

# Athletic Code of Conduct

Athletic activities within the school district are a privilege and are extended to all who wish to participate. Along with this privilege are certain responsibilities by which each athlete must abide. Athletic participants must follow all rules set by the athletic department and the University Interscholastic League in order to participate.

## Athletic Code

1. Our athletes are students first and will strive to be the best they can be in the classroom, both academically and with good conduct.
  - \*Office referrals are treated as serious offenses. Student Athletes are expected to be well behaved and respectful. Continuous misbehavior could result in suspension or removal from the team by the Athletic Director.
  - \*Any Athlete having continuous difficulty in the classroom (academically or conduct) will meet with an academic advisement team comprised of the following people.
    - a. Athletic Director
    - b. Head Coach of that particular sport
    - c. School Administrator
    - d. Any Teacher involved with that student
    - e. Parent or Guardian

The team will formulate an intervention plan that is in the best interest of the student athlete.

2. Attendance is a must for our athletes. They will attend academic classes as well as athletic practices and games. Unexcused absences will not be tolerated. If you skip practice, you should not expect to play.
3. Our athletes are representing our school district and the community; therefore, good grooming standards will be met. Hair will be neat, clean, and of reasonable length. No facial hair is permitted.
4. It is a UIL rule violation to wear any type of jewelry during a UIL contest. Therefore, this ruling will be practiced at all times during all athletic activities including practices, games and leisure workouts within the facilities of the school district. Male athletes shall not wear earrings while representing or attending any school activity.
5. Our athletes will dress appropriately while representing our school district. Proper attire will be worn while traveling to other schools and tournaments.

6. **Drugs, Alcohol, Tobacco, and Class C Misdemeanors:** The school district prohibits the use of drugs, alcohol and tobacco at school-related or school-sanctioned activities on or off school property. Any student cited for drugs, alcohol, tobacco, or a Class C misdemeanor on or off school property shall adhere to the following after campus disciplinary action:
  - a. **First Offense** – parent conference before returning to participate; 3200 yards of stride and slides or 10 miles. Possible suspension from the Athletic program for up to two weeks.
  - b. **Second Offense** – parent conference, suspension from any athletic competitions for up to four (4) weeks; 6400 yards of stride and slides or 20 miles.
  - c. **Third Offense** – may be dismissed from athletics for one (1) year

If a student athlete **refuses** to take a drug test, that athlete may be moved to step three immediately. That athlete will also be ineligible for any post season awards offered by Athens I.S.D..

7. Hazing of any type or form shall not be permitted. “Hazing” means any intentional, knowing, or reckless act occurring on or off campus directed against a student, by one person alone or acting with others, that endangers the mental or physical health or safety of a student for the purpose of pledging, being initiated into, affiliating with, or maintaining memberships in any organization whose members include other students.
8. Our athletes will refrain from using profanity.
9. Our athletes will be a positive influence in our schools and community. Theft of any kind from students, schools, teammates, etc. will not be tolerated.
10. Our athletes will display good sportsmanship as they represent our school district. They will show courtesy and respect for teammates, officials, opponents, spectators, coaches, parents, teachers and community members. All athletes will be expected to exemplify model behavior in the classroom and the community. Failure to do so could result in suspension or termination from the program as determined by the Athletic Director.
11. Our athletes are responsible for the equipment issued to them. They will be responsible for payment of items not returned.
  - a. All clothes and equipment issued to an athlete are property of the school district. They must be returned or replaced if lost or damaged.

Our athletes have a responsibility to perform in the classroom as well as on the playing field, as they represent their parents and our school district. Failure to adhere to this athletic code will result in disciplinary action and could result in suspension or dismissal from athletics.

Beginning in the 2008 - 09 school year all student athletes will be required to attend an academic/behavioral advisory meeting if they are determined to be a possible academic casualty or a behavior problem. Failure to attend the meeting will be automatic suspension from the athletic program until the meeting is complete. The meeting will be open to the student athlete, the parents of the athlete, the committee and any teacher involved with that particular student.

# Athens ISD Athletic Acknowledgement of Rules

I have read the Athens ISD Athletic Code of Conduct and agree to comply with the rules set forth by Athens ISD.

*(Must be signed, dated and returned to the athletic director's office prior to participation)*

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Athlete's Signature

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Date

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Parent/Guardian Signature

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Date



## Athens I.S.D. Quitting Policy

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Quitting anything after you begin is not a good practice. With that being said, it is apparent in today's society that we as coaches at the very least must try to teach student athletes the importance of communicating if this does occur.

The following guidelines will be observed if it is going to happen.

1. An exit conference with the head coach of the sport they are leaving.
2. Parent contact prior to it being official.
3. Meeting with the Athletic Director

The athlete will not be allowed to participate in any sports off season program until all the items listed above are accomplished.

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Student Athlete Signature

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Parent Signature

Parental Permission Release or Exchange of  
Confidential Information

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

To: Athens ISD

Regarding request of \_\_\_\_\_ or ALL SCHOOLS AND  
COLLEGES

It is with my full knowledge and consent that I authorize the release and/or exchange of  
confidential information concerning my son/daughter.

\_\_\_\_\_  
(Student's Name and Birth Date)

With the above names agency or individual. Any and all information pertinent to the  
education and care of my child may be released and/or exchanged. This information is  
to be used for educational planning and placement purposes.

Signed: \_\_\_\_\_  
(Parent or Guardian, or student if 18)

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Athens ISD Informed Consent Agreement

Students participating in extracurricular activities in grades 7-12 shall be subject to random drug testing throughout the school year. The attached Athens ISD Drug Testing Policy explains the purpose and provisions of this effort. Parent/guardian and student consent is required in order to participate in extracurricular activities. ***Failure to have a signed consent form on file will prevent a student from participation in any district sponsored extracurricular activities.***

Please read and complete all information listed below. Prescription(s) and dosages taken on a regular basis are to be listed. Depending on the type of medication and the circumstances, its use may have to be verified and discussed with the physician who prescribed it. The school is to be contacted if the student begins taking any other prescription medication after this date.

This consent agreement is to be signed and returned to the school. The agreement may be hand delivered to the school office by the parent/guardian.

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

Medications \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ My son/daughter does not take any medication on a regular basis.

Please list extracurricular activities your child will be involved in this year.

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Acknowledgment of Review of  
Notice of Privacy Practices

I have reviewed this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

Furthermore, by my specific initials, I authorize my physician and his/her staff, to contact me by the designated means noted below.

\_\_\_\_\_ Home Phone  
\_\_\_\_\_ Home Answering Machine/Voice Mail  
\_\_\_\_\_ Office/Work Place, Voice Mail  
\_\_\_\_\_ Cell Phone/Voice Mail  
\_\_\_\_\_ Fax: (    ) \_\_\_\_\_ Location: \_\_\_\_\_

Additionally, by my initials, I authorize my physician and his/her staff, to communicate information regarding appointments, medical results and billing issues to:

\_\_\_\_\_ Spouse \_\_\_\_\_  
\_\_\_\_\_ Others \_\_\_\_\_

This Authorization shall remain in force until revoked in writing, Attention of Privacy Officer.

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
Description of Personal Representative's Authority



Athens Athletic Department  
708 East College St.  
Athens, TX 75751

Athletic Director – Paul Essary

### **Athlete Transportation Permission Form**

The following permission form must be signed and on file with your child's coach in order for them to be able to ride/drive in a private or rental vehicle to and from games or practices. Some practice sites in Athens are not on AISD property and athletes must be able to be transported to and from their site. Also, some athletic events will require your athlete to ride in a rental van due to the number of athletes traveling instead of a bus.

\_\_\_\_\_ I do hereby give my son/daughter permission to travel in or ride in a rental van or private automobile.

\_\_\_\_\_ I do not want my son/daughter to ride in a rental van or private automobile.

Students Name: \_\_\_\_\_

Parents Printed Name: \_\_\_\_\_

Parents Signature: \_\_\_\_\_

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



## **Student Athletic Accidental/Collision Insurance Policy Information**

Athens Independent School District has an accidental insurance policy that they purchase for all athletes through Liberty Mutual Insurance. This insurance policy only covers collision injuries and all injuries are subject to insurance approval of specific mechanism of injuries. This insurance policy does not necessarily cover all athletic injuries. It is highly encouraged to obtain private insurance for your athlete. If you need help on how to find private insurance for your athlete, please contact the athletic trainer and they will assist you in any way possible. By signing this form you as a parent are acknowledging that you understand the athletic insurance policy only covers collision injuries and that it is an option for you to obtain private insurance for your athlete. On the following pages is a schedule of benefits that the insurance company will pay if the athlete is involved in a collision while participating in athletics. The insurance company will not necessarily pay the remaining balance of any injury; they will pay benefits within the limits of the insurance policy.

**All claims must be filed within 90 days.**

\_\_\_\_\_  
Athletes Name

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

\_\_\_\_\_  
Date

Doctor: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_