

# THE SOUTH CAROLINA INDEPENDENT SCHOOL ATHLETIC ASSOCIATION

## AGREEMENT FOR PARTICIPATION 2011-12

### 1. STATEMENT OF PHILOSOPHY

The primary purpose of school is education. The participation in athletics is a privilege for those students who are eligible according to rules and policies of the *SCISA*.

### 2. SUMMARY OF THE CODE OF CONDUCT:

All fans, spectators, coaches, and student-athletes are encouraged to enthusiastically support his/her school and team. We all must realize that the athletic arena is an extension of the classroom. Valuable lessons other than winning and losing are taught. The safety and well-being of students, coaches, and officials is of utmost importance to us all. Athletic events shall be conducted in accordance with the policies, rules, and regulations of the South Carolina Independent School Association. Participants, coaches, and spectators shall at all times conduct themselves in a reasonable and sportsmanlike manner.

A participant, coach or fan will be violation of the Code of Conduct upon any one or more of the following actions:

- By making any degrading remark about any official, coach, or athlete during or after a game, either on or off the field/floor of play.
- By arguing with an official or going through motions indicating dislike or disdain for a decision.
- By using any foul, abusive, or profane language at any time.
- By entering the playing area or field to protest, question, or object to a call or play.
- By hitting, shoving or striking any official, coach, athlete or fan at any time (or attempting to do so).
- By being ejected/removed from any contest.
- By detaining an official following the contest to request a ruling or explanation. By following/chasing after the official after a game to express your displeasure or opinion with a call or result of a play or game.
- By the use or display of alcohol, tobacco or an unauthorized drug.

Violations of the Code of Conduct could result in a school, player or fan being fined, suspended or placed on probation. The school shall be notified of the action taken by *SCISA* and will be responsible for the enforcement of the action.

### 3. WARNING OF INHERENT RISK/DANGERS OF ATHLETIC PARTICIPATION

Participation in athletics includes the risk of injury which may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised programs, it is impossible to eliminate the risk. Participants can and do have a responsibility to help reduce the chance of injury. Participants must obey all safety rules, report all physical problems, follow guidelines for safe play and inspect his/her own equipment and report any problems.

### 4. SUMMARY OF STUDENT ELIGIBILITY RULES

**Eight Semester Rule:** A student has Eight (8) Consecutive Semesters of eligibility from the time he/she first enters the ninth (9th) grade.

**Academic Requirements:** A student in grades 9-12 must take and pass at least four (4), one unit CORE courses or any five (5), one unit courses each grading period/semester. Students below the 9th grade must pass four (4) subjects each grading period/semester. A senior who has met or is meeting all requirements for graduation must pass four (4), one credit courses each marking period/semester. *Note: a student must have earned at least four (4) core units or any five (5) units of credit to be declared eligible at the start of a school year. Also, credits or courses taken by the "Home School" method during the school year are not eligible for athletic eligibility determination.*

Any student who did not receive credit for at least 50% (one-half) of all courses taken the previous school year cannot be declared eligible for athletic participation until the successful completion of the first semester.

A student who is academically ineligible to participate is also prohibited from practicing with the team until the time he/she is academically eligible to participate.

#### **Grade Level Requirements/Restrictions:**

**Varsity Teams:** Eligible students in grades **8-12** may participate on varsity teams in baseball, basketball, soccer, football and softball. Eligible students in grades **6-12** may participate on varsity teams in tennis, golf, swimming, cross country, track, cheer and volleyball. *Note: To address player safety, coaches and parents must carefully evaluate the skill level and physical competitiveness of students below the 9th grade before permitting participation on any varsity team.* **Junior Varsity Teams:** Eligible students in grades 5-10 may participate on junior varsity teams in all sports except football. **Junior Varsity Football:** Eligible students in grades 6-9 may participate in junior varsity football. *Note: To address player safety, coaches and parents must carefully evaluate the skill level and physical competitiveness of students below the 9th grade before permitting participation on any junior varsity team.*

**Grade Level Requirements/Restrictions:**

**B-Teams:** Eligible students in the 8th grade and below may participate on B-Teams in all sports except football.

**B-Team Football:** Eligible students in the 7th grade and below may participate on B-Team football.

*Note: To address player safety, coaches and parents must carefully evaluate the skill level and physical competitiveness of students below the 6th grade before permitting participation on any B-Team.*

**Age Requirements/Restrictions:**

A student is INELIGIBLE to participate in athletics if his/her 19th birthday is before July 1, 2010.

*Note: There are no exceptions to the age standards.*

**Junior Varsity:** In order to participate in junior varsity athletics a student must not have reached his/her sixteenth (16th) birthday before July 1, 2010.

**B-Team:** In order to participate in B-Team athletics a student must not have reached his/her fifteenth (15th) birthday before July 1, 2010. Exception: **B-Team Football:** In order to participate in B-Team football, a student must not have reached his/her fourteenth (14th) birthday before July 1, 2010.

**TRANSFER RULES:**

- A student who transfers after having: A. attended one class or B. filed the Agreement for Participation during the defined sports season or practices with team on or after first official practice date must wait sixty (60) days to become eligible. This may be waived for a *bono fide* change in residence.
- A transfer must have attended classes for thirty days prior to the start of the play-offs to be eligible to participate in the play-offs.
- An academically eligible transfer student (*school year transfer as defined above*) must have been eligible to represent his/her former school under any school, student, or athletic policy that was in place when the student transferred or the student must wait for ninety (90) calendar days to become eligible.
- A student who transfers before the start of the school year (*has not attended one class and has not practiced with the team on or after the first official practice date*) and has met all eligibility standards is eligible for athletic participation.

**RECRUITING:**

A student must not have transferred as a result of recruiting or undue influence. Refer to SCISA Blue Book for clarification of recruiting.

**GUARDIANSHIP:**

A student must reside with his/her parent(s) to be eligible for athletic participation. Refer to the SCISA Blue Book for a clarification of a legally appointed guardian.

**Medical Insurance Coverage Statement**

It is important for a parent to understand his/her school's medical insurance coverage policy. SCISA requires that each school participate in the associational catastrophic plan which provides coverage in the event of a catastrophic injury.

***Participant and Parent/Legal Guardian Permission***

\_\_\_\_\_ (student's name) has my permission to participate in athletics. We have read and understand the philosophy of the SCISA, the Code of Conduct, and the Summary of Eligibility Rules. We understand that there are inherent risks in all athletics and that injuries do occur. The South Carolina Independent School Association may examine school records of the student whose name appears above in order to verify eligibility. I understand that this form is considered to be a binding contract. The student whose name appears above may only participate in athletics for the school named below. Transfer to another school after this form has been filed will subject the student to the Sixty Day Rule. I also agree not to hold the South Carolina Independent School association or any of its agents, members, employees or affiliate Organizations responsible in the event of an accident or injury. I further authorize any and all emergency medical treatment for the student named and will be responsible for any and all such cost.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Date

**THE SOUTH CAROLINA INDEPENDENT SCHOOL ASSOCIATION**  
**Pre-Participation History & Health Assessment**

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
 School: \_\_\_\_\_ Sex: F \_\_\_\_ M \_\_\_\_ Sports: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 In Case of an Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Other: \_\_\_\_\_

*Attention parent or guardian and athlete: answers to the following questions are very important!  
 Please take the time to answer each question to the best of your knowledge.*

**General Medical History:**

**General Medical History:**

- |  | Yes | No  |
|--|-----|-----|
| 1. Do you have asthma? .....   | ___ | ___ |
| 2. Do you have diabetes? .....   | ___ | ___ |
| 3. Do you have high blood pressure? .....  | ___ | ___ |
| 4. Do you have seizures? .....   | ___ | ___ |
| 5. Do you have sickle cell trait? .....  | ___ | ___ |
| 6. Do you have any other major medical problems?   | ___ | ___ |
| 7. Have you ever been hospitalized or had surgery?   | ___ | ___ |
| 8. Do you cough, wheeze or have trouble breathing<br>with exercise? .....  | ___ | ___ |
| 9. Do you use an inhaler? .....  | ___ | ___ |
| 10. Do you have a single organ, testicle or kidney?  | ___ | ___ |
| 11. Are you currently taking any medicines on<br>a regular basis (prescription or over-the-counter)?                       | ___ | ___ |
| 12. Have you ever taken supplements or vitamins<br>to help with weight loss, weight gain or improve<br>performance? .....  | ___ | ___ |
| 13. Do you have any allergies (seasonal, insects,<br>Food, latex or medicines)? .....                                      | ___ | ___ |
| 14. Have you ever had a rash or hives develop<br>during or after exercise? .....   | ___ | ___ |
| 15. Do you have a skin problem other than acne?....  | ___ | ___ |
| 16. Have you ever had a head injury, been knocked<br>out, lost your memory, had your "bell rung" or<br>a concussion? ..... | ___ | ___ |
| 17. Have you ever had numbness or tingling in your<br>arms, hands, legs, or feet? .....                                    | ___ | ___ |
| 18. Have you had a stinger, burner or pinched nerve?   | ___ | ___ |
| 19. Have you ever become ill from exercising in<br>the heat? .....   | ___ | ___ |
| 20. Have you had mononucleosis or any significant<br>illness in the last 60 days? .....                                    | ___ | ___ |
| 21. Do you have trouble with your eyes/wear glasses?   | ___ | ___ |
| 22. Do you have trouble with your hearing/wear<br>hearing aids? .....  | ___ | ___ |

- |  | Yes | No  |
|--|-----|-----|
| 23. Do you want to weigh more/less than you do now?  | ___ | ___ |
| 24. Do you lose weight regularly to meet weight<br>requirements for your sport or other reasons? ..... | ___ | ___ |
| 25. Do you feel stressed out, tired or depressed? .....  | ___ | ___ |
| 26. Are there any issues that you would like to discuss<br>with the doctor? .....                      | ___ | ___ |
| 27. Are your immunizations up to date? .....   | ___ | ___ |

**Females Only**

- |   |     |     |
|---|-----|-----|
| 28. Are your periods regular (every month)? ..... | ___ | ___ |
| 29. Are your periods heavy? .....                 | ___ | ___ |

**Cardiac History**

- |  |     |     |
|--|-----|-----|
| 1. Have you ever passed out during or after exercise?  | ___ | ___ |
| 2. Have you ever been dizzy during or after exercise?  | ___ | ___ |
| 3. Have you ever had chest pains or chest pressure<br>during or after exercise? .....          | ___ | ___ |
| 4. Do you tire easily or more quickly than your<br>friends during exercise? .....              | ___ | ___ |
| 5. Have you ever had racing of your heart or skipped<br>heartbeats? .....                      | ___ | ___ |
| 6. Have you been told you had a heart murmur?  | ___ | ___ |
| 7. Have you ever been told that you had an enlarged<br>or weak heart? .....                    | ___ | ___ |
| 8. Has any member of your family:<br>Died of heart problems or sudden death before age 50? ... | ___ | ___ |
| Been told they had a serious heart problem before age 50?                                      | ___ | ___ |
| Been told they had Marfan Syndrome?.....   | ___ | ___ |
| 9. Has a physician ever restricted your participation in<br>sports? .....                      | ___ | ___ |

**Orthopedic History**

- |  |     |     |
|--|-----|-----|
| 1. Have you ever broken or fractured any bones? .....  | ___ | ___ |
| 2. Have you ever dislocated any joint? .....   | ___ | ___ |
| 3. List any other problems with neck, spine, back, shoulders, elbows,<br>wrists, hands, fingers, hips, knees, ankles, feet or toes |     |     |

*Explain "Yes" Answers on another page (put date of injury if known)*

**Parent's Permission & Acknowledgement of Risk for Son or Daughter to Participate in Athletics**

As the parent or legal guardian of the above named student athlete, I give my permission for his/her participation in athletic events and the physical evaluation for that participation. I understand that this is simply a screening evaluation and not a substitute for regular health care. I also grant permission for treatment deemed necessary for a condition arising during participation in these events, including medical or surgical treatment that is recommended by a medical doctor. I grant permission to nurses, trainers, coaches, doctors or those under their direction who are part of the athletic injury prevention or treatment, to have access to necessary medical information. I know that the risk of injury to my child/ward comes with participation in sports and during travel to and from play and practice. My signature indicates that to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

# SOUTH CAROLINA INDEPENDENT SCHOOL ASSOCIATION

## Medical Examination Form

Please Print

\_\_\_\_\_  
 Last Name                      First Name                      Middle Initial                      Date of Birth

Gender: \_\_\_ M \_\_\_ F                      Age: \_\_\_\_\_                      Grade: \_\_\_\_\_

**PHYSICAL EXAM - To Be Completed By Physician**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_

	Normal	Abnormal Findings	Initials
1. Eyes (vision)			
2. Ears, Nose, Throat			
3. Mouth & Teeth			
4. Neck			
5. Cardiovascular			
6. Abdomen			
7. Chest & Lungs			
8. Skin			
9. Genitalia-Hernia (male)			
10. Musculoskeletal: ROM, strength, etc.			
• Neck			
• Spine			
• Shoulders			
• Arms/hands			
• Hips			
• Thighs			
• Knees			
• Ankles			
11. Neuromuscular			

\_\_\_ Cleared without restriction

\_\_\_ Cleared, with recommendations for further evaluation or treatment for: \_\_\_\_\_

\_\_\_ Not Cleared: \_\_\_ All Sports \_\_\_ Certain Sports: \_\_\_\_\_

I certify that I have examined this athlete on this date and found him/her medically qualified to participate in sports. I also certify that I am a licensed physician.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

The South Carolina Independent School Association

**Warning of Inherent Risk  
Minor Waiver/Release**

**RELEASE OF LIABILITY FOR MINOR PARTICIPANTS READ BEFORE SIGNING**

IN CONSIDERATION OF (name of student participant) \_\_\_\_\_, my child/ward, being allowed to participate in any way in the related events and activities of the **SCISA Athletic Association and this school's athletic program**, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child/ward from the activities involved in athletic programs exist, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I FOR MYSELF, SPOUSE, AND CHILD/WARD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child/ward's participation; and,
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child/ward's readiness for participation and/or in the program itself, I will remove my child/ward from the participation and bring such to the attention of the nearest official immediately; and,
4. I for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS The South Carolina Independent School Association, this school ( \_\_\_\_\_ ) and its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the Event, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child/ward's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child's/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my child's/ward involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE)

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

**UNDERSTANDING OF RISK**

I understand the seriousness of the risks involved in participating in this program, my personal Responsibilities for adhering to rules and regulation, and accept them as a participant.

\_\_\_\_\_  
(PARTICIPANT SIGNATURE)

\_\_\_\_\_  
Date Signed

Dorchester Academy requires that all athletes provide a record of their health insurance to our school.

Please fill out the form below and sign for our records.

Student's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

I, We will not hold Dorchester Academy responsible for any injury during a sports game in which my child is playing.

---

Parent/Guardian Signature

Thank you in advance,

Penny Fender  
Athletic Director  
Dorchester Academy