

# HHS SPRING TRYOUT INFO

FIRST DAY OF TRYOUTS IS MONDAY, MARCH 5<sup>TH</sup>  
(NOT MARCH 12<sup>TH</sup> WHICH IS LISTED ON THE SCHOOL CALENDAR)

- STUDENTS MUST LISTEN FOR ANNOUNCEMENTS FOR INFO MEETINGS
- TRY OUT START TIMES AND LOCATIONS WILL DEPEND ON YOUR SPORT
- TRYOUT INFO WILL BE POSTED ON THE SCHEDULE BOARD IN THE ATHLETIC OFFICE THE WEEK OF FEBRUARY 26TH

| <u>SPORT</u>   | <u>HEAD COACH of PROGRAMS</u>                                  |
|----------------|--|
| BOYS TRACK     | COACH WILSON   |
| GIRLS TRACK    | COACH JACKSON  |
| BASEBALL       | COACH HARRIS   |
| SOFTBALL       | COACH WALSH  |
| BOYS TENNIS    | COACH FISHLOW  |
| BOYS LACROSSE  | COACH TRAVIS   |
| GIRLS LACROSSE | COACH GILROY   |
| CREW           | COACH ANIKA (tryout info/dates is different than other sports) |

## Checklist prior to tryouts:

1. Every student needs to get re-qualified by the school nurse for each sport season. The nurse can only clear you if you have the following forms on file:
  - HEALTH HISTORY FORM (yellow form completed and signed by parent/guardian and submitted to school nurse before each season)
  - PHYSICAL FORM (valid one should be on file w/ school nurse)
2. Every student must have a blue signed student/parent permission form

**\*\*\*STUDENTS WILL NOT BE PERMITTED TO TRY OUT UNLESS THEY HAVE THE WHITE CLEARANCE FORM FROM THE SCHOOL NURSE AND THE BLUE PARENT PERMISSION FORM SIGNED. BOTH OF THESE FORMS NEED TO BE GIVEN TO THE COACH ON OR BEFORE THE 1ST DAY OF TRYOUTS\*\*\***

QUESTIONS??? CONTACT THE ATHLETIC DIRECTOR AT [gmccarthy@hufsd.edu](mailto:gmccarthy@hufsd.edu)

# HUNTINGTON SCHOOLS INTERVAL HEALTH HISTORY FOR SPORTS PARTICIPATION

TO BE COMPLETED BY THE PARENT OR GUARDIAN AND BE RETURNED TO HEALTH OFFICE

Prior to the start of tryout sessions or practice at the beginning of each season, a health history review for each athlete must be conducted unless the student received a full medical exam within 30 days of the start of the season. Answering "Yes" to any of these questions does not mean automatic disqualification from the athletic activity.

Student: \_\_\_\_\_ Sport: \_\_\_\_\_

Grade:  7  8  9  10  11  12

**HISTORY SINCE LAST HEALTH APPRAISAL:**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Allergies (Bee Sting/Medications/Food/Latex, etc.)                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the student carry an Epi-pen® for a life-threatening allergy?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Asthma   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the student carry an inhaler?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Concussion/Head injury/Seizures History                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Recent injury that requires medical attention or protective equipment?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Recent illness lasting longer than one week (ie. Mono)                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Currently taking medications   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diabetes/Hypoglycemia  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Heart/Blood Pressure Problems  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Heat Exhaustion or Stroke  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hearing Impairment   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bleeding Tendency/Anemia   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Recent Surgery, ER visit, or Hospitalization                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Kidney/Liver Disease or Significant Issues                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is there any medical condition that might be aggravated by playing sports? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Describe the condition or situation that caused any questions to be answered "YES".

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**PARENT/GUARDIAN PERMISSION**

I, the undersigned, clearly understand these questions are asked in order to decide if my child can safely participate on the listed athletic team. The answers are correct as of this date and he/she has my permission to participate.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

If you give your permission for your child to be examined by the school physician, sign below.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**HUNTINGTON UNION FREE SCHOOL DISTRICT**  
**Department of Health, Physical Education and Interscholastic Athletics**

Dear Parent/Guardian:

Your son/daughter is a candidate for one of the interscholastic athletic teams sponsored by the Huntington Union Free School District. Participation in all interscholastic activities is voluntary and, therefore, we would like to have your approval.

In addition to your permission, and prior to participation, it is necessary for your son/daughter to have a physical examination. The District schedules physicals at no charge, once in June, for the following school year with the school doctor. If you choose, your own physician can complete this requirement by completing a "Health Examination Form". This form is available through my office and the school nurse's office. Only physicals done within the year can be used for the following school year. The school nurse must approve all physicals prior to a student trying out for a sport. Students trying out for a second or third sport during the same school year must be requalified by the school nurse prior to trying out.

Included in this form are: Guidelines for Student-Athletes, Concussion Information, Athlete's Code of Conduct, Prohibited Behaviors for a Student-Athlete, Spectator Behavior, Procedures, Signature Page and Student Records Release Form. This information is yours to keep. Please take the time to read and review with your son/daughter. They will be required to abide by any guidelines and codes, so your assistance will be appreciated whenever possible.

In order for your son/daughter to try out and/or participate on a team, the second to last page must be filled out completely and signed by a parent/guardian and student-athlete and submitted to head coach. Thank you for your cooperation.

*Georgia D. McCarthy*, District Director

**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 requalified 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 the 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, you must contact 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.

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**Department of Health, Physical Education and Interscholastic Athletics**

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)

**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

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- 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 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.

## **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](http://www.sectionxi.org) and [www.nysphsaa.org](http://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, coach, school, spectator or community.

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**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, vaping devices 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

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**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

**PROCEDURES**

The athletic coach and Director of Athletics will be responsible for determining the nature of any offense of this code and assigning disciplinary action in connection with suspension or expulsion from the team.

A student subjected to a suspension from athletic participation, extracurricular activities or other privileges is not entitled to a full hearing pursuant to Education Law 3214. However, the student and the student's parent will be provided with a reasonable opportunity for an informal conference with the district official imposing the suspension to discuss the conduct and the penalty involved.

Notwithstanding the above, these procedures shall not supercede the statutory powers of the Superintendent of Schools and Building Principal to suspend or otherwise discipline a student pursuant to the District's Code of Conduct.

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**PARENT/GUARDIAN CONSENT**  
**STUDENT-ATHLETE SIGNATURE**

STUDENT LAST NAME (Please print) \_\_\_\_\_

STUDENT FIRST NAME (Please print) \_\_\_\_\_

GRADE \_\_\_\_\_

SPORT \_\_\_\_\_

I have read and understand the conditions under which my son/daughter becomes a member of an athletic squad, and give my consent to his/her participation. He/she has had no illnesses, physical conditions or injuries that would prevent his/her participation this season.

By signing this permission form, 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 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 permission for my son/daughter to participate in interscholastic athletics. 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.

I have read the above Code of Conduct for a District Student-Athlete and I am willing to adhere to all rules and expected behaviors. I am also aware that disciplinary actions will be instituted if I fail to adhere to the rules and expected behaviors.

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

I have read and understand the conditions under which I must abide for my continued participation on an athletic squad.

STUDENT-ATHLETE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



**HUNTINGTON UNION FREE SCHOOL DISTRICT**  
**Department of Health, Physical Education and Interscholastic Athletics**

**HUNTINGTON HIGH SCHOOL**  
**RECORDS RELEASE FORM TO ATHLETIC COACHES**

Completing this form provides students and parents with the opportunity to permit high school and college coaches to obtain copies of student academic records for athletic/college admission purposes. Please be advised that *students and parents are strongly advised to review their documents prior to authorizing their records to be released to a third party/member*. Completed forms MUST be returned to Ms. Kitty R. Klein, Director of Guidance.

Student Name: (Print) \_\_\_\_\_ Date: \_\_\_\_\_

**Please release the records indicated below to:**

Name(s) of High School/College Coach: \_\_\_\_\_

Indicate "Yes to All" if you want any coach to receive your records upon their request

College Address (If requesting that we mail to the coach): \_\_\_\_\_  
\_\_\_\_\_

**Check (✓) the information that you would like us to send:**

- Transcript
- Recent Report Card
- Other (Please Indicate Below)

\_\_\_\_\_  
\_\_\_\_\_

Both signatures below indicate that students and parents take full responsibility of the records being provided to the individuals listed above.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Student Signature