

## **FORWARD**

The Royal Oak Schools Athletic Handbook has been put together for athletes and parents of Royal Oak High School. This handbook is to be used as a guide for all athletes.

It is the desire of the Royal Oak School's Athletic Department that all athletes have a quality experience in athletics. Good Sportsmanship is expected from athletes, coaches and fans that participate in or attend events. The coaching staff is dedicated to providing a quality experience to Royal Oak's students. Student welfare and safety are a top priority as athletes enter the spirit of competition.

If you would like more information regarding Athletics at Royal Oak High School, please contact the district athletic office at (248) 435-8500 ext. 229 or 230.

### **ATHLETIC PHILOSOPHY**

The interscholastic athletic program in Royal Oak is a vital and integral part of the total education program. Research indicates a student involved in extra-curricular activities has a greater chance for success during adulthood. Many of the character traits required to be a successful participant are exactly those that will promote to a successful life after high school. The purpose of interscholastic athletics is to make a positive contribution to the development of the participants, spectators, school and community.

As an integral part of the educational process, the athletic program should always conform and support the objectives and standards of the school. The total educational curriculum must take precedence to the athletic program. Athletes should strive for educational excellence, as well as staying within the boundaries of good sportsmanship.

### **ROYAL OAK ATHLETIC DEPARTMENT OBJECTIVES**

1. To provide a positive image of school activities in Royal Oak.
2. To provide students with opportunities for physical, mental, and emotional development.
3. To experience team play along with loyalty, cooperation and fair play.
4. To create a desire to exceed and excel.
5. To practice self-discipline and emotional maturity while learning to make decisions under pressure.
6. To develop an understanding of the value of extracurricular activities in a balanced educational experience.
7. To demonstrate good sportsmanship at all times.
8. To develop leadership qualities and skills.

### **EXPECTATIONS FOR PARENTS**

1. Make sure your child has a positive sports experience.
2. Have your child at practice and games.
3. Come to the games as often as you can.
4. Cheer positively.
5. Allow the coach to coach.
6. Let the referees referee.
7. Compliment your child.
8. Talk to the coach.
9. Remember that this is your child's game.

### **EXPECTATIONS FOR STUDENT/ATHLETES**

1. Follow all training rules, school rules and regulations.
2. Exhibit good sportsmanship towards the opponents, officials, teammates and fans.
3. Work to excel in academics.
4. Put team goals ahead of personal goals.
5. Be a role model for all students before, during and after school.
6. Have pride in yourself, your team, your school and care for your facility.
7. Respect, but never fear the opponent.
8. Work harder than the competition both in and out of season and never quit.
9. Be on time and prepared for practices, meetings and games.
10. Accept the results, learn from the mistakes, focus on the goal and never give up.

## MHSAA ATHLETIC CODE FOR ATHLETES

1. Know and adhere to the athletic code of the school.
2. Exceed all attendance and academic requirements as practical evidence of loyalty to school and team and a proper philosophy of school sponsored athletics.
3. Observe completely all policies regarding conduct, doing so as a duty to school, team and self.
4. Counsel with the athletic director over questions of eligibility.
5. Practice and play fairly, giving complete effort in all circumstances and credit in victory to teammates and to opponents in defeat.
6. Accept favorable and unfavorable decisions, as well as victory and defeat, with equal grace.
7. Demonstrate respect for opponents and officials, before, during and after contests.

## ATHLETIC TEAM AWARDS

Coaches shall set their own standards for the earning of an athletic team award in each sport.

1. An athlete shall not receive more than one numeral or varsity letter award during his/her school career. Certificates shall be presented to each athlete should he/she earn more than one award.
2. The school reserves the right to request that students remove improperly worn letter awards.
3. The junior varsity award is a certificate.
4. The varsity athletic team award is the School Letter and the numeral for their year of graduation.
5. Coaches may give special awards.

## DRESS CODE

We expect our athletes to project a favorable image of our school. Dress must follow the Royal Oak Schools Code of Conduct guidelines.

## ATHLETIC CODE OF CONDUCT

### ELIGIBILITY (\*Rules of the MHSAA)

**\*Enrollment** To be eligible for interscholastic athletics, a student must be enrolled in a high school no later than the fourth Friday after Labor Day (1<sup>st</sup> semester) or fourth Friday of February (2<sup>nd</sup> semester). A student must be enrolled in the school for which he/she competes.

**\*Age** A student who competes in any interscholastic athletic contest must be under nineteen (19) years of age, the exception to that is a student whose nineteenth birthday occurs on or after September 1<sup>st</sup> of a current school year.

**\*Physical Examination** A student must have a physical examination, as required, completed by a physician certifying that the student is fully able to compete in athletics. A physical examination for the current school year is interpreted as a physical examination given after April 15<sup>th</sup> of the previous school year. The student **shall not participate** in any practice sessions or contests until the completed form has been turned into his or her coach. The coach will turn in all forms to be maintained by the building athletic director.

**\*Parent Approval/Student Applications** The student/athlete must submit to his/her coach the athletic information and permission forms signed by student and parent before participating in practice sessions, contests or activity programs.

**\*Semesters of Competition** A student may not compete in more than four (4) first semesters and four (4) second semesters.

**\*Semesters of Enrollment** Students cannot be enrolled in high school for more than eight (8) semesters. The seventh and eighth semesters must be consecutive.

**High School Academic Eligibility** To be academically eligible to participate in athletics, a student shall have successfully passed at least five classes the previous semester, of which at least three credits must be a grade of C or better. If the student is ineligible based on the previous semester grades, the student will be ineligible for participation FOR THE COMPLETE SUCCEEDING SEMESTER unless deficiencies, including incomplete, conditions, and failures from a previous semester are made up during a subsequent semester, summer session, night school, modified program, or by tutoring. Eligibility will be reinstated during the next semester when the school accepts the credit. Additionally, for a student to maintain academic eligibility during a semester he/she must be passing at least five classes and must have a grade of C or better in at least three of the classes. The building athletic director or designee will check compliance at the end of the first and second marking periods of each semester. If the student is not meeting this standard, the student will be ineligible for competition/participation until the standard is met, a period of not less than one calendar week. Failure to comply: Code III

**\*Awards** A student may accept, for participation in athletics, a symbolic or merchandise award, which does not have a value over \$25. Awards in the form of cash, merchandise certificates, or any other negotiable document are never allowed.

Failure to comply: Code IV

**\*Amateur Status** Students participating in athletics or planning to do so in their school career will not accept any money for participation in athletics, sports or games. Will not receive any money or other valuable considerations for officiating an interscholastic athletic contest or sign a contract with a professional team. The above rule applies to all competitive sports.

Failure to comply: Code V

**\*Limited Team Membership** A student, after participating with high school teams, cannot participate on non-school teams during the same sport season. Ice hockey and all individual sports will apply the limited team membership rule from the point of a student's first participation in a contest or scrimmage, rather than practice. Students in individual sports may participate in a maximum of two (2) non-school individual meets or contests in that sport while not representing his or her school. An event held on consecutive days is considered a single meet (for the purpose of this section only). Failure to comply: Code V

**Student Attendance Day of Competition** Students are to attend at least ½ day of school if they plan to participate in an athletic event during that same day or evening, unless they receive an excused absence approved by the building principal or designee.

**Transportation To and From Events** Any student traveling to a contest or competition on school owned or chartered mode of transportation or other such approved vehicles, shall return to the home school in the same vehicle after the contest is over. In extenuating circumstances, an exception may be made if a parent or guardian submits a written request to the building Athletic Director or their designee and receives approval in advance to take the student home from the contest. Students will only be released to their parents or guardians. Failure to comply: Code I, II, VII

**Attendance at Practice Sessions/Athletic Contests** Attendance at practice sessions is necessary to prepare students physically and mentally for athletic contests or activities. Members shall be at ALL PRACTICE SESSIONS AND SCHEDULED ATHLETIC CONTESTS unless specifically excused by the coach prior to the practice or contest. If the student must be absent, such reasons for an excused absence may include, but not limited to illness, injury, medical appointments, religious classes or observances. The participant shall make PRIOR ARRANGEMENTS with the coach for an excused absence.

Failure to comply: First Violation – Code I; Second Violation – Code II; Third Violation – Code IV

**Summer and Off-Season Programs** A wide variety of sports, clinics and training programs are offered to students during the summer months and off-season by colleges, organizations, or individual coaches. Because these programs are held in the summer and off-season, they are **VOLUNTARY**. No student shall be required to enroll in these programs as a condition of placement on an athletic team or activity for the succeeding school year or sport season.

**Use, Possession, or Sale of Tobacco, Alcohol or Drug Substances** Students participating in co-curricular programs are prohibited from the illegal use, possession, or transmittal of tobacco, alcohol, or other drugs. Violators of these rules will be suspended from the team and will face consequences commensurate with the School District's Discipline and Student Assistance policies. Violations will be subject to immediate disciplinary action. Violations of this code that are brought to the attention of the District as a matter of public record which occur outside of regular school functions, will also be subject to disciplinary actions.

Failure to comply: Code II, III, IV

**Sportsmanship** Students are expected to demonstrate the highest level of good conduct at all times toward peers, opponents, coaches, officials, and spectators. Failure to comply: Code IV, VI

**Supplemental Rules and Regulations** Rules that are unique to a given program may be implemented upon the approval of the principal or building Athletic Director. These rules must be in writing and submitted to participants and their parents/guardians prior to the start of the program, except under special circumstances approved by the principal. Suspension/exclusion from participation in any activity is permitted if deemed appropriate by a coach, with notification of his/her immediate supervisor and the student's parent/guardian.

## **FAILURE TO COMPLY**

Sanctions for violating the Code of Conduct are set forth below. The sanctions set forth under each section are intended to illustrate typical sanctions for each particular offense. However, the District reserves the right to impose any of the sanctions listed below for any violation of the Code of Conduct.

- I. Ineligible to participate in the next contest, which may occur on the day of the violation.
- II. Ineligible to participate in the next three contests.
- III. Ineligible to participate for the next semester or until such time as compliance is fulfilled.
- IV. Ineligible for competition for a period of not less than one semester from the date of the violations. If the violation occurs after Monday of the fourth week of a semester, a student is ineligible for the balance of that semester and the succeeding semester.
- V. Ineligible for competition for a period from the remainder of the season up to one year.
- VI. Exclusion from the program for the remainder of the current program/sports season. Ineligible for competition for a period ranging from the remainder of the season/program up to high school graduation.
- VII. Exclusion from participation in the program for one year from date of violation. A short exclusion from the program if the parent/student consents to seek and receive substance abuse assessment and/or counseling from the school's S.A.P counselor or from an appropriately licensed agency or therapist. Return to eligible status is contingent upon the approval of the principal.
- VII. Exclusion from the program.

## **APPEAL PROCEDURES**

Appeals of any section of this code's actions must be initiated by parents of minor students or the student if age 18 or older. Appeals must first be directed to the building principal.

- A. A request for an appeal shall be made within three (3) days of the date action was taken. The request must be made in writing stating the adjustments being requested and the reasons therefore.
- B. The student and/or the student's parents and affected coaches have the right to be present at all review hearings and must be notified in advance of the time and place. Both the affected student and administration have a right to present witnesses at all review hearings.
- C. Based on the review of the appeal, the building principal will adjust, revoke, or sustain the action. Copies of requests, hearings, and outcomes of appeals will be forwarded to the Board of Education.
- D. The building principal shall decide the activities in which the student shall be permitted to participate pending the outcome of the appeal.
- E. In cases where action was taken directly by the principal and/or in cases in which dissatisfaction exists with the results of the review hearing by the principal, a written appeal may be made within three (3) days to the Assistant Superintendent/designee and, where applicable, the Executive Director of Pupil Personnel Services and Special Education. The review must be held within three (3) days of receipt of the appeal.

## Athletic Physical Screening

**This form must be signed and returned to Coach (to be kept on file in School Athletic Office)**

Michigan High School Athletic Association regulations require that schools have on file, for the current year, a physician's statement certifying that the student has passed an adequate physical exam and is fully able to compete in athletic contests. To assist students and parents, the Athletic Department will continue to provide an opportunity for your child to participate in pre-season physical examinations for athletes. Students have the option of participating in screening procedures provided by physicians as arranged by the Athletic Department, or obtaining a physical exam with a signed statement from a physician of your choice. Whichever option you choose, you must complete the student medical history portion of the form prior to the appointment so that the physician can use it during the screening session. We prefer that you personal physician use this form; however his form with signature is acceptable.

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_  
 Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

### Medical History of Student Athlete

(To be completed by athlete and parent)

- |                          |                          |   |
|--------------------------|--------------------------|---|
| Y                        | N                        |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had any serious illness (example, heart murmur/disease)? If yes, explain _____                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had any operations or fractures? If yes, explain _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have spasms or convulsions as an infant?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Does anyone in your immediate family have seizure convulsions, spasm fits, epileptic attacks?                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a seizure, convulsion fit, spasm, or epileptic attack?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had or has it ever been suggested that you have a brain wave test?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been unconscious? If yes check which one: Y Knocked out Y Fainted Were you hospitalized for this? _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a concussion? If yes, how many times? _____ How long for recovery? _____ How many games missed? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a skull fracture?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a neck injury?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had an x-ray taken of your neck or spine?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had an injury producing numbness in arms or legs?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a pinched nerve?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any allergies? Asthma? If yes, list _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you taking any medicine or drugs? If yes, list _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are required immunizations current?   |

To my knowledge the above information is correct.

▶ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
 ▶ Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### PHYSICIAN'S EXAMINATION

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ Y Reg Y Irreg BP \_\_\_\_\_ Urine \_\_\_\_\_ Glucose \_\_\_\_\_ Alb \_\_\_\_\_  
 Hearing: Y Adequate ∪ Inadequate Vision With Glasses: Rt \_\_\_\_\_ Lt \_\_\_\_\_ Without Glasses: Rt \_\_\_\_\_ Lt \_\_\_\_\_

#### Examination Findings

- | Normal                   | Abnormal                 |                             |
|--------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | General Appearance          |
| <input type="checkbox"/> | <input type="checkbox"/> | Ears, nose, throat, dental  |
| <input type="checkbox"/> | <input type="checkbox"/> | Neck, thyroid, lymph glands |
| <input type="checkbox"/> | <input type="checkbox"/> | Respiratory system          |
| <input type="checkbox"/> | <input type="checkbox"/> | Abdomen and inguinal rings  |
| <input type="checkbox"/> | <input type="checkbox"/> | Genito/urinary              |
| <input type="checkbox"/> | <input type="checkbox"/> | Dermatologic scars          |
| <input type="checkbox"/> | <input type="checkbox"/> | Peripheral veins            |
| <input type="checkbox"/> | <input type="checkbox"/> | Endocrine                   |
| <b>Musculoskeletal:</b>  |                          |                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Upper extremities           |
| <input type="checkbox"/> | <input type="checkbox"/> | Lower extremities           |
| <input type="checkbox"/> | <input type="checkbox"/> | Spine                       |

Acceptable for Competition  Refer to Family Physician for Evaluation

▶ Examining Physician: \_\_\_\_\_ Date \_\_\_\_\_

## PARENT CONSENT TO PARTICPATE IN ATHLETICS

I hereby give my consent for (Student's Name) \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

To participate in interscholastic athletics in the Royal Oak Public Schools in approved sports during the current school year.

Semester in School \_\_\_\_\_ Number of years (including upcoming) in sport \_\_\_\_\_

Number of courses passed last semester \_\_\_\_\_ Number of courses taken this semester \_\_\_\_\_

Our primary accident or health insurance company is \_\_\_\_\_. We are satisfied that this type of insurance gives sufficient coverage for participation in the interscholastic athletic program. It is our responsibility to submit all claims to our insurance company. **We understand that the school district does not provide supplemental medical insurance.**

### WARNING

Participation in supervised interscholastic athletics and activities may be one of the least hazardous activities in which any student will engage in or out of school. Participation in interscholastic athletics still includes a risk of injury, which may range in severity from minor to long-term catastrophic. Although serious injuries are not common in supervised athletic programs, it is impossible to eliminate the risk. Participants can and have the responsibility to help reduce the change of injury. Players must obey safety rules, report physical problems to their coaches, follow a proper conditioning program, and inspect their equipment daily.

By signing this permission form, we acknowledge we have read and understand this warning.

► **Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

► **Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### CONSENT FOR TRANSPORTATION

This is to certify that \_\_\_\_\_ has my permission to make all trips to games, contests and tournaments during the current school year with the Royal Oak Public Schools athletic teams. I understand that transportation will be by bus when practical and possible. Squad size and type of contests may necessitate transportation by van or car driven by a licensed driver.

### EQUIPMENT – FINANCIAL RESPONSIBILITY

Athletes in the Royal Oak Public Schools are responsible for athletic equipment issued to them by the athletic department. This equipment is to be worn only for practice or competition in the sport for which it was issued. It is not to be worn at other times. This equipment represents a large expenditure of money by the athletic department and is to be returned to the coach within one week of completion of the sport season. If equipment is stolen, lost, or not returned, the athlete will be held responsible for the replacement cost of the equipment.

### ATHLETIC CODE OF CONDUCT

This application to compete in Interscholastic Athletics is entirely voluntary on my part and is made with the understanding that I have not violated the eligibility rules of the Michigan High School Athletic Association, and that I will follow all rules and regulations set down by my coach and the athletic department.

As a representative of my school, I will conduct myself in an exemplary manner at all times. Athletes and cheerleaders are expected to be outstanding citizens and to demonstrate good judgement and to show respect for themselves, their teammates, coaches, school personnel, officials, and members of the opposing team. I understand the violation of the previously mentioned rules and regulations or conduct unbecoming a team member may lead to disciplinary action.

We have read and understand the above statements and by our signatures indicate our willingness to abide by them.

► **Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

► **Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# AUTHORIZATION FOR ROYAL OAK SCHOOL DISTRICT TO SEEK EMERGENCY MEDICAL TREATMENT FOR ATHLETE

Each year the School District requests that parents complete information for each student on the form entitled "Royal Oak Schools Treatment Permission Form". Although this card is seldom used, it is invaluable when a parent must be contacted. At times it is difficult or impossible to reach either parent because of modern work and travel schedules. Hospitals have the legal right "to save life or limb" so no child's life is in danger when a parent cannot be contacted. However, unnecessary delay can occur in less-than-critical cases. This can happen since some hospitals feel the obligation to wait until a parent is present before initiating treatment. In some cases, even the presence of a relative other than the parent will not suffice, and the child must wait until the parent can be located. Although some physicians insist on direct parental permission, local hospitals may, in some cases, be willing to proceed in the absence of a parent if a Witnessed Signature is available. If you wish to have such permission on file, please have the attached form witnessed and forward to the school athletic office. **If you do not wish to give permission, please print across it "do not treat" and sign.**

-----PLEASE CUT AND RETURN BOTH COMPLETED FORMS-----

In case of emergency, injury, or illness involving my child when neither parent can be reached, I authorize the attending physician and hospital personnel to take such action and give such treatment as they deem advisable for our child's comfort and well-being. (If you do not wish the school to act on your behalf in case of an emergency, fill in only the work and home phone numbers for parents and no action will be taken until the parent is contacted.)

School _____	Coach _____
Athlete's Name _____	Home Phone _____
Address _____	Birthdate _____
Mother's Name _____	Business Phone _____
Father's Name _____	Business Phone _____
Family Physician _____	Address _____ Phone _____
Relative/Neighbor _____	Phone _____
Chronic Illness, allergies, reaction to medication _____	
Medication taken regularly _____	
Special health problems or previous injuries _____	
Hospital preference: <input type="radio"/> Beaumont <input type="radio"/> Nearest Facility <input type="radio"/> Other	
Insurance Company _____	Policy Number _____ Phone _____
▶ <b>Parent Signature</b> _____	<b>Date</b> _____
▶ <b>Witness</b> _____	<b>Date</b> _____

-----In case of emergency, injury, or illness involving my child when neither parent can be reached, I authorize the attending physician and hospital personnel to take such action and give such treatment as they deem advisable for our child's comfort and well-being. (If you do not wish the school to act on your behalf in case of an emergency, fill in only the work and home phone numbers for parents and no action will be taken until the parent is contacted.)

School _____	Coach _____
Athlete's Name _____	Home Phone _____
Address _____	Birthdate _____
Mother's Name _____	Business Phone _____
Father's Name _____	Business Phone _____
Family Physician _____	Address _____ Phone _____
Relative/Neighbor _____	Phone _____
Chronic Illness, allergies, reaction to medication _____	
Medication taken regularly _____	
Special health problems or previous injuries _____	
Hospital preference: <input type="checkbox"/> Beaumont <input type="checkbox"/> Nearest Facility <input type="checkbox"/> Other	
Insurance Company _____	Policy Number _____ Phone _____
▶ <b>Parent Signature</b> _____	<b>Date</b> _____
▶ <b>Witness</b> _____	<b>Date</b> _____