ATHLETIC HANDBOOK
FOR
CLAY COUNTY HIGH SCHOOL
AND
CLAY COUNTY MIDDLE SCHOOL

2018-2019

Superintendent	William Sexton
CCHS Principal	Michael Gregory
CCMS Principal	Steven Burchfield
Athletic Director	Robert Nicholson / Jimmy Dezarn
School KHSAA Representative	Robert Nicholson
District Title IX Coordinator	Deann Allen

CLAY COUNTY HIGH SCHOOL SPORTS

SPORT	COACH	SEASON
Boys Archery	Bobby Buttery	Fall/Winter/Spring
Girls Archery	Bobby Buttery	Fall/Winter/Spring
Baseball	Jason Smith	Spring
Boys Basketball	Glenn Gray	Winter
Girls Basketball	James Burchell	Winter
Cheerleading	Emma Murray	Fall/Winter
Boys Cross Country	Dean Cornett	Fall
Girls Cross Country	Dean Cornett	Fall
Football	Mike Sizemore	Fall
Boys Golf	Jason Smith	Fall
Girls Golf	Regina Hubbard	Fall
Softball	Jamie Gilbert	Spring
Boys Tennis	James Burchell	Spring
Girls Tennis	James Burchell	Spring
Boys Track	Jim Taylor	Spring
Girls Track	Jim Taylor	Spring
Volleyball	Sydney Combs	Fall

CLAY COUNTY MIDDLE SCHOOL SPORTS

SPORT	COACH	SEASON
Baseball	Josh Young	Spring
Boys Basketball 7th grade	Justin Hobbs	Winter
Boys Basketball 8th grade	Jimmy Dezarn	Winter
Girls Basketball 7th & 8th grade	Gemma Parks	Fall
Cheerleading	Cameron Gregory	Fall/Winter
Competitive Cheerleading	Cameron Gregory	Fall/Winter
Football	Chris Fultz	Fall
Softball	Gerbil Jarvis	Spring

MEDIA NUMBERS

Channel 27 WKYT	(859) 299-0411
Channel 18 WLEX	(859) 259-1818
Channel 36 WTVQ	(859) 299-3636
Ky. News Network	(888) 566-0001 ext. 2253
Channel 57 WYMT	(606) 436-5757
Manchester Enterprise	(606) 598-2319
WTBK	(606) 598-7588
WKLB	(606) 598-2445
KHSAA Scoreboard	(800) 453-6882
Lexington Herald-Leader	(888) 222-7026, (859) 231-3225

All coaches, students and any other individuals involved in Clay County Public School Athletics are subject to all (1) KHSAA rules and regulations (www.KHSAA.org); (2) all District Policies and Procedures (www.clay.k12.ky.us); (3) Student Code of Acceptable behavior (www.clay.k12.ky.us) ; (4) employee handbook (www.clay.k12.ky.us) ; and any additional rules contained in the Athletic Handbook.

The KHSAA governs high school and middle school athletics, including 6th grade students participating at the elementary school level.

Pursuant to 702 KAR 7:065 any student enrolled initially in grade five (5) through eight (8) who is repeating a grade for any reason is ineligible, during the school year that the grade is repeated, to compete in interscholastic athletics competition at any level.

ATHLETIC DIRECTOR

The Athletic Director shall be required to complete the same training as required of coaches. Proof of completion shall be submitted to the Superintendent.

The Athletic Director shall keep the principal fully advised as to all matters relating to athletics, but shall report directly to the Superintendent.

INSURANCE REQUIREMENTS FOR ACTIVITIES

Any individual, group, team or organization conducting a camp, league, tournament, skills camp or any other activity on Clay County Board of Education property, using Clay County public school team names, Clay County public school coaches, Clay County public school employees or Clay County public school students shall be required to obtain insurance for said event with a minimum limit of one million dollars .

(This does not include elementary, middle school and high school tournaments involving Clay County teams and other teams as a part of regular competition). Said insurance shall be obtained prior to advertising said event or registration for said event. Written proof shall be provided to Finance Office at the Clay County Board of Education prior to advertising or registration.

COACHES

Eligibility and Training

Requirements for coaches and others working with teams are covered in Bylaw 25 of the KHSAA Handbook. All coaches and other individuals shall meet all of these requirements. Proof of completion of mandatory classes, including but not limited to CPR (including the use of Automatic External Defibrillator), First Aid training, Sports Safety training, Medical Symposium, Coaches Education Program, and KHSAA rules clinic shall be submitted along with the attached checklist to the Athletic Director.

If a coach desires to allow a volunteer to work with a team, that individual must go through the same background screening and meet all of the same requirements and training as a paid coach.

Game Participation

Only coaches and individuals approved by the Board of Education are permitted to be on the bench, sideline or other playing field during warm-ups and games (including scrimmages).

Scheduling

All practice, scrimmage and regular season game scheduling must be coordinated with and approved by the athletic director.

Practice

Practice schedules shall be planned at least 1 week in advance and provided to players and the athletic director. To alter a schedule, the coach must have specific approval of the athletic director.

All sports and activity teams may practice a maximum of 3 hours per day. This includes stretching, warm-ups, practice times and cool down periods. Teams need to exit the facility within the 3 hour time frame unless an extension is pre-approved by the athletic director.

All sports and activity teams shall NOT practice or compete more than 6 days in a 7 day week (Sunday to Saturday). Sunday and Wednesday are the preferred days to take off. Sunday practices shall begin no earlier than 2:00 p.m. and must be completed by 5:00 p.m. Wednesday practices must be concluded by 5:30 p.m.

All practices are CLOSED to anyone that has not been approved through the Board of Education.

Any student who asks to be excused from practice to attend religious activities on any day shall be excused and shall not be penalized for missing said practice or a portion of said practice.

Preseason Meeting

It is expected that all coaches have a preseason meeting with participants. It is strongly suggested that you include parents who wish to attend this meeting. In addition issues you will discuss specific to your sport, the following must be discussed:

1. Forms required to be signed by students/parents
2. Insurance requirement
3. Student transportation policy
4. Attendance rules
5. Eligibility Requirements
    - A. Continual Progress
    - B. Proper Grade Level
    - C. Age
    - D. Suspension
6. Drug testing policy

Physical Exams

All athletes need a doctor's statement on the official KHSAA form clearing them for participation on any/all CCHS or CCMS athletic teams. High School and Middle School have different forms, and any athlete competing on both teams must have both completed by a doctor.

Student Transportation

Travel to athletic events is provided by the Clay County Board of Education. **Athletes are required to ride the Clay County School System provided transportation to and from all athletic events unless other arrangements are approved by the Head Coach.** Clay County Board of Education provided school bus transportation to all KHSAA sanctioned events. Any other form of transportation must be approved by the Administration of Clay County Board of Education.

No Coach, assistant or volunteer can transport any student in their personal vehicle at any time.

Cheerleaders shall ride on the same bus as the players when there is sufficient room. The Athletic Director will determine when a separate bus is necessary.

When out of county travel is required for extra-curricular activity competition (including both athletic and academic), only the following individuals will be permitted to ride the team bus or other Board provided vehicle:

1. Student team members (including student managers, record keepers, etc.)
2. Coaches (only those coaches who have been officially recognized and approved by the Board of Education). Coaches are required to ride with the team.
3. Athletic Director
4. Any medical personnel required by state or federal law or board policy.

When students of both genders travel in the same vehicle, at least 1 adult of each gender shall travel with the team. In the event a coach is not available to fulfill this requirement, a board approved chaperone shall be assigned to ride with the team.

Spouses, children, parents, siblings, volunteers and any other individuals who do not fall under categories 1-4 are specifically prohibited from riding in Board provided team transportation.

Fund Raising

Any fund raising must follow the specific guidelines required by Board of Education policy, must be approved by the principal and must follow Redbook procedures.

Middle School Limitations

Practice time prior to the season in any sport shall not exceed the practice time adopted for play at the high school level.

The number of school based scrimmages and regular season contests shall not exceed the allowable number of contests at the high school level.

The length of the regular competitive season for each sport shall not exceed the length for that sport at the high school level.

Travel and Competition Restrictions

* Attendance at any tournament or competition other than district, region or state shall be pre-approved by the Board of Education.
* No team shall be permitted to schedule an out of state trip without prior approval by the Board of Education.
* No team shall schedule a game farther away than 100 miles from Manchester unless pre-approved by the Board of Education. The requesting team shall explain in writing why the request should be approved and explain why comparable competition cannot be found within the 100 mile radius.

Miscellaneous Rules

ALL STUDENTS ARE EXPECTED TO BE IN CLASS DAILY. ANY STUDENT THAT MISSES MORE THAN 2 CLASS PERIODS UN-EXCUSED WILL NOT BE ALLOWED TO PARTICIPATE THAT DAY IN PRACTICE OR COMPETITION UNLESS PRE-APPROVED BY THE ATHLETIC DIRECTOR FOR BOTH GAMES AND PRACTICE.

Every coach needs an emergency plan for your facility in case of inclement weather.

Encourage your student athletes to include NCAA and NAIA on their ACT scores when testing.

Every coach needs a policy for dealing with upset parents after games.

Be sure to complete all district and KHSAA trainings.

Scholarship offers need to be confirmed by the coach through the college or university.

Injury to a student during a game or practice shall be reported to a parent as soon as possible. Complete the proper insurance forms, which may be obtained at the central office.

You must get a P.O. # before purchasing. No exceptions to this rule.

Photography-Sheffield Photography has the board contract for ALL photos.

EJECTIONS- A COACH WHO IS EJECTED FROM AN ATHLETIC EVENT WILL BE SUSPENDED FROM COACHING DUTIES FOR A MINIMUM OF 3 CONSECUTIVE GAMES, INCLUDING POST SEASON. (If the KHSAA bylaws dictate a longer suspension, then the KHSAA rules shall govern). Subsequent ejections will be governed by KHSAA bylaws.

COACHING REQUIREMENT CHECKLIST

A completed copy of this form along with proof of completion for every coach and volunteer must be submitted to the Athletic Director prior to the first contest.

REQUIREMENT	DATE COMPLETED
CPR	_____
AED	_____
FIRST AID TRAINING	_____
COACHES EDUCATION PROGRAM	_____
SPORTS SAFETY TRAINING	_____
KHSAA RULES CLINIC	_____

NAME: _____

ADDRESS: _____

PHONE: _____

PRE-SEASON CHECKLIST

TO BE COMPLETED, SIGNED, DATED AND RETURNED TO THE ATHLETIC DIRECTOR PRIOR TO THE START OF THE SEASON, EXCEPT FOR THE CONSENT/INSURANCE/PHYSICAL FORM WHICH MUST BE ON FILE WITH THE ATHLETIC DIRECTOR WHEN PRACTICE BEGINS.

_____ Follow proper purchasing procedures

_____ Confirm eligibility

_____ Athletic Participation/Parental Consent/Physical Exam– The KHSAA required form must be completed, with the coach keeping a copy and the original being forwarded to the Athletic Director.

_____ Confirm and document insurance coverage on all athletes

_____ Provide complete schedule with depart and return times

_____ Provide complete roster

_____ Provide game contracts

_____ Provide facilities schedule for games and practice

_____ Provide bus requests

_____ Provide coaching requirement checklist for each coach on staff

_____ Confirm assigning of game officials (Head Coach)

_____ Attend Media day

_____ _____

COACH SIGNATURE DATE

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Athletic Participation Form
Parental and Student Consent and Release
For High School Level (grades 9-12) participation

*The student and parents/guardian must read this statement carefully and sign where required. By signing this form, all parties agree that they have accurately completed all sections of the form and have read and agree to the terms of this form as detailed. This form **must** be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics. This form should be kept in a secure location until the student has exhausted eligibility, graduated from high school and reached the age of 19.*

ATHLETE INFORMATION *(This part must be completed by the student and family)*

Name (Last, First, Initial) _____ School Year _____

Home Address (Street, City, State, Zip): _____

Gender _____ Grade _____ School _____

Date of Birth: _____ Birth Place (County, State): _____

School Attendance History

Grade	School Name	School Year		Varsity Play – (Yes/No)?
9				
10				
11				
12				

I am planning to participate in the following (check all you might try to play):

- ☐ Baseball
- ☐ Softball
- ☐ Archery
- ☐ Other _____
- ☐ Basketball
- ☐ Swimming
- ☐ Bass Fishing
- ☐ Cross Country
- ☐ Tennis
- ☐ Bowling
- ☐ Football
- ☐ Track and Field
- ☐ Competitive Cheer
- ☐ Golf
- ☐ Volleyball
- ☐ Dance
- ☐ Soccer
- ☐ Wrestling

EMERGENCY CONTACT INFORMATION

_____ Name (please print) _____ Relation to Student

_____ Emergency Contact Address, including City, State and Zip

_____ Daytime Phone _____ Cell Phone

REQUIRED INSURANCE INFORMATION (KHSAA Bylaw 12)

Prior to participation in practice or contests (including trying for a place on a team) in any sport or sport activity during the limitation of seasons as defined in Bylaw 23, all students are required to have medical insurance with coverage limits of at least $25,000. If this coverage is provided through the school, contact the Principal or Athletic Director regarding any potential claim. Individual schools and districts may impose additional requirements for insurance or coverage during additional periods for activities outside of Bylaw 23.

_____ Insurance Carrier _____ Policy Number / ID Number _____ Group Number _____ Plan

EMERGENCY TREATMENT INFORMATION

The following information is recorded solely for potential hospitalization and emergency care needs and is not required to be recorded on this form. However, those failing to provide this information should be aware that this might be required by emergency treatment facilities prior to rendering service, and failure to provide could result in lack of appropriate care.

_____ Social Security Number _____ Birth Date

CONSENT INFORMATION TO PARTICIPATE, ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE

As parent/legal guardian, I agree to allow my child to participate in interscholastic athletics.

The student and parent/legal guardian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries, including but not limited to death, serious neck, head and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the

muscular skeletal system, and serious injury or impairment to other aspects of the body, or effects to the general health and well being of the child. Because of these inherent risks, the student and parent/legal guardian recognize the importance of the student obeying the coaches' instructions regarding playing techniques, training and other team rules. By signing this form, the student and parent/legal guardian acknowledge that the student's participation is wholly voluntary and to having read and understood this provision.

The student and parent/legal guardian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and forever discharge the KHSAA and its officers, agents, attorneys, representatives and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or parent/legal guardian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student's participation in interscholastic athletics if due to the ordinary negligence of the Releasees.

The student and parent/legal guardian acknowledge that they have read and understood the KHSAA Bylaws by distribution under the handbook links at http://khsaa.org/. Please be aware that a student is subject to the one-year period of ineligibility the bylaw commonly referred to as the "Transfer Rule," upon participation in any varsity contest regardless of the amount of participation or lack thereof.

The student and parent/legal guardian agree to abide by the KHSAA Bylaws and Due Process Procedure as now enacted or later amended. The student and parent/legal guardian further acknowledge that they agree to abide by the rulings of the Commissioner, Assistant Commissioner, Hearing Officer and Board of Control.

The student and parent/legal guardian acknowledge that the student must have medical insurance coverage up to a limit of $25,000 in order to be eligible to participate in interscholastic athletics.

The student and parent/legal guardian, individually and on behalf of this student, give the high school, the KHSAA and their representatives permission to release this student's demographic information (including motion picture and still photographic images) and participation statistics (including height, weight and year in school, participation history and other performance based statistics) and other information as may be requested, and agree that the student may be photographed or otherwise digitally or electronically captured during school-based competition. All of this material may be used without permission or compensation specifically related to the KHSAA and its events.

The student and parent/legal guardian consent to this student receiving a physical examination as required by the KHSAA.

The student and parent/legal guardian, individually and on behalf of this student, consent to the high school and the KHSAA and their representatives to use and disclose the necessary personally identifiable information from the student's education records including academic, financial and health care information, to third parties including school representatives, coaches, athletic trainers, medical facilities, medical staffs, KHSAA legal counsel and the media, for the purpose of receiving proper/necessary medical care and complying with the KHSAA bylaws, including making determinations regarding eligibility to participate in interscholastic athletics and any administrative or legal proceedings resulting from participation or attempted participation in interscholastic athletics, without such disclosure constituting a violation of rights under the Family Educational Rights and Privacy Act. The student and parent/legal guardian, individually and on behalf of this student, further release the high school, the KHSAA and their representatives from any and all claims arising out of the use and disclosure of said necessary personally identifiable information, and agree to release to the high school, the KHSAA, and their representatives, upon request, the detailed and completed application for financial aid.

The student and parent/legal guardian, individually and on behalf of the student, hereby acknowledge that they are aware of and will review if desired, the education materials available through the KHSAA, the Centers for Disease Control and other agencies regarding education all individuals with respect to nature and risk of concussion and head injury, including the continuance of play after concussion or head injury.

The student and parent/legal guardian, individually and on behalf of the student, hereby consent to allow the student to receive medical treatment that may be deemed advisable by the high school, the KHSAA, and their representatives in the event of injury, accident or illness while participating in interscholastic athletics, including, but not limited to, transportation of the student to a medical facility.

STUDENT AND PARENT/GUARDIAN ACKNOWLEDGMENT OF RISK, ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE AND EMERGENCY PERMISSION FORM

Students' Name (please print) _____ School _____

Student and Parent/Guardian Address including City, State and Zip _____

Signature of Student _____ Date _____

Please list above any health problems/concerns this student may have, including allergies (medications / others) and any medications presently being used _____

Name of Parent(s)/Guardian(s) who has/have custody of this student (please print) _____ Emergency Phone Number _____

Signature of Parent(s)/Guardian(s) who has/have custody of this student _____ Date _____

PREPARTICIPATION PHYSICAL EVALUATION
HISTORY FORM

Note: This form is to be filled out by patient and parent prior to seeing the physician, physician assistant, advanced practice registered nurse, or chiropractor (if performed within the scope of practice). The form should be kept with the chart. References to Physician on this form shall reference all permitted providers as detailed above and in KRS 156.070(2)(d)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

_____

_____

_____

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.
☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	**Yes**	**No**
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: ☐ High blood pressure ☐ A heart murmur ☐ High cholesterol ☐ A heart infection ☐ Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**Yes**	**No**
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	**Yes**	**No**
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

_____

_____

_____

_____

_____

_____

_____

_____

_____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

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PREPARTICIPATION PHYSICAL EVALUATION
PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PROVIDER REMINDERS

1. Consider additional questions on more sensitive issues
   - Do you feel stressed out or under a lot of pressure?
   - Do you ever feel sad, hopeless, depressed, or anxious?
   - Do you feel safe at your home or residence?
   - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
   - During the past 30 days, did you use chewing tobacco, snuff, or dip?
   - Do you drink alcohol or use any other drugs?
   - Have you ever taken anabolic steroids or used any other performance supplement?
   - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
   - Do you wear a seat belt, use a helmet, and use condoms?
2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height Weight ☐ Male ☐ Female		
BP / (/) Pulse Vision R 20/ L 20/ Corrected ☐ Y ☐ N		
MEDICAL	**NORMAL**	**ABNORMAL FINDINGS**
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart[a] • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only)[b]		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic[c]		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

[a]Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
[b]Consider GU exam if in private setting. Having third party present is recommended.
[c]Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

_____

☐ Not cleared

- ☐ Pending further evaluation
- ☐ For any sports
- ☐ For certain sports _____

Reason _____

Recommendations _____

_____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

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Athletic Participation/Physical Examination Form
Parental and Student Consent and Release
For Middle School Level (students enrolled in grades 5-8 participating in competition for grades 6-8)

The student and parents/guardian must read this statement carefully and sign where required. By signing this form, all parties agree that they have accurately completed all sections of the form and have read and agree to the terms of this form as detailed. This form must be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics. This form should be kept in a secure location until the student has exhausted eligibility, enrolled in high school and reached the age of sixteen (16).

ATHLETE INFORMATION
(This part must be completed by the student and family)

Name (Last, First, Initial) _____ School Year _____

Home Address (Street, City, State, Zip): _____

Gender _____ Grade _____ School _____

Date of Birth: _____ Birth Place (County, State): _____

I am planning to participate in the following (check all you might try to play):

☐ Baseball	☐ Basketball	☐ Cross Country	☐ Football	☐ Golf	☐ Soccer
☐ Softball	☐ Swimming	☐ Tennis	☐ Track and Field	☐ Volleyball	☐ Wrestling
☐ Archery	☐ Bass Fishing	☐ Bowling	☐ Competitive Cheer	☐ Other _____	

EMERGENCY CONTACT INFORMATION

_____ _____
Name (please print) Relation to Student

_____
Emergency Contact Address, including City, State and Zip

_____ _____
Daytime Phone Cell Phone

OPTIONAL INSURANCE INFORMATION (only for purpose of emergency treatment)

_____ _____ _____ _____
Insurance Carrier Policy Number / ID Number Group Number Plan

OPTIONAL EMERGENCY TREATMENT INFORMATION

The following information is recorded solely for potential hospitalization and emergency care needs and is not required to be recorded on this form. However, those failing to provide this information should be aware that this might be required by emergency treatment facilities prior to rendering service, and failure to provide could result in lack of appropriate care.

_____ _____
Social Security Number Birth Date

CONSENT INFORMATION TO PARTICIPATE, ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE

As parent/legal guardian, I agree to allow my child to participate in interscholastic athletics.

The parent/legal guardian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries, including but not limited to death, serious neck, head and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of the body, or effects to the general health and well being of the child. Because of these inherent risks, the parent/legal guardian recognize the importance of the student obeying the coaches' instructions regarding playing techniques, training and other team rules. By signing this form, the parent/legal guardian acknowledge that the student's participation is wholly voluntary and to having read and understood this provision.

The student and parent/legal guardian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and forever discharge the KHSAA and its officers, agents, attorneys, representatives and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or parent/legal guardian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student's participation in interscholastic athletics if due to the ordinary negligence of the Releasees.

The student and parent/legal guardian, individually and on behalf of this student, give the high school, the KHSAA and their representatives permission to release this student's demographic information (including motion picture and still photographic images) and participation statistics (including height, weight and year in school, participation history and other performance based statistics) and other information as may be requested, and agree that the student may be photographed or otherwise digitally or electronically captured during school-based competition. All of this material may be used without permission or compensation specifically related to the KHSAA and its events.

The student and parent/legal guardian consent to this student receiving a physical examination as required by the KHSAA.

The student and parent/legal guardian, individually and on behalf of this student, consent to the school and the KHSAA and their representatives to use and disclose the necessary personally identifiable information from the student's education records including academic, financial and health care information, to third parties including school representatives, coaches, athletic trainers, medical facilities, medical staffs, KHSAA legal counsel and the media, for the purpose of receiving proper/necessary medical care and complying with the KHSAA bylaws, including making determinations regarding eligibility to participate in interscholastic athletics and any administrative or legal proceedings resulting from participation or attempted participation in interscholastic athletics, without such disclosure constituting a violation of rights under the Family Educational Rights and Privacy Act. The student and parent/legal guardian, individually and on behalf of this student, further release the school, the KHSAA and their representatives from any and all claims arising out of the use and disclosure of said necessary personally identifiable information, and agree to release to the school, the KHSAA, and their representatives, upon request, the detailed and completed application for financial aid.

The student and parent/legal guardian, individual and on behalf of the student, hereby acknowledge that they are aware of and will review if desired, the education materials available through the KHSAA, the Centers for Disease Control and other agencies regarding education all individuals with respect to nature and risk of concussion and head injury, including the continuance of play after concussion or head injury.

The student and parent/legal guardian, individual and on behalf of the student, hereby consent to allow the student to receive medical treatment that may be deemed advisable by the school, the KHSAA, and their representatives in the event of injury, accident or illness while participating in interscholastic athletics, including, but not limited to, transportation of the student to a medical facility.

STUDENT AND PARENT/GUARDIAN ACKNOWLEDGMENT OF RISK, ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE AND EMERGENCY PERMISSION FORM

Students' Name (please print) _____ School _____

Student and Parent/Guardian Address including City, State and Zip _____

Signature of Student _____ Date _____

Please list above any health problems/concerns this student may have, including allergies (medications / others) and any medications presently being used

Name of Parent(s)/Guardian(s) who has/have custody of this student (please print) _____ Emergency Phone Number _____

Signature of Parent(s)/Guardian(s) who has/have custody of this student _____ Date _____

Each individual group meeting the requirements of 702 KAR 7:065, Section 3(x) may have supplement waivers and disclaimer requirements. In this case, both the MS01 and the required form of the approved group would be required.

PREPARTICIPATION PHYSICAL EVALUATION
HISTORY FORM

Note: This form is to be filled out by patient and parent prior to seeing the physician, physician assistant, advanced practice registered nurse, or chiropractor (if performed within the scope of practice). The form should be kept with the chart. References to Physician on this form shall reference all permitted providers as detailed above and in KRS 156.070(2)(d)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

_____

_____

_____

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.
☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	**Yes**	**No**
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: ☐ High blood pressure ☐ A heart murmur ☐ High cholesterol ☐ A heart infection ☐ Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**Yes**	**No**
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	**Yes**	**No**
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

_____

_____

_____

_____

_____

_____

_____

_____

_____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

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PREPARTICIPATION PHYSICAL EVALUATION
PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PROVIDER REMINDERS

1. Consider additional questions on more sensitive issues
   - Do you feel stressed out or under a lot of pressure?
   - Do you ever feel sad, hopeless, depressed, or anxious?
   - Do you feel safe at your home or residence?
   - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
   - During the past 30 days, did you use chewing tobacco, snuff, or dip?
   - Do you drink alcohol or use any other drugs?
   - Have you ever taken anabolic steroids or used any other performance supplement?
   - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
   - Do you wear a seat belt, use a helmet, and use condoms?
2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height Weight	☐ Male ☐ Female	
BP / (/) Pulse	Vision R 20/	L 20/ Corrected ☐ Y ☐ N
MEDICAL	**NORMAL**	**ABNORMAL FINDINGS**
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart[a] • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only)[b]		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic[c]		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

[a]Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
[b]Consider GU exam if in private setting. Having third party present is recommended.
[c]Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

_____

☐ Not cleared

- ☐ Pending further evaluation
- ☐ For any sports
- ☐ For certain sports _____

Reason _____

Recommendations _____

_____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

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STUDENTS

All students participating in high school and middle school athletics are expected to abide by all guidelines set forth by the KHSAA, Clay County Board of Education, Clay County High School and Clay County Middle School.

Enrollment

Beginning in the 5th grade and continuing through 12th grade, students shall have 1 year of eligibility per grade level for participation in athletic competitions. Students will only be eligible in the first year enrolled at each grade level.

Students enrolled in grade 9 shall have 8 consecutive semesters of eligibility.

Minimum Academic Requirement (Weekly)

Students must maintain a cumulative passing grade in at least four classes. Grades are checked on a weekly basis through infinite campus (IC).

Minimum Academic Requirement (on grade level)

7th grade-promoted from 6th

8th grade-promoted from 7th

9th grade-promoted from 8th

10th grade-4 ½ credits

11th grade-10 ½ credits

12th grade-15 3/4 credits

Un-excused Absences

All students are expected to be in class daily. Any student that misses more than 2 class periods un-excused will not be allowed to participate that day in practice or competition unless pre-approved by the athletic director for both games and practice.

Age

A student who becomes 19 years old before August 1st shall be ineligible for interscholastic athletic competition.

Beginning with the 2015-2016 school year, any student who turns:

Fifteen (15) prior to August 1 of the current school year shall not be eligible for interscholastic competition against students exclusively enrolled in grades eight (8) and below;

Fourteen (14) prior to August 1 of the current school year shall not be eligible for interscholastic competition against students exclusively enrolled in grades seven (7) and below;

Thirteen (13) prior to August 1 of the current school year shall not be eligible for interscholastic competition against students exclusively enrolled in grades six (6) and below.

High School Participation

Students must be enrolled in at least grade 7 to participate in high school athletics, unless the student has participated at the high school level prior to the 2014-2015 school year.

Middle School Participation

Clay County Middle School is comprised of 7th and 8th grade. Elementary students may be allowed to participate in sports not offered at the elementary level with the approval of the coach, principal and Athletic Director. With respect to basketball, football and non-competitive cheerleading, elementary students may only participate as provided in the Elementary Athletic Handbook.

Drug Testing

All athletes are subject to the Clay County High School drug testing policy and must complete the form included in this handbook in order to be eligible to participate.

Substance Abuse Education

All athletes must attend a substance abuse education program (the content will be approved by the Board of Education) prior to participating in game competition. Said program will be scheduled by the Athletic Director.

EJECTIONS-A STUDENT WHO IS EJECTED FROM A GAME SHALL BE SUSPENDED FOR A MINIMUM OF 2 CONSECUTIVE GAMES, INCLUDING POST SEASON. (If the KHSAA bylaws dictate a longer suspension, then the KHSAA rules shall govern). Subsequent ejections will be governed by KHSAA bylaws.

CLAY COUNTY HIGH SCHOOL
Policy #800.20

Athlete's Name _____
Sport/Activity _____

Subject: DRUG TESTING OF STUDENT-ATHLETES

It is the policy of Clay County High School to drug test students who choose to participate in extra-curricular activities. All participants shall be tested prior to/at start of their respective season. Fifty percent (50%) of the student-athletes will be randomly selected each month throughout the duration of the season.

Participants will be tested for, but not limited to, the following substances: Phencyclidine (PCP), Opiates, Cocaine, Barbiturates, OxyContin, Amphetamines, and Marijuana (THC).

Each participant and one guardian shall sign a consent form before the drug testing may be administered. **REFUSAL TO FOLLOW ANY OF THE POLICIES AND PROCEDURES FOR DRUG TESTING WILL RESULT IN IMMEDIATE INELIGIBILITY FOR THAT SPORT/ACTIVITY AND ALL OTHER SPORTS/ACTIVITIES**

Controlled Substance and/or Alcohol Informed Consent Test Notification

I understand that according to Clay County High School's Policy #800.20, that I am required to submit to a controlled substance chemical analysis for the substances previously stated above.

Type of Test: Controlled Substance

Reason for Test: Initial

Random

Follow-Up

I authorize the collection site and agents retained by Clay County High School to perform any and all functions that those entities may be required to perform pursuant to the Law. Such authorization shall include, but is not limited to, the release of test result information to the High School, verification of the prescribed medications, obtaining information from the student's physician, hospital, dentist, or pharmacist and the reporting of negative test results with a qualifying statement in case wherein a student may be taking a legally-prescribed Schedule II drug. The results of the urine test will be maintained by the Clay County High School Principal who will report whether the test results were negative or positive, and if positive, the identity of the controlled substance for which the test was positive.

Furthermore, I understand that any student who tests positive for the use of a controlled substance, or has a breath alcohol concentration of 0.02 percent or greater shall be subject to disciplinary action. Any student who refuses to be tested under any of the provisions of this Drug/Alcohol Testing Program, such refusal shall be treated as a positive test. Each student's record of testing and results under this policy will be maintained private and confidential.

I understand a documented chain of custody exists to ensure the identity and integrity, of my sample throughout the collection process. I specifically authorize the High School's Program Administrator and their designated representatives to receive the test result of this test for release to authorized representative of Clay County High School. The result will not be released to any additional parties without my written authorization.

_____ Student-Athlete Signature _____ Date

_____ Parent or Guardian Signature _____ Date

P. O. Box 3194, Johnson City, TN 37602-3194

GROUP ALL SCHOOL INSURANCE CLAIM FORM

PLEASE READ CAREFULLY

PART A
SCHOOL OFFICIAL TO COMPLETE

1) Name of School_____ Name of School System: _____

School Address: _____
(City) (State) (Zip)

2. Name of Injured Student (Print)_____ Grade____ Age_____
(First) (Middle) (Last)

3. Date of Injury_____ Time of Injury _____

4. Under whose supervision?_____ Title_____

5. The accident was incurred while the student was participating in:
(check one) _____ Game _____ Practice _____ P.E. _____ Travel _____ Other

6. At the time of the injury, was the student involved in a school sponsored and supervised activity? _____yes _____ no

7. Describe the accident fully. How did the accident happen?

_____

_____

Reported by:_____
(Signature of School Official) (Title) (Date)

PART B: PARENT/GUARDIAN STATEMENT

FATHER or GUARDIAN

Full Name_____ S.S.#_____

Address_____
(street)

_____
(city) (state) (zip)

Occupation_____ Employer_____

Employer Address_____
(street)

_____
(city) (state) (zip)

Name & Address of Other Insurance Company_____

_____

Policy/Group No._____

Group Individual HMO/PPO

MOTHER or GUARDIAN

Full Name_____ S.S.#_____

Address_____
(street)

_____
(city) (state) (zip)

Occupation_____ Employer_____

Employer Address_____
(street)

_____
(city) (state) (zip)

Name & Address of Other Insurance Company_____

_____

Policy/Group No._____

Group Individual HMO/PPO

KENTUCKY REQUIRED STATEMENT: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

1. **I understand that I must furnish, with this claim, a statement from my personal insurance company indicating their allowable benefits or their reason for refusal to pay. I further understand this claim will remain pending until this information is provided.**
2. I hereby authorize Reliance Standard Life Insurance Company to pay benefits (as provided by the policy) in connection with this accident direct to the doctor, and/or hospital rendering service unless I have checked below.
   _____ I do not authorize an assignment and request that benefits be paid directly to me.
3. I hereby authorize any insurance company, hospital, physician, or other person who has attended or examined the claimant to disclose when requested to do so by Reliance Standard Life Insurance Company, or its representative, any and all information with respect to any injury, policy coverage, medical history, consultation, prescription or treatment and copies of all hospital or medical records. A photostatic copy of this authorization shall be considered as effective and valid as the original.
4. I understand that I shall have a free choice of a physician or hospital for treatment. If, however, there is other valid coverage through another insurance plan and I do not choose a physician or hospital through the other plan, Reliance Standard Life will pay benefits as if the other plan's guidelines had been followed.
5. I certify that I have read and understand items 1–4 (above) and I have read and understand the information on the reverse side of this form.

_____ _____
(Date) (Signature of Parent or Guardian)

PART C: FOR DENTAL INJURY

To be completed by dentist in the event of injury involving treatment to one or more teeth. Not to be used as a replacement for a copy of the actual itemized charges.

1. Identify injured teeth by tooth No._____
2. Previous condition of injured teeth: Whole, sound, natural; Filled; Decayed; Root canal treated; Other (describe) _____

(Date)_____ Dentist's Name (Print) _____ Dentist's Signature_____

Clay County High School Uniform Rotation

2008-2009	2009-2010	2010-2011	2011-2012	2012-2013
Boys Basketball	Track	Baseball	Girls Basketball	Girls Golf
Tennis	Football	Softball		Cross Country
				Volleyball
				Boys Golf
2013-2014		**2014-2015**	**2015-2016**	**2016-2017**
Tennis		Track	Baseball	Girls Basketball
Boys Basketball		Football	Softball	cheer
Archery				
2017-2018		**2018-2019**		
Cross Country		Tennis		
Boys Golf		Boys Basketball		
Girls Golf		Archery		
Volleyball				

* Teams have the option of raising funds to purchase uniforms at any time.

COACH AGREEMENT

As a coach in the Clay County School System, I hereby agree that I have received and read the Athletic Handbook for the Clay County School System. I agree that I will comply with the rules and guidelines outlined in the Athletic Handbook as well as all KHSAA rules and regulations, all District Policies and Procedures , Student Code of Acceptable behavior and employee handbook. I understand that violations of rules and regulations can result in my removal as coach. It is my responsibility to provide a copy of the Athletic Handbook to each member of my team and staff, discuss the contents with my team and staff, and obtain and return the signature page for each team and staff member to the Athletic Director. As coach, I agree that no athlete will participate on the team I coach if that athlete and his/her parent have not signed and returned the agreement by the announced deadline.

As coach, I agree that I will not discourage athletes from participating in other sports. Violation of this rule shall result in sanctions, up to and including termination.

Printed Name of Coach _____

Signature of Coach _____

Date: _____

STUDENT ATHLETE AGREEMENT

As a student/athlete in the Clay County School System, I hereby agree that I have received and read the Athletic Handbook for the Clay County School System. I agree that I will comply with the rules and guidelines outlined in the Athletic Handbook as well as all KHSAA rules and regulations, all District Policies and Procedures , and Student Code of Acceptable behavior. I understand that violations of rules and regulations can result in my removal from teams on which I participate. I understand that failure to sign and return this form or any other required forms contained in this handbook may result in my being declared temporarily ineligible for practice or competition.

As the parent/guardian of the minor student signing below, I have received and reviewed the Athletic Handbook.

Printed Name of Athlete _____

Signature of Athlete _____

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date: _____