the sport season will be suspended from participating in that sport. You have a commitment to your team not only during and after school, but also in the evening and on weekends. If a student-athlete discloses and informs a coach or other school official about his/her substance abuse problem, suspension may be waived if the athlete is willing to take active steps to remedy the problem.

3. Behaviors:

Foul language and insulting remarks are not permissible. Students will not be permitted to fight or strike teammates and opponents unless in the context of a contact sport where such physical conduct is required or permitted. Athletes are expected to obey a coach's directions. Disobedience, unwarranted comments, and other insubordinate behavior may interfere with the coach's ability to conduct a practice and may distract from the time a coach should spend for the purpose of the team. Athletes are expected to communicate with coaches before or after practice to avoid distracting team practices and team goals. Athletes are expected to follow the rules and protocol of their sport and should not intentionally violate the rules of the sport that they are playing during practice or competition.

Special Notice on Social Networking Web Sites: As a representative of the Department of Athletics and the Huntington Union Free School District, you are always in the public eye. Please keep the following in mind as you participate on social networking web sites:

- Understand that anything posted online is available to anyone in the world. Any text or photo placed online is out of your control the moment it is placed online—even if you limit access to your site.
- You should not post any information, photos, or other items online that could embarrass you, your family, your team, the Department of Athletics, or the Huntington Union Free school District. This includes information, photos and items that may be posted by others on your site.
- Behavioral expectations in the online world are the same as in the real world. Student-athletes could face discipline or sanctions for conduct committed or evident online that violates this code in the Student Code of Conduct

SPECTATOR BEHAVIOR

Spectators are an important aspect of the District's Athletic program and enhance the accomplishments of the individual athletes. Spectators are expected to conform to the accepted standards of sportsmanship and may never distract from the accomplishments of the District's athletes. Spectators are capable of creating a negative impression of the District's athletic program and embarrassing District athletes. The following rules of conduct must be followed by all spectators:

1. Respect officials, visiting coaches, visiting players, visiting cheerleaders and visiting spectators. Treat all visitors as guests to our community and extend all courtesies to our visitors.
2. Booing, whistling, stamping of feet, disrespectful remarks and obscene gestures must be avoided and will not be tolerated.
3. Bells, horns or other noise devices will not be allowed during contests.
4. All spectators must refrain from making derogatory comments toward any District player, coach or spectator.
5. Absolutely no comment of a personal nature may be made toward a player, coach or official.

These rules and regulations will be enforced. They have been devised to help maintain the integrity of the athletic program here in Huntington and to help each and every student athlete have a safe, successful and enjoyable athletic experience. Any questions regarding these guidelines or the Interscholastic Athletic Program, should be directed to:

Mrs. Georgia D. McCarthy
District Director of Health, Physical Education and Interscholastic Athletics
Huntington High School, 188 Oakwood Road
Huntington, New York 11743
Phone 673-2018 & Fax 425-4725

**INTERSCHOLASTIC SPORTS PARTICIPATION PARENT AND STUDENT
CONSENT AND PERMISSION FORM**

STUDENT LAST NAME (Please Print): _____

STUDENT FIRST NAME (Please Print): _____

GRADE: _____

SPORT: _____

TEAM: _____

SEASON: _____

I have read and understand the conditions under which my son/daughter becomes a member of an athletic squad, and give my consent and permission to his/her participation in the District's interscholastic sports program and team during the 2014-15 school year. I hereby represent to the District that my son/daughter does not have and has not had any illness, physical condition or injury that would prevent hi/her participation in the District's interscholastic sports program and team during the 2014-15 school year.

By signing this consent and permission form below, I signify that I understand that there are risks inherent in permitting my son or daughter to participate in interscholastic athletics, including the risk of serious physical injuries, including but not limited to concussions. This consent and permission to my child's participation is given with the knowledge that participation in interscholastic athletics can present inherent risks of injury that no amount of care, caution, instruction, expertise or supervision can eliminate. Mindful of these risks, I voluntarily give my consent permission for my son/daughter to participate in interscholastic athletics.

By signing this consent and permission form below, I further acknowledge that I have read and understand the above statements regarding concussions. I further agree to promptly inform the District in the event my child sustains a concussion outside of school so that appropriate safeguards can be taken with respect to his or her participation in interscholastic athletics.

*****SIGNATURES ARE REQUIRED ON NEXT PAGE*****

By signing this consent and permission form below, I further acknowledge that my son/daughter and I have read and understand the District's Code of Conduct for a District Student-Athlete and my son/daughter and I are willing to adhere to all rules and expected behaviors. My son/daughter and I am also aware that disciplinary actions will or may be instituted for any failure to adhere to rules, expected behaviors and the District's Code of Conduct for Student Athletes.

Parent/Guardian Signature

Dated: _____

Parent/Guardian (print name)

Student Signature

Dated: _____

Student (print name)

parpermform080812