Chesapeake Public Schools
 Discrimination Policy

All members of the Chesapeake Public School community are reminded that the Chesapeake School Board and all Chesapeake Public Schools are committed to avoiding discrimination at all times. As School Board Policy 3-6 indicates:

The School Board is committed to the principle of equal opportunity for all and shall not permit unfair discrimination on the basis of race, color, national origin, sex, age, or disability. This principle shall apply to all students, employees, patrons, vendors, and all others who serve or are served by the school system....

This requirement extends to all aspects of the school program, including the educational and extracurricular programs.

Procedures for seeking resolution of grievances from alleged discrimination are available from the Title IX coordinator:

Director of Student Services
312 Cedar Road
Chesapeake, VA 23322
757-547-0585
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>II</td>
<td>High School Athletic Programs</td>
<td>2</td>
</tr>
<tr>
<td>III</td>
<td>Philosophy</td>
<td>3</td>
</tr>
<tr>
<td>IV</td>
<td>Citizenship Standards/Participation Pledge</td>
<td>3</td>
</tr>
<tr>
<td>V</td>
<td>CPS Sportsmanship Policy (P 9-42)</td>
<td>4</td>
</tr>
<tr>
<td>VI</td>
<td>CPS Sportsmanship Guide</td>
<td>5-6</td>
</tr>
<tr>
<td>VII</td>
<td>Insurance</td>
<td>7</td>
</tr>
<tr>
<td>VIII</td>
<td>High School Athletic Training Program</td>
<td>8</td>
</tr>
<tr>
<td>IX</td>
<td>CPS Sports Concussion Management Plan</td>
<td>9</td>
</tr>
<tr>
<td>X</td>
<td>CPS 2.0 Eligibility Requirement</td>
<td>10-11</td>
</tr>
<tr>
<td>XI</td>
<td>Chesapeake Study Hall Requirements</td>
<td>11</td>
</tr>
<tr>
<td>XII</td>
<td>Virginia High School League (VHSL) Eligibility</td>
<td>11</td>
</tr>
<tr>
<td>XIII</td>
<td>The Athletic Participation/Parental Consent/Physical Examination Form of the VHSL</td>
<td>12-15</td>
</tr>
<tr>
<td>XIV</td>
<td>Collegiate Eligibility/NCAA Eligibility Center</td>
<td>16</td>
</tr>
<tr>
<td>XV</td>
<td>NCAA Initial Eligibility Requirement</td>
<td>16-17</td>
</tr>
<tr>
<td>XVI</td>
<td>Chesapeake Core Courses</td>
<td>17</td>
</tr>
<tr>
<td>XVII</td>
<td>Expenses-Paid Visits to Colleges and Recruiting</td>
<td>18</td>
</tr>
<tr>
<td>XVIII</td>
<td>Team Sport Specific Information</td>
<td>18</td>
</tr>
<tr>
<td>XIX</td>
<td>Parent/Coach Communication</td>
<td>19-20</td>
</tr>
<tr>
<td>XX</td>
<td>Student Participation Statement/Sportsmanship Pledge</td>
<td>21</td>
</tr>
</tbody>
</table>
INTRODUCTION

The purpose of the CHESAPEAKE PUBLIC SCHOOLS (CPS) ATHLETIC HANDBOOK FOR HIGH SCHOOL ATHLETES AND PARENTS is to inform athletes and parents of the policies governing athletics and individual athletes at each school.

Included in this handbook is information concerning:

- Citizenship Standards/Participation Pledge
- Insurance
- Chesapeake 2.0 Eligibility Requirement
- Virginia High School League (VHSL) Eligibility Rules and Policy
- The Athletic Participation/Parent Consent/Physical Examination Form of the VHSL
- National Collegiate Athletic Association (NCAA) Eligibility Requirements
- Chesapeake Core Courses
- Student Pledge and Parental Statement of Understanding

Each school traditionally hosts a preseason meeting for athletes and their parents/guardians. Important information covered will include the Athletic Participation/Parental Consent/Physical Examination Form of the VHSL, VHSL eligibility rules, NCAA Requirements, and the Chesapeake 2.0 Eligibility Requirements. Information about each sport and specific team policies will also be discussed.

If you have any questions concerning the handbook or the preseason meeting, please contact the athletic director of your school or the Chesapeake Public Schools Office of Student Activities at 547-1340.
## Chesapeake Public Schools
### High School Athletic Programs

<table>
<thead>
<tr>
<th>Season</th>
<th>Boys</th>
<th>Girls</th>
</tr>
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<tbody>
<tr>
<td>Fall</td>
<td>Cross Country</td>
<td>Cheerleading* #</td>
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<tr>
<td></td>
<td>Football* #</td>
<td>Cross Country</td>
</tr>
<tr>
<td></td>
<td>Golf #</td>
<td>Field Hockey*</td>
</tr>
<tr>
<td></td>
<td>Volleyball</td>
<td>Volleyball*</td>
</tr>
<tr>
<td>Winter</td>
<td>Basketball*</td>
<td>Basketball*</td>
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<td></td>
<td>Indoor Track</td>
<td>Gymnastics</td>
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<tr>
<td></td>
<td>Swimming</td>
<td>Indoor Track</td>
</tr>
<tr>
<td></td>
<td>Wrestling* #</td>
<td>Swimming</td>
</tr>
<tr>
<td>Spring</td>
<td>Baseball*</td>
<td>Softball*</td>
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<tr>
<td></td>
<td>Soccer*</td>
<td>Soccer*</td>
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<tr>
<td></td>
<td>Track &amp; Field</td>
<td>Track &amp; Field</td>
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<tr>
<td></td>
<td>Tennis</td>
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*Indicates varsity and junior varsity programs

#Indicates co-ed sports

<table>
<thead>
<tr>
<th>School</th>
<th>Principal</th>
<th>Athletic Director</th>
<th>Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deep Creek</td>
<td>J. Page Bagley</td>
<td>Thomas Polk</td>
<td>558-5303</td>
</tr>
<tr>
<td>Grassfield</td>
<td>Mike Perez</td>
<td>Matthew Puryear</td>
<td>558-4749</td>
</tr>
<tr>
<td>Great Bridge</td>
<td>Jeff Johnson</td>
<td>TBD</td>
<td>482-2867</td>
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<tr>
<td>Hickory</td>
<td>Amber Dortch</td>
<td>Pat Troia</td>
<td>421-4295</td>
</tr>
<tr>
<td>Indian River</td>
<td>Naomi Dunbar</td>
<td>Earnest Spellman</td>
<td>578-7000</td>
</tr>
<tr>
<td>Oscar Smith</td>
<td>Paul Joseph</td>
<td>Ray Collins</td>
<td>548-0696</td>
</tr>
<tr>
<td>Western Branch</td>
<td>Thomas Whitley</td>
<td>Mark Didawick</td>
<td>638-7900</td>
</tr>
</tbody>
</table>

Dr. James T. Roberts, Superintendent
Dr. Jacqueline C. Miller, Assistant Superintendent for Student Services
Mr. Wayne Martin, Director of Student Services
Mr. Kevin J. Cole, Supervisor of Student Services
ATHLETIC DEPARTMENT PHILOSOPHY

The coaching staff of Chesapeake Public Schools has dedicated itself to the development of the total student athlete. Both the physical and psychological growth of each person are considered when planning and implementing our athletic program.

Our professional staff is aware of the individual needs of the youth as well as the social implications of being able to work as a member of a team. Students will be given the opportunity through extensive training, proper equipment, and good coaching to reach their maximum athletic potential.

Our goals are to produce young men and women who have the capacity to be successful citizens in our highly competitive society. We are committed to achieving this goal.

CITIZENSHIP STANDARDS/ PARTICIPATION PLEDGE

Participation in extracurricular activities is dependent upon compliance with all applicable rules, including VHSL, the School Board, Southeastern District, and team regulations. These activities are defined as events which do not fall within the scope of the regular curriculum, are officially recognized and sanctioned by the School Board, and for which students do not receive academic credit. Performing groups that receive academic credit (i.e. band and chorus) are not included within this policy. Students must understand that participation in extracurricular events is a privilege, not a right.
CHESAPEAKE PUBLIC SCHOOLS
SPORTSMANSHIP POLICY (P 9-42)

The School Board has approved the following sportsmanship policy.

Sportsmanship, Ethics, and Integrity

The School Board recognizes the importance of extracurricular activities in the educational process and the values that students develop when they have the opportunity to participate in an organized activity outside the traditional classroom.

A primary goal of the Chesapeake Public Schools’ extracurricular and co-curricular programs is the promotion of good sportsmanship, ethical behavior, and integrity. All participation in extra- and co-curricular activities, including athletes and all other student participants, support groups, fans, coaches, and administrators shall be guided at all times by a philosophy of good sportsmanship, sound ethics, and high integrity. This philosophy emphasizes that extracurricular activities are a part of the total educational process and that the same level of responsibility and behavior is expected at practice and competitions as is expected in the classroom. The school administration supports this philosophy by maintaining positive attitudes that promote good sportsmanship. All high schools and middle schools are required to conduct their relations with other schools in a spirit of good sportsmanship.

The School Board further encourages the development and promotion of sportsmanship, ethics, and integrity in all phases of the educational process and in all segments of the community, including administrators, participants, adult supervisors, parents, fans, spirit groups, and support/booster groups.
Chesapeake Public Schools Sportsmanship Guide

Participation in co-curricular activities is a privilege. As representatives of Chesapeake Public Schools, students are expected to conduct themselves in a manner that meets the highest standards at all times.

It is the goal of Chesapeake Public Schools to provide all students with opportunities to engage in athletic activities that enrich their education and further develop the core values of respect, responsibility, fairness, trust, and good sportsmanship.

Engaging in planned instruction teaches good sportsmanship and proper behavior. It is the responsibility of the administration, staff, coaches, parents, and the community at large to create a climate that fosters the development of these behaviors. This is accomplished by encouraging and modeling positive and appropriate behavior within the sporting environment while, at the same time, striving for excellence.

Expectations for the behavior of athletes, coaches, and spectators at athletic contests, practices, and events are outlined below:

**Athletes.** Athletes are required to meet the following expectations:
1. Be courteous to visiting teams and officials.
2. Play hard and to the limit of your ability, regardless of discouragement. True athletes do not give up nor do they argue, cheat, or taunt opponents.
3. Retain composure at all times and never leave the bench or enter the playing field/court to engage in a fight.
4. Be modest when successful and be gracious in defeat. A true competitor does not offer excuses.
5. Maintain a high degree of physical fitness by conscientiously observing team and training rules.
6. Demonstrate loyalty to the school by maintaining a high scholastic standing and by participating in or supporting other school activities.
7. Play for the love and honor of the game.
8. Understand and observe the rules of the game and the standards of eligibility.
9. Respect the integrity and judgment of officials and accept their decisions without question.
10. Respect the facilities of the host school and demonstrate the behavior expected of guests.

**Coaches.** Coaches are required to meet the following expectations:
1. Exemplify behavior that is representative of the educational staff of the school and a credit to the teaching profession.
2. Demonstrate high ideals, good habits, and desirable attitudes in personal behavior and demand the same standards of your players. Make sportsmanship the #1 priority.
3. Emphasize to players and bench personnel the importance of proper sideline behavior and the necessity of restraining from entering the playing field/court.
4. Recognize that the purpose of competition is to promote the physical, mental, social, and emotional well-being of individual players and that the most important values of competition are derived from playing the game fairly.
5. Be a modest winner and a gracious loser.
6. Maintain self-control at all times, accepting adverse decisions without public display of emotion or dissatisfaction with the officials.
7. Cooperate with the school administration in the planning, scheduling, and conduct of sports activities.
8. Employ accepted educational methods in coaching; giving all players an opportunity to use and develop initiative, leadership, and judgment.
9. Pay close attention to the physical condition and well being of players, refusing to jeopardize the health of an individual for the sake of the team.
10. Teach athletes it is better to lose fairly than win unfairly.
11. Demonstrate integrity. Do not allow gambling, profanity, abusive language, or similar violations.
12. Refuse to criticize opponents, officials, or others associated with sports activities.
13. Properly supervise student athletes under your immediate care and specifically observe a coach’s responsibilities during events off school grounds.

Parents/Spectators. Parents/Spectators are required to meet the following expectations:
1. Realize that you represent the school and community and, therefore, have an obligation to be a true sportsman, encouraging through positive behavior the practice of good sportsmanship by others.
2. Recognize that good sportsmanship is more important than victory by approving and applauding good team play, individual skill, and outstanding examples of sportsmanship and fair play exhibited by either team.
3. Recognize that since the primary purpose of interscholastic athletes is to promote the physical, mental, moral, social, and emotional well being of the players, through the medium of contests, victory or defeat is in reality of secondary importance.
4. Treat visiting teams and officials as guests, extending to them every courtesy.
5. Be modest in victory and gracious in defeat.
6. Respect the judgment and integrity of officials, realizing that their decisions are based upon game conditions as they observe them.

Athlete/Parent/Coach Communication
Chesapeake Public Schools encourages open communication among athletes, parents, and coaches. Both athletes and parents are urged to discuss their concerns with the coach in the appropriate setting and at the appropriate time.

Appropriate concerns to discuss with the coach include issues of mental and physical well-being, strategies for improving individual performance, and issues of behavior.

Issues not appropriate for a parent to discuss with the coaches include playing time, starting positions, team strategy, play calling, and other athletes.

Conflict Resolution
It is desirable for conflicts to be resolved by an athlete with his/her coach. Occasionally, however, situations arise where conflicts are not able to be resolved through this interaction and the assistance of the athletic director and/or principal is needed.

Spectator Conduct
The Virginia High School League requires school districts to monitor spectator behavior at all school sponsored activities. Accordingly, an event supervisor may request any person involved in misconduct to leave the premises and contact the police for assistance. The school has the authority to suspend individuals from attending all school sponsored activities for spectator misconduct. Chesapeake Public Schools appreciates positive support from all spectators.
The 2017-2018 Student Accident Insurance information is also located on the CPS homepage under the Parents/Students (blue) tab in the drop-down box titled Entrance / Health / Athletic Forms. Click on Student Accident Insurance under the Health heading.
Parents allowing their children to participate in high school athletics accept the risk of injury. To help minimize the risk and to manage injuries when they occur, The Children’s Hospital of the King’s Daughters has assigned an athletic trainer to each high school. This individual has met requirements as set forth by the Board of Certification (BOC) to practice as an athletic trainer.

The BOC was incorporated in 1989 to provide a certification program for entry-level athletic trainers. The BOC establishes and regularly reviews both the standards of practice of athletic training and the continuing education requirements for athletic trainers. The organization ensures that anyone using the credentials A.T.C. (Athletic Trainer, Certified) is a graduate from and accredited college or university and has passed the core classes at the collegiate level, has had clinical experience under the direct supervision of a certified athletic trainer, and passed national certification examination. In Virginia athletic trainers must maintain their national and state certifications by meeting continuing education requirements.

There are five domains to athletic training. These five domains, upon which the national certification examination is based, are

1. Injury/Illness Prevention and Wellness Protection
2. Clinical Evaluation and Diagnosis
3. Immediate and Emergency Care
4. Treatment and Rehabilitation
5. Organizational and Professional Health and Well-being

The athletic trainer is an important link in the health care delivery system. The ATC serves as a liaison among athletes, parents, coaches, physicians, other allied health professionals, student activities coordinators, and administrators to facilitate healthy participation in interscholastic athletics. Please note that the athletic trainer is not required to be present at all practices.
Chesapeake Public Schools’ Sports Concussion Management Plan

Chesapeake Public Schools (CPS) recognizes that a concussion is a serious injury to the brain resulting from a force or jolt applied directly or indirectly to the head producing a set of signs and symptoms reflecting the brain’s dysfunction. CPS is committed to safe practice and provides a Sports Concussion Management Plan to educate parents, student-athletes, coaches and teachers about the nature and risks of concussions, and procedures to detect and treat these brain injuries prior to safe return to play. Central office and school administrators, athletic directors, coaches, school nurses, teachers, parents, student-athletes, certified athletic trainers (ATC)*, and other health care providers form a team to work together to identify concussions once they occur and to ensure safe return to play.

CPS guidelines mandate that if a student-athlete exhibits or reports any sign or symptom of a concussion, he/she will be removed from practice or play. Parents are notified on the day of the injury. The parents will obtain a proper medical evaluation by a licensed health care professional with training in concussion evaluation and management per the CPS Sports Concussion Management Plan. CPS acknowledges that clearance to return to play is a medical decision. The licensed health care professional(s) who evaluates the student-athlete is the only individual to provide clearance, which will then place the student-athlete in the care of the ATC, possibly in consultation with the CHKD Sports Medicine physician, to oversee the Gradual Return to Sports Participation Program. The licensed health care professional can not be a parent or guardian. CPS will not allow the student-athlete to participate in a practice or game while experiencing any lingering or persisting symptoms of a concussion, no matter how slight. The student-athlete must be completely symptom free at rest and during physical and mental exertion, with neurocognitive functioning that has returned to their normal baseline, as determined by the results from the Immediate Post Concussion Assessment and Cognitive Testing (ImPACT) prior to return to sports training, practice, play, or competition.

The CPS Sports Concussion Program includes the following five fundamental components:

1. Verified training of coaches on concussion risks, recognition, and management.
2. Education of parents and student-athletes on concussion risks, signs and symptoms, and post-injury management for sports and school. Parents and student-athletes will read, sign, and submit to the school the Chesapeake Public Schools Concussion Information Sheet before the first practice.
3. Immediate removal from play by the student-athlete’s coach, ATC, or team physician of any student-athlete suspected of sustaining a concussion in a practice or game (i.e. exhibiting signs and/or symptoms). “When in doubt, sit them out” is the operating principle.
4. Written clearance to return to play of the student-athlete by a licensed health care professional trained in the evaluation and management of a concussion. The written clearance must be received by the ATC before the student-athlete is allowed to return to the field/court. “Return to Play Requires Medical OK” is the operating principle.
5. Treatment of the Student-Athlete in School. School personnel will be trained on concussion management in the school. They will be informed of the student-athlete’s injury and its specific symptom manifestations- physical, cognitive, emotional, sleep. An individualized school care plan will be developed and implemented to assist the student athlete’s recovery, providing maximally tolerated academic activities.

* The Certified Athletic Trainer (ATC) is a highly educated and skilled professional specializing in athletic health care. In cooperation with physicians and other allied health personnel, the athletic trainer functions as an integral member of the athletic health care team in secondary schools, colleges and universities, sports medicine clinics, professional sports programs and other athletic health care settings.

Entire Chesapeake Public Schools’ Sports Concussion Management Plan, with forms, are available at www.cpschools.com
On October 1997, the School Board approved new standards for participation in high school interscholastic activities in grades 8-12. The new standards are part of the school division's ongoing initiative to raise the level of student achievement. The standards are consistent with those in several surrounding school systems and with the school division's determination to provide the kind of education that will prepare our students for the highly complex world of tomorrow.

The 2.0 Eligibility Requirement was implemented during the first semester of the 1998-1999 school year when all ninth-grade, tenth-grade, eleventh-grade, and twelfth-grade students were eligible if they met the Virginia High School League and Chesapeake 2.0 Eligibility rules. Beginning with the second semester of the 1998-1999 school year and thereafter, a VHSL activity participant must maintain at least a 2.0 GPA average prior to initial participation, regardless of when initial participation begins.

Under this provision, in order to be eligible for the first semester, a ninth-grade participant must have maintained a 2.0 GPA for either the second semester of the eighth-grade year or the entire eighth-grade year. Also, under this provision, an eighth-grade student competing at the sub-varsity level must have maintained a 2.0 GPA for the semester or the year prior to participation. After the first semester of the 1998-1999 school year, any student entering a VHSL/Chesapeake activity and establishing eligibility for the first time must have maintained a 2.0 GPA for the previous semester or have maintained a 2.0 cumulative GPA.

A student is allowed only one probationary semester after initial eligibility has been established and the student fails to meet the 2.0 GPA. The probationary period is defined as the semester following a semester in which a participant falls below the 2.0 GPA requirement and meets the VHSL eligibility requirements. As well as meeting the requirements established by the Chesapeake School Board, all participants in VHSL-sanctioned activities must also meet eligibility requirements as set forth by the VHSL and found in Section 28 of the VHSL Handbook.
CHESAPEAKE 2.0 ELIGIBILITY REQUIREMENT (cont.)

Activities covered under the Chesapeake 2.0 Eligibility Requirement of the VHSL include Baseball, Basketball, Cheerleading, Creative Writing, Cross-Country, Debate, Field Hockey, Football, Forensics, Golf, Gymnastics, Publications (Yearbook), Scholastic Bowl, Soccer, Softball, Swimming, Tennis, Theater Festivals, Track, Volleyball, and Wrestling.

STUDY HALL REQUIREMENT

A VHSL activity participant who is in a probationary semester will be required to attend study hall a minimum of 90 minutes per week. The study hall will meet after school a minimum of 135 minutes per week. Emphasis in the study hall will be placed on providing an environment where students can study and complete work assigned and on providing tutoring assistance. Students should check with coaches on the study hall schedules. **Probationary students who fail to attend the required study hall will not be allowed to participate in any Chesapeake/VHSL activities.**

VHSL Eligibility

All participants in VHSL-sanctioned activities must meet individual eligibility requirements as set forth by the VHSL and found in Section 28 of the Virginia High School League Inc. Handbook. The handbook can be accessed at the following website: [www.vhsl.org](http://www.vhsl.org), click publications and forms, click Handbook, then navigate to Section 28.

The VHSL offers the following interpretation for CPS high schools utilizing a 4 X 4 Block Schedule.

*When a school offers four classes each semester for which credit can be earned to be eligible, the student must be currently enrolled in not fewer than three classes and have passed three classes the previous semester. There is no yearly option, since each class is on a “stand alone” semester grade basis. (Classes which were previously passed and being retaken for a higher grade are not considered in this count.)*

*Please note the Individual Eligibility Rules on the following page, as established by the Virginia High School League.*
VIRGINIA HIGH SCHOOL LEAGUE, INC.
1642 State Farm Blvd., Charlottesville, Va. 22911

Athletic Participation/Parental Consent/Physical Examination Form

Separate signed form is required for each school year May 1 of the current year through June 30 of the succeeding year.

For School Year ______

PART I - ATHLETIC PARTICIPATION

(To be filled in and signed by the student)

Male ______

Female ______

PRINT CLEARLY

Name _______________________________ Student ID # _______________________________

(Christian Name)(Middle Initial)(Last Name)

Home Address ________________________________________________________________

City/Zip Code ___________________________

Home Address of Parents _______________________________________________________

City/Zip Code ___________________________

Date of Birth ___________________________ Place of Birth ___________________________

This is my ______ semester in ______ High School, and my ______ semester since first entering the ninth grade. Last semester I attended ______ School and passed ______ credit subjects, and I am taking ______ credit subjects this semester. I have read the condensed individual eligibility rules of the Virginia High School League that appear below and believe I am eligible to represent my present high school in athletics.

INDIVIDUAL ELIGIBILITY RULES

To be eligible to represent your school in any VHSIL interscholastic athletic contest, you--

- must be a regular bona fide student in good standing of the school you represent.
- must be enrolled in the last four years of high school. (Eighth-grade students may be eligible for junior varsity.)
- must have enrolled not later than the fifteenth day of the current semester.
- for the first semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding year or the immediately preceding semester for schools that certify credits on a semester basis. (Check with your principal for equivalent requirements). **May not repeat courses for eligibility purposes for which credit has been previously awarded.**
- for the second semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding semester. (Check with your principal for equivalent requirements.)
- must sit out all VHSIL competition for 365 consecutive calendar days following a school transfer unless the transfer corresponded with a family move. (Check with your principal for exceptions.)
- must not have reached your nineteenth birthday on or before the first day of August of the current school year.
- must not, after entering the ninth grade for the first time, have been enrolled in or been eligible for enrollment in high school more than eight consecutive semesters.
- must have submitted to your principal before any kind of participation, including tryouts or practice as a member of any school athletic or cheerleading team, an Athletic Participation/Parental Consent/Physical Examination Form, completely filled in and properly signed attesting that you have been examined during this school year and found to be physically fit for athletic competition and that your parents consent to your participation.
- must not be in violation of VHSIL Amateur, Awards, All Star or College Team Rules. (Check with your principal for clarification in regard to cheerleading.)

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above-listed minimum standards, but also all other standards set by your League, district and school. If you have any question regarding your eligibility or are in doubt about the effect an activity might have on your eligibility, **check with your principal for interpretations and exceptions provided under League rules.** Meeting the intent and spirit of League standards will prevent you, your team, school and community from being penalized. Additionally, I give my consent and approval for my picture and name to be printed in any high school or VHSIL athletic program, publication or video.

LOCAL SCHOOL DIVISIONS AND VHSIL DISTRICTS MAY REQUIRE ADDITIONAL STANDARDS TO THOSE LISTED ABOVE.

Student Signature: _______________________________ Date: _______________________________

Providing false information will result in ineligibility for one year.
### General Medical History

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th>Question</th>
<th>No</th>
<th>Yes</th>
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<tr>
<td>1</td>
<td></td>
<td>Does a doctor ever tell you that you have (check all that apply):</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>High Blood Pressure</td>
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<tr>
<td></td>
<td></td>
<td>High Cholesterol</td>
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<td></td>
<td></td>
<td>Kawasaki Disease</td>
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<td>Heart Murmur</td>
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<td>Heart Infection</td>
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<td>Other:</td>
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<tr>
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<td></td>
<td>Do you currently have an ongoing medical condition? If so, please identify:</td>
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<tr>
<td></td>
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<td>Asthma</td>
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<td></td>
<td></td>
<td>Anemia</td>
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<td></td>
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<td>Diabetes</td>
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<td></td>
<td></td>
<td>Infections</td>
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<td></td>
<td></td>
<td>Other:</td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td></td>
<td>Have you ever been the night in the hospital?</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>Have you ever had surgery?</td>
<td>32</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Have you ever had a herpes or MRSA skin infection?</td>
<td></td>
<td></td>
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<tr>
<td>5</td>
<td></td>
<td>Have you ever passed out or nearly passed out during or after exercise?</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>Have you ever had discomfort, pain, or pressure in your chest during exercise?</td>
<td>34</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>Does your heart race or skip beats during exercise?</td>
<td>35</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>Does a doctor ever told you that you have (check all that apply):</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>High Blood Pressure</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>High Cholesterol</td>
<td></td>
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<td></td>
<td></td>
<td>Kawasaki Disease</td>
<td></td>
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<td></td>
<td></td>
<td>Heart Murmur</td>
<td></td>
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<td></td>
<td></td>
<td>Heart Infection</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>Has a doctor ever ordered a test for your heart?</td>
<td>37</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(For: ECG, ECHO, Echocardiogram)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>Do you get light headed or feel more short of breath than expected during exercise?</td>
<td>38</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td>Have you ever had an unexplained seizure?</td>
<td>39</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Have a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Have you ever had a head injury or concussion?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>If so, date of last injury:</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Do you have headaches with exercise?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Heart Health Questions About Your Family

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th>Question</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td></td>
<td>Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained automobile accident, or sudden infant death syndrome)?</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td>Does anyone in your family have a heart problem?</td>
<td>41</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
<td>Does anyone in your family have a pacemaker or implanted defibrillator?</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
<td>Does anyone in your family have Marfan syndrome, cardiomyopathy, or Long Q-T?</td>
<td>43</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td></td>
<td>Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?</td>
<td>44</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Have you ever had any problems with your eyes or vision?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Do you wear glasses or contact lenses?</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Do you wear protective eyewear, such as goggles or a face shield?</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Do you worry about your weight?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Are you trying to or has any professional recommended that you try to gain or lose weight?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Do you limit or carefully control what you eat?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Bone and Joint Questions

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th>Question</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td></td>
<td>Have you ever had an injury, like a sprain, muscle or ligament tear, or tendons that caused you to miss a practice or game?</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td></td>
<td>Have you ever had a bone or joint injury that required X-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?</td>
<td>46</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td></td>
<td>Have you ever had an x-ray of your neck for atlanto-axial instability? OR Have you ever been told that you have a disorder or any kind of spine problem?</td>
<td>47</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Do you have any concerns that you would like to discuss with a doctor?</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>What is the date of your last TDap or Td(tetanus) immunization? (circle type)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Do you have an allergy to medicine, food or stinging insects?</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>FEMALES ONLY</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Have you ever had a menstrual period?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td></td>
<td>Have you ever had a bone or joint injury that required X-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td></td>
<td>Have you ever had a stress fracture of a bone?</td>
<td>51</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td></td>
<td>Do you regularly use a brace or assistive device?</td>
<td>52</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td></td>
<td>Do you currently have a bone, muscle, or joint injury that bothers you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td></td>
<td>Do any of your joints become painful, swollen, feel warm, or look red?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td></td>
<td>Do you have a history of juvenile arthritis or connective tissue disease?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Medical Questions

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th>Question</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>26</td>
<td></td>
<td>Do you cough, wheeze, or have difficulty breathing during or after exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td></td>
<td>Do you have asthma or use asthma medicine (inhaler, nebulizer)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td></td>
<td>Were you born without or are you missing a kidney, an eye, a testicle, spleen or any other organ?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Medical Questions (cont)

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th>Question</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Have you ever had a herpes or MRSA skin infection?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Do you have a heart murmur</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Heart Infection</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Other:</td>
<td></td>
<td></td>
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</tbody>
</table>

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**Parent/Guardian Signature:** _____________________________  **Date:** ____________  **Athlete's Signature:** _____________________________
PART III – PHYSICAL EXAMINATION

(Physical examination form is required each school year dated after May 1 of the preceding school year and is good through June 30th of the current school year)**

NAME ___________________ Date of Birth ___________ School _______________________

Height ___________________ Weight ___________ ☐ Male ☐ Female
BP ___________ / ___________ Resting Pulse ___________ Vision R 20/ ___________ L 20/ ___________ Corrected ☐ Yes ☐ No

MEDICAL

NORMAL

ABNORMAL FINDINGS

Appearance

Eyes/ears/nose/throat

Lymph nodes

Heart

Pulses

Lungs

Abdomen

Genitourinary (males only)

Skin

Neurologic

MUSCULOSKELETAL

NORMAL

ABNORMAL FINDINGS

Neck

Back

Shoulder/arm

Elbow/forearm

Wrist/hand/fingers

Hip/thigh

Knee

Leg/ankle

Foot/ toes

Functional

Medical Practitioner to School Staff (please indicate any instructions or recommendations here)

Emergency medications required on-site ☐ Inhaler ☐ Epinephrine ☐ Ghrelin ☐ Other:

Comments:

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics.

☐ CLEARED WITHOUT RESTRICTIONS

☐ CLEARED WITH FOLLOWING NOTATION:

☐ Cleared AFTER documented further evaluation or treatment for:

☐ Cleared for Limited participation (check and explain “reason” for all that apply): “Limited Until Date” when appropriate

☐ Not cleared for (specific sports) ___________________________ Until Date: ___________________________

Reason(s):

☐ NOT CLEARED FOR PARTICIPATION Reason

By this signature, I attest that I have examined the above student and completed this pre-participation physical including a review of Part II – Medical History.

Physician Signature: ___________________________ (“MD, DO, LNP, PA”). Date** ___________________________

Examiner’s Name and degree (print): ___________________________________________ Phone Number _______________________________________

Address: ___________________________ City ___________________________ State ___________________________ Zip ___________________________

* Only signatures of Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician’s Assistant licensed to practice in the United States will be accepted.

Rule 28B-3-1 (2) Physical Examination Rule/Transfer Student (10-99) – When an out-of-state student who has received a current physical examination elsewhere transfers to Virginia and attaches proof of that physical examination to the League’s Form #2, the student is in compliance with physical examination requirements.
PART IV -- ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT
(To be completed and signed by parent/guardian)

I give permission for ______________________ (name of child/ward) to participate in any of the following sports that are not crossed out: baseball, basketball, cheerleading, cross country, field hockey, football, golf, gymnastics, lacrosse, soccer, softball, swimming/diving, tennis, track, volleyball, wrestling, other (identify sports).

I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, written handouts, or some other means. He/she has student medical/accident insurance available through the school (yes____ no____); has athletic participation insurance coverage through the school (yes____ no____); is insured by our family policy with:

Name of Medical Insurance Company: ________________________________________________________________
Policy Number: __________________________________ Name of Policy Holder: ______________________________

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team.

By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the school to perform a pre-participation examination on my child and to provide treatment for any injury or condition resulting from participating in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) or health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.

Additionally I give my consent and approval for the above named student's picture and name to be printed in any high school or VHSL athletic program, publication or video.

PART V - EMERGENCY PERMISSION FORM
(To be completed and signed by parent/guardian)

STUDENT'S NAME_________________________ GRADE____ AGE____ DOB____

HIGH SCHOOL __________ CITY __________________________

Please list any significant health problems that might be significant to a physician evaluating your child in case of an emergency.

________________________________________________________________________
________________________________________________________________________

Please list any allergies to medications, etc.
________________________________________________________________________

Is the student currently prescribed an inhaler or Epi-Pen? _______________________
List the emergency medication: ________________________________

Is student presently taking any other medication? _______________________
If so, what type? ________________________________

Does student wear contact lenses? _______________________
Date of last TdP or Td (tetanus) shot _______________________

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of _________________________ High School to hospitalize, secure proper treatment and to order injection and/or anesthesia and/or surgery for the person named above.

Daytime phone number (where to reach you in emergency) _______________________

Evening time phone number (where to reach you in emergency) _______________________

Cell phone _______________________________________________________________________________

[*Signature of parent or guardian] ________________________ Date ______________________

Relationship to student ________________________________________________________________

*Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment if needed.

I certify all the above information is correct ____________________________________________

[Signature of parent or guardian] ________________________ Date ______________________

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.
COLLEGIATE ELIGIBILITY REQUIREMENTS

Parents and students need to become familiar with collegiate eligibility standards at the beginning of the ninth grade. Helpful information is available through the “NCAA Guide for the College-Bound Student-Athlete” or visit their website at www.eligibilitycenter.org. This publication is located under the Resource heading. Please talk to your child’s coach, school counselor, or athletic director. You may also call the NCAA Eligibility Center Toll-free at 877-262-1492 or visit their website at www.eligibilitycenter.org.

Requirement to graduate with your high school class
You must complete the 16 core-course requirement in eight semesters, which begins when you initially started high school with your ninth-grade class. If you graduate from high school in eight semesters with your class, you may use one core-course unit completed within one year after graduation (summer or academic year) to meet NCAA Division I initial eligibility requirements.

Please contact your child’s school counselor regarding the Qualifying requirements for a Division II school.

If you plan to enroll in any Division I or Division II college or university please read this information carefully.

Please note: Computer science courses may not be used if the course receives graduation credit in mathematics or natural/physical sciences and is listed as such on the high school’s list of NCAA approved core courses. Core courses, high school transcripts, and test scores for all prospective Division I and II students must be reviewed by the NCAA Eligibility Center. A school counselor at your child’s school can assist you regarding the submission of the Student Release form, appropriate records, and the $80.00 processing fee.
Each year the NCAA updates and publishes a guide entitled, *NCAA Guide for the College-Bound Student-Athlete*. The current addition has several pages devoted to “Recruiting” with timelines by sport and division. Student-athletes in high school, who are being recruited by colleges, should obtain a copy of this guide or print it from the [www.ncaa.org](http://www.ncaa.org) website. It is recommended that student-athletes and their parents read this information and familiarize themselves with the restrictions for their sport(s) and the division for which they are being recruited. Universities/colleges may send correspondence, questionnaires and information, or make telephone contacts (with certain restrictions) to prospective candidates.

During the senior year the student-athlete may make no more than a total of five expense-paid (official) visits to universities/colleges, with a limit of one per school. This restriction applies even if the student-athlete is being recruited in more than one sport. Before a college may invite you on an official visit, you will have to provide the college with a copy of your high school transcript (Division I only) and SAT, ACT or PLAN score and register with the NCAA Eligibility Center.

**CHESAPEAKE CORE COURSES**

A core course is defined as “a recognized academic course designed to prepare a student for college-level work.” Courses that are taught at a level below the high school’s regular academic instructional level are not considered core courses. The minimum amount of preparation required for successful completion of each subject area through core courses, as determined by the NCAA, is listed on the previous page. Please contact your child’s school counselor to verify all courses you plan on using as core courses.

*SEE YOUR SCHOOL COUNSELOR FOR APPROVED CORE COURSES OFFERED AT YOUR SCHOOL.*
EXPENSE-PAID VISITS TO COLLEGES AND RECRUITING

There are many and varied regulations governing recruiting by universities/colleges. They vary by sport and by division. It is the responsibility of the college athletic personnel to abide by these regulations. No alumni or boosters of a college can be involved in the recruiting of student-athletes for athletic purposes. In Division I there can be no phone calls or letters from boosters.

TEAM AND SPORT SPECIFIC INFORMATION

Each sport has its unique requirements and risks. To ensure your understanding of these requirements prior to your child’s participating in the sport, the school conducts a parent meeting before the beginning of practice each sports season.

In addition to meeting the physical and academic requirements and completing the required paperwork, each athlete must follow the specific rules and regulations governing each sport. A clear understanding ensures a cooperative relationship among athletes, parents, and coaches. Each coach discusses the unique aspects of the particular sport he/she coaches.

If you have questions regarding a particular sport, contact your child’s school.
PARENT/COACH COMMUNICATION

Parent Coach Relationship
Both parenting and coaching are extremely difficult vocations. By establishing an understanding of each position, we are better able to accept the actions of the others and provide a greater benefit to student athletes. As parents, when your children become involved in our program, you have the right to understand what expectations are placed on your child. This begins with clear communication from the coach of your child’s program.

Communications You Should Expect From Your Child’s Coach
1. Philosophy of the coach
2. General expectations
3. Locations and times of all practices and contests
4. Team requirements, special equipment, strength, and conditioning programs
5. Procedure if your child is injured during participation
6. Team rules, guidelines, and consequences for infractions
7. Lettering criteria
8. Team selection process

Communication Coaches Expect From Athlete/Parents
1. Concerns related to your child’s general welfare
2. Notification of any schedule conflicts in advance
3. Notification of illness or injury as soon as possible

Appropriate Concerns To Discuss With Coaches
1. Ways to help your child improve
2. Concerns about your child’s behavior

It is very difficult to accept your child not playing as much as you hope. Coaches are professionals. They make decisions based on what they believe to be the best for all student-athletes involved. As you have seen from the previous list, certain things can be and should be discussed with your child’s coach. Other things, such as those listed below, must be left up to the discretion of the coach.
1. Playing time
2. Team strategy
3. Play calling
4. Other student athletes

There are situations that may require a conference between the coach and player or coach and parent. These conferences are encouraged. It is important that all parties involved have a clear understanding of the other person’s position.
PARENT/COACH COMMUNICATION (cont.)

If you have a concern to discuss with a coach, you should
1. Call the coach to set-up an appointment.
2. Call the athletic director to help set-up the meeting for you if the coach cannot be reached.
3. Do not attempt to confront a coach before or after a contest or practice. These can be emotional times for both the parent and coach. Meetings of this nature usually do not promote positive resolutions.

The Next Step
What can a parent do if the meeting with the coach does not provide a satisfactory resolution?
1. Call and set-up an appointment with the athletic director to discuss the situation.
2. At this meeting, the appropriate next step can be determined.

Parent Code
1. Be a positive role model through your own actions to make sure your child has the best athletic experience possible.
2. Be a “team fan,” as well as a “my kid” fan.
3. Weigh what your children say; they might slant the truth to their advantage.
4. Show respect for the opposing players, coaches, and spectators.
5. Be respectful of all officials’ decisions.
6. Praise student athletes in their attempt to improve themselves as students, as athletes, and as people.
7. Gain an understanding and appreciation for the rules of the contest.
8. Recognize and show appreciation for an outstanding play by either team.
9. Help your child learn that success is oriented in the development of a skill, whether he or she wins or loses.
10. If you as a parent have a concern, take time to talk with coaches in an appropriate manner including proper time and place. Be sure to follow the designated chain of command.
11. Please reinforce our drug and alcohol free policies by refraining from the use of any controlled substance before and during athletic contests or practice.
12. Remember that a ticket to a school athletic event is a privilege to observe the contest.

Be sensible, responsible, and keep your priorities in order. Participating on a school team is a wonderful opportunity to grow physically, socially, and emotionally.
CHESAPEAKE PUBLIC SCHOOLS
SPORTSMANSHIP PLEDGE

STUDENT SPORTSMANSHIP, PARTICIPATION, AND PARENTAL STATEMENT OF UNDERSTANDING

As a participant in the extracurricular activities program at ___________________________ (School Name)
I, ___________________________________, pledge to exhibit good sportsmanship and (student name)
citizenship at school and school-sponsored activities. I understand that violation of the (school name) extracurricular participation policy and/or School Board policy P 9-42 (Sportsmanship Policy), Virginia High School League/Chesapeake Middle School League, or Southeastern District Rules might result in my exclusion from the extracurricular activities by decision of the coach (with the right to appeal to the principal).

Section I: To be completed by the student.

NAME ____________________________ Club/ Sport Fall: ____________________________
(Please print) Winter: ____________________________
Spring: ____________________________

Signature ___________________________________________ Date _________________

Section II: To be completed by parent/guardian.

My signature indicates that I have read and understand the __________________________ (School Name) SPORTSMANSHIP pledge and policies governing scholastic athletics in Chesapeake Public Schools (CPS) provided through the pre-season meeting, or some other means and by my signature, agree that I understand and will abide by the CPS Sportsmanship Policy.

Signature of Parent/Guardian ____________________________ Date _________________

Address__________________________________________________________________

Phone Number: ________________________________

(revised 5/07)
The Chesapeake Public School System is an equal educational opportunity school system. The School Board of the City of Chesapeake also adheres to the principles of equal opportunity in employment and, therefore, prohibits discrimination in terms and conditions of employment on the basis of race, sex, national origin, color, religion, age, or disability.