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++
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

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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.

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☐ 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 1 SEASON**
November 5 – January 16
Girls Volleyball

**WINTER II SEASON**
January 20 – March 20
Girls Basketball – 7

**SPRING SEASON**
March 23 – June 5
Baseball
Boys Tennis
Softball
Girls Lacrosse (B & W)
Boys Track
Boys Lacrosse (B & W)
Girls Track

++PLEASE SEE IMPORTANT INFO ON BACK OF THIS PAGE++
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](http://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)

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/14</td>
<td>10 – 11 AM</td>
<td>Football Players Only</td>
</tr>
<tr>
<td>8/18</td>
<td>9 – 11 AM</td>
<td>All Fall Athletes</td>
</tr>
<tr>
<td>8/19</td>
<td>9 – 11 AM</td>
<td>All Fall Athletes</td>
</tr>
<tr>
<td>8/20</td>
<td>9 – 11 AM</td>
<td>All Fall Athletes</td>
</tr>
<tr>
<td>8/25</td>
<td>7 – 11 AM</td>
<td>All Fall Athletes</td>
</tr>
</tbody>
</table>

*Bring Health Screening Form Signed  
**Bring physical exam form if done by family DR

**FINLEY MS**
(Nurse’s Office)

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/18</td>
<td>9 – 12 PM</td>
<td>All Fall Athletes</td>
</tr>
<tr>
<td>8/19</td>
<td>9 – 12 PM</td>
<td>All Fall Athletes</td>
</tr>
<tr>
<td>9/03</td>
<td>During Lunch Period</td>
<td>All Fall Athletes</td>
</tr>
<tr>
<td>9/04</td>
<td>During Lunch Period</td>
<td>All Fall Athletes</td>
</tr>
<tr>
<td>9/05</td>
<td>During Lunch Period</td>
<td>All Fall Athletes</td>
</tr>
</tbody>
</table>

*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**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thurs. Aug. 14th</td>
<td>H.S. JV &amp; V Football, Mandatory Meeting @ 7:30am</td>
</tr>
<tr>
<td>Mon., Aug. 18th</td>
<td>H.S. JV &amp; V Football First day of tryouts @ 7 – 10am &amp; 5 – 7:30pm*</td>
</tr>
<tr>
<td>Mon., Aug. 25th</td>
<td>All Other H.S. Fall Sports tryouts @ 8 – 10 am &amp; 5 – 7 pm*</td>
</tr>
<tr>
<td>Sept. 3rd – 5th</td>
<td>All M.S. Tryout Information during lunch</td>
</tr>
<tr>
<td>Mon., Sept. 8th</td>
<td>All M.S. Sports tryouts begin @ 3 – 5 pm</td>
</tr>
</tbody>
</table>
|                  | *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 ___________________________________

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
- Electrocadiogram For Any Reason
- Marfans Syndrome
- Ehlers Danios Syndrome

A. General Family History

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

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

D. 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

<table>
<thead>
<tr>
<th>(Check One)</th>
<th>Foot Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eyes-Ears-Nose-Throat</td>
<td>Spine or Limb Deformity</td>
</tr>
<tr>
<td>Has Your Child a History of:</td>
<td>Neck Injury</td>
</tr>
<tr>
<td>Very Bad Vision In One Eye</td>
<td>Back Injury or Frequent Backaches</td>
</tr>
<tr>
<td>Temporary Loss of Vision</td>
<td>Knee Injury (Sprain) or Recurrent Pain</td>
</tr>
<tr>
<td>To Wear Glasses or Contact Lenses</td>
<td>Ankle Injury (Sprain) or Recurrent Pain</td>
</tr>
<tr>
<td>Hearing Loss</td>
<td>Other Joint Problems</td>
</tr>
<tr>
<td>Spine or Limb Deformity</td>
<td>Bone Infection</td>
</tr>
</tbody>
</table>

An Allergy

<table>
<thead>
<tr>
<th>Has Your Child Had</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hay Fever</td>
</tr>
<tr>
<td>Asthma</td>
</tr>
<tr>
<td>Frequent Hives or Rashes</td>
</tr>
<tr>
<td>Reaction to Medication</td>
</tr>
<tr>
<td>Reaction to Insect Stings</td>
</tr>
</tbody>
</table>

Does Your Child:

<table>
<thead>
<tr>
<th>Take Any Medications Regularly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take Medication For Emergency Use</td>
</tr>
<tr>
<td>Has Your Child Ever Had an Operation</td>
</tr>
<tr>
<td>Has Your Child Ever Been Hospitalized</td>
</tr>
<tr>
<td>Has Your Child Ever Been Told to Give Up Athletics Because of A Health Problem</td>
</tr>
</tbody>
</table>

Does Your Child:

<table>
<thead>
<tr>
<th>Genito-Urinary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hernia</td>
</tr>
<tr>
<td>Blood, Pus, or Protein in Urine</td>
</tr>
<tr>
<td>Impaired Function or Loss of A Kidney</td>
</tr>
<tr>
<td>Absence of Testicle</td>
</tr>
<tr>
<td>Menstrual Problems</td>
</tr>
<tr>
<td>Age At Onset of Menstruation</td>
</tr>
</tbody>
</table>

Orthopedic

<table>
<thead>
<tr>
<th>Has Your Child A History Of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bone Fracture</td>
</tr>
<tr>
<td>Joint Dislocation</td>
</tr>
</tbody>
</table>

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
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  Volleyball  Bowling  Field Events
Baseball  Wrestling  Golf  Cheerleading
Basketball  Lacrosse  Archery  Rifle Team
Soccer  Softball

Reason for disqualification _____________________________________________________________

Date ____________________ Signed ___________________________ M.D.
(Physician)

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)
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 test 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.

__________________________________ Dated:  _______________
Parent/Guardian Signature

____________________________________
Parent/Guardian (print name)

__________________________________ Dated:  ________________
Student Signature

_________________________________
Student (print name)

parpermform080812