

HUNTINGTON UNION FREE SCHOOL DISTRICT

Department of Health, Physical Education & Athletics

James M. Hoops, Director



HUNTINGTON HIGH SCHOOL ATHLETIC PROGRAM PACKET 2022-2023

Dear Parent:

If your son/daughter will be participating in interscholastic athletics during the 2022/23 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,
Jim Hoops
Director of Health, Physical Education & Athletics

School Immunization Requirements:

- All student immunizations must be up to date as per New York State immunization requirements.
- All students entering grade 7 or above must have Tdap and Meningococcal conjugate vaccines.
- All 12th graders must have a meningococcal conjugate vaccine administered after turning 16 years old.

Checklist prior to tryouts:

- Required NYS Health Exam form completed by family physician or school physician; physicals are valid for 1 year. All physical exams must be on the NYS Required Physical exam form. Other forms cannot be accepted.
- Interval Health History Form signed by parent/guardian for each sports season
- Re-qualification by school nurse (a physical form and completed interval 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; the following dates include playoffs)

FALL SEASON

August 22 – November 12

Football Meeting on Thursday, August 18 at 7:30 a.m.

Football Tryouts Start on Monday, August 22

August 22 – November 12

Boys & Girls Soccer

Field Hockey

Girls Swimming

Girls Tennis

Girls Volleyball

Boys & Girls Cross Country

Boys Golf

Girls Gymnastics

WINTER SEASON

November 14 – March 11

Boys & Girls Basketball

Boys & Girls Fencing

Boys & Girls Indoor Track

Boys Swimming

Wrestling

Bowling

Unified Bowling

SPRING SEASON

March 13 – June 10

Baseball

Softball

Boys Tennis

Boys & Girls Lacrosse

Boys & Girls Spring Track

Unified Basketball

Girls Golf

(Possibly Girls Flag Football)

HUNTINGTON UNION FREE SCHOOL DISTRICT

James M. Hoops, District Director of Athletics

(jhoops@hufsd.edu)

Listed below are important dates if your child wishes to participate on an Interscholastic Athletic Team. To obtain required documents to participate, please follow directions below:

Log on: www.hufsd.edu

Click on: **MAIN NAVIGATION** on top left of tool bar

Click on: **FALL SEASON** under ATHLETICS

Scroll down to: **SCROLL FOR DOCUMENTS/FORMS FOR ATHLETES**

Click on and print: **New NYS Private Physical Exam (doc 1)** *if getting physical done by your private doctor

Interval Health History Form (doc 2) *given to nurse for re-qualification each season

Parent Consent Form (doc 3) *given to coach each season

PHYSICAL DATES 2022 – 20223 SCHOOL YEAR WITH SCHOOL PHYSICIAN

HUNTINGTON HS

Thursday, August 18 at High School
2022 - 2023 ~ Grades 9 - 12

8:00 a.m.

*Bring Interval Health History Form Signed

FINLEY MS

Thursday, September 1 at Finley MS
2022 – 2023 ~ Grades 7 & 8

8:00 a.m.

*Bring Interval Health History Form Signed

MANDATORY RE-QUALIFICATION DATES WITH THE SCHOOL NURSE

HUNTINGTON HS

(Nurse's Office)

8/17 All Fall Athletes 9-11 a.m.
8/18 Football Only 8 a.m.
All Other Fall Athletes 9 a.m. – 12 p.m.
8/22 All Fall Athletes 7 – 10 a.m.
8/23 All Fall Athletes 7 – 10 a.m.

*Bring Interval Health History Form Signed

FINLEY MS

(Nurse's Office)

8/30 All Fall Athletes 9 – 3 p.m.
8/31 All Fall Athletes 9 – 3 p.m.
9/6 All Fall Athletes during Lunch Period
9/7 All Fall Athletes during Lunch Period

*Bring Interval Health History Form Signed

In order to be eligible to try out for any team, all students must be requalified by the school nurse and submit a signed parent consent form to their coach on the first day or they will not be eligible to try out.

2022 FALL SPORT TRYOUT START DATES

Thur., Aug. 18 JV & V Football - Mandatory Meeting at 7:30 a.m.; Physicals at 8:00 a.m.
Mon., Aug. 22 All H.S. Fall Sports tryouts @ 7:30 – 10 a.m. and 5 – 8 p.m.*
Tues., Sept. 6 All M.S. Tryout Info during lunch; Football tryouts start 3 – 5:30 p.m.
Weds., Sept. 7 First day of all other M.S. Sports tryouts from 3 – 5 p.m.

*Most high school sports have double sessions prior to the first day of school. Students are required attend both sessions.

All JV and Varsity teams will meet at Huntington High School on the first day for tryouts, except for: Girls' Varsity Swimming team tryouts will be at the Huntington Bay Club or Centerport Yacht Club. Boys' Varsity Golf team will meet at the high school on first day and then tryouts will be at a golf course.

Huntington Union Free School District - NYSED Interval Health History for Athletics - 3 PAGES	
Student Name:	DOB
School Name:	Age
Grade (check): <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Limitations: <input type="checkbox"/> NO <input type="checkbox"/> YES
Sport	Date of last Health Exam:
Sport Level: <input type="checkbox"/> Modified <input type="checkbox"/> Fresh <input type="checkbox"/> JV <input type="checkbox"/> Varsity	Date form completed:
MUST be completed and signed by Parent/Guardian - Give details to any YES answers on the last page.	

DOES OR HAS YOUR CHILD		
GENERAL HEALTH	NO	YES
Ever been restricted by a health care provider from sports participation for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
Ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>
Been diagnosed with mononucleosis within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
Have only one functioning kidney?	<input type="checkbox"/>	<input type="checkbox"/>
Have a bleeding disorder?	<input type="checkbox"/>	<input type="checkbox"/>
Have any problems with hearing or have congenital deafness?	<input type="checkbox"/>	<input type="checkbox"/>
Have any problems with vision or only have vision in one eye?	<input type="checkbox"/>	<input type="checkbox"/>
Have an ongoing medical condition?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, check all that apply:		
<input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Sickle cell trait or disease <input type="checkbox"/> Other:		
Have Allergies?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, check all that apply		
<input type="checkbox"/> Food <input type="checkbox"/> Insect Bite <input type="checkbox"/> Latex <input type="checkbox"/> Medicine <input type="checkbox"/> Pollen <input type="checkbox"/> Other:		
Ever had anaphylaxis?	<input type="checkbox"/>	<input type="checkbox"/>
Carry an epinephrine auto-injector?	<input type="checkbox"/>	<input type="checkbox"/>
BRAIN/HEAD INJURY HISTORY	NO	YES
Ever had a hit to the head that caused headache, dizziness, nausea, confusion, or been told they had a concussion?	<input type="checkbox"/>	<input type="checkbox"/>
Receive treatment for a seizure disorder or epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>
Ever had headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Ever had migraines?	<input type="checkbox"/>	<input type="checkbox"/>

DOES OR HAS YOUR CHILD		
BREATHING	NO	YES
Ever complained of getting extremely tired or short of breath during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Use or carry an inhaler or nebulizer?	<input type="checkbox"/>	<input type="checkbox"/>
Wheeze or cough frequently during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Ever been told by a health care provider they have asthma or exercise-induced asthma?	<input type="checkbox"/>	<input type="checkbox"/>
DEVICES / ACCOMMODATIONS	NO	YES
Use a brace, orthotic, or another device?	<input type="checkbox"/>	<input type="checkbox"/>
Have any special devices or prostheses (insulin pump, glucose sensor, ostomy bag, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
Wear a hearing aid or cochlear implant?	<input type="checkbox"/>	<input type="checkbox"/>
Let the coach/school nurse know of any device used. Not required for contact lenses or eyeglasses.		
DIGESTIVE (GI) HEALTH	NO	YES
Have stomach or other GI problems?	<input type="checkbox"/>	<input type="checkbox"/>
Ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
Have a special diet or need to avoid certain foods?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any concerns about your child's weight?	<input type="checkbox"/>	<input type="checkbox"/>
INJURY HISTORY	NO	YES
Ever been unable to move their arms or legs or had tingling, numbness, or weakness after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
Ever had an injury, pain, or swelling of a joint that caused them to miss practice or a game?	<input type="checkbox"/>	<input type="checkbox"/>
Have a bone, muscle, or joint that bothers them?	<input type="checkbox"/>	<input type="checkbox"/>
Have joints that become painful, swollen, warm, or red with use?	<input type="checkbox"/>	<input type="checkbox"/>
Ever been diagnosed with a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>

Student Name:		DOB:	
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DOES OR HAS YOUR CHILD		
HEART HEALTH	No	YES
Ever complained of:		
Ever had a test by a health care provider for their heart (e.g., EKG, echocardiogram, stress test)?	<input type="checkbox"/>	<input type="checkbox"/>
Lightheadedness, dizziness, during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Chest pain, tightness, or pressure during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Fluttering in the chest, skipped heartbeats, heart racing?	<input type="checkbox"/>	<input type="checkbox"/>
Ever been told by a health care provider they have or had a heart or blood vessel problem?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, check all that apply:		
<input type="checkbox"/> Chest Tightness or Pain	<input type="checkbox"/> Heart infection	
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Heart Murmur	
<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Low Blood Pressure	
<input type="checkbox"/> New fast or slow heart rate	<input type="checkbox"/> Kawasaki Disease	
<input type="checkbox"/> Has implanted cardiac defibrillator (ICD)		
<input type="checkbox"/> Has a pacemaker		
<input type="checkbox"/> Other:		

DOES OR HAS YOUR CHILD		
FEMALES ONLY	No	YES
Have regular periods?	<input type="checkbox"/>	<input type="checkbox"/>
MALES ONLY	No	YES
Have only one testicle?	<input type="checkbox"/>	<input type="checkbox"/>
Have groin pain or a bulge, or a hernia?	<input type="checkbox"/>	<input type="checkbox"/>
SKIN HEALTH	No	YES
Currently have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
Ever had a herpes or MRSA skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 INFORMATION		
Has your child ever tested positive for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
If NO, STOP. Go to Family Heart Health History. If YES, answer questions below:		
Date of positive COVID test:		
Was your child symptomatic?	<input type="checkbox"/>	<input type="checkbox"/>
Did your child see a health care provider for their COVID-19 symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
Was your child hospitalized for COVID?	<input type="checkbox"/>	<input type="checkbox"/>
Was your child diagnosed with Multisystem Inflammatory Syndrome (MISC)?	<input type="checkbox"/>	<input type="checkbox"/>

FAMILY HEART HEALTH HISTORY	
A relative has/had any of the following: Check all that apply:	
<input type="checkbox"/> Enlarged Heart/ Hypertrophic Cardiomyopathy/ Dilated Cardiomyopathy	<input type="checkbox"/> Brugada Syndrome?
<input type="checkbox"/> Arrhythmogenic Right Ventricular Cardiomyopathy?	<input type="checkbox"/> Catecholaminergic Ventricular Tachycardia?
<input type="checkbox"/> Heart rhythm problems, long or short QT interval?	<input type="checkbox"/> Marfan Syndrome (aortic rupture)?
	<input type="checkbox"/> Heart attack at age 50 or younger?
	<input type="checkbox"/> Pacemaker or implanted cardiac defibrillator (ICD)?
A family history of:	
<input type="checkbox"/> Known heart abnormalities or sudden death before age 50?	<input type="checkbox"/> Structural heart abnormality, repaired or unrepaired?
<input type="checkbox"/> Unexplained fainting, seizures, drowning, near drowning, or car accident before age 50?	

If you answered **NO** to **all** questions, **STOP.** Sign and date below.
GO to page 3 if you answered **YES** to a question.

Parent/Guardian Signature:	Date:
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If you give permission for your child to be examined by the school physician for sports clearance, please sign below:

Parent/Guardian Signature:	Date:
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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.

James M. Hoops - 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 four consecutive 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 (631) 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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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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Department of Health, Physical Education and Interscholastic Athletics

- 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 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, coach, school, spectator or community.

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Department of Health, Physical Education and Interscholastic Athletics

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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Department of Health, Physical Education and Interscholastic Athletics

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:

James M. Hoops
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 _____