

## **LMS Athletic Eligibility Form**

1. To be eligible for school activities, a student must be in good standing that is, not on suspension (in or out of school) during the day of the school activity.
2. No student who arrives to school after 8:35 a.m. or who leaves school before the end of the school day will be permitted to participate in a practice, game, meet or match. A student who is absent on Friday will not be allowed to participate in any weekend competition. The administration has the right to grant an athlete permission to participate if the parent/guardian can verify a legitimate reason for missing any part of the school day. (i.e. – Doctors appointment, dentist appointment or family emergency.) The students must then get a pass from the administration allowing him/her to participate. The pass must be given to the coach.  
A student who has been suspended (in or out of school) may not participate in any activity on the day the suspension begins. If the student is suspended for more than one eight period day, then the proceeding policy continues for each day of the suspension.  
In both of the above cases, the student is suspended from the team for the game or practice. *See Discipline Policies.*
3. Students who violate policy JFCH/JFCI regarding possession use and/or transfer of drugs and alcohol on school district property will lose their eligibility to participate in co-curricular activities for 180 days. If the violation occurs off school district property, the athlete shall be suspended for the remainder of that sport schedule.
4. In order to be a member of an athletic team, students must be passing all classes during the previous marking quarter. Students who wish to participate in a fall sport must pass all classes during the fourth quarter marking term. (Exception: Incoming 6th graders start with a clean slate.) Eligibility begins or ends with the distribution of the quarterly report card. Students who fail no more than one course will be placed on probation and required to fill out weekly progress reports for the remainder of the quarter. Students failing 2 or more classes shall be declared ineligible until the next report card is issued.
5. Students are responsible to school first. A student who acts in an inappropriate manner or fails to keep up with her/her class work may be placed on academic probation and would follow the requirements listed above.

**I understand the eligibility requirements stated above.**

Student-Athlete Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

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

## HAZING

It is the policy of the Londonderry School District that no student or employee of the District shall participate in or be members of any secret fraternity or secret organization that is in any degree related to the school or to a school activity. No student organization or any person associated with any organization sanctioned by the School Board shall engage or participate in hazing.

For the purposes of this policy, hazing is defined as an activity which recklessly or intentionally endangers the mental or physical health or safety of a student for the purpose of initiation or admission into or affiliation with any organization sanctioned or authorized by the School Board.

"Endanger the physical health" shall include, but is not limited to, any brutality of a physical nature, such as:

- whipping;
- beating;
- branding;
- forced calisthenics;
- exposure to the elements;
- forced consumption of any food, alcoholic beverage, drug or controlled dangerous substance;
- or any forced physical activity which could adversely affect the physical health or safety of the individual.

"Endanger the mental health" shall include any activity, except those activities authorized by law, which would subject the individual to extreme mental stress, such as:

- prolonged sleep deprivation,
- forced prolonged exclusion from social contact which could result in extreme embarrassment,
- or any other forced activity which could adversely affect the mental health or dignity of the individual.

Any hazing activity upon which the initiation or admission into or affiliation with an organization sanctioned or authorized by the School Board is conditioned, directly or indirectly, shall be presumed to be a forced activity, even if the student willingly participates in such activity.

Examples of behavior that could be considered hazing include being forced to:

1. Destroy or steal property.
2. Be tied up, taped or confined in a small space.
3. Be paddled, whipped, beaten, kicked or beat up others.
4. Do embarrassing, painful or dangerous acts.
5. Be kidnapped or transported and abandoned.
6. Consume spicy or disgusting concoctions.
7. Be deprived of sleep, food or hygiene.
8. Engage in or simulate sexual acts.
9. Participate in drinking contests.
10. Be tattooed or pierced.

This policy is not intended to deprive School District authorities from taking necessary and appropriate disciplinary action toward any student or employee. Students or employees who violate this policy will be subject to disciplinary action which may include expulsion for student and employment termination for employees.

A copy of this policy will be furnished to each student and teacher in the School District.

### Statutory & Regulator References:

RSA 631:7

**LONDONDERRY SCHOOL BOARD**

Adopted: November 30, 2004

**HAZING COMPLAINT PROCEDURE**

1. Administrators, Athletic Coaches, Co-Curricular Advisors will address and review the Hazing Policy and procedure at the start of each season and the initial meeting of each school sponsored extra/co-curricular program. In addition, at least once during each season and/or once during each semester, coaches and advisors of the extra/co-curricular programs will review the policy.
2. When a student believes that s/he has been subject to hazing, the student shall promptly report the incident, orally (and have that reduced to writing) or in writing, to the building principal and/or assistant principal.
3. The principal and/or the assistant principal shall conduct a timely, impartial, thorough and comprehensive investigation of the alleged hazing.
4. The principal and/or the assistant principal shall prepare a written report summarizing the investigation and recommending disposition of the complaint. Copies of the confidential report shall be provided to the complainant, the accused and others directly involved, as appropriate. A confirmed report of hazing will be reported to the Police Department.
5. If the investigation results in a substantiated finding of hazing, the principal shall recommend appropriate disciplinary action, as circumstances warrant, in accordance with the Code of Conduct. Additionally, the accused may be subject to disciplinary action by the coach or sponsor, up to and including removal from the activity.
6. Every student who participates in a sport or extra/co-curricular activity must sign and return the Hazing Policy (JICFA) and accompanying procedure (JICFA-R) prior to the start of the first practice or first meeting of the extra/co-curricular activity.

**LONDONDERRY SCHOOL BOARD**

Adopted: November 30, 2004

PRINT NAME \_\_\_\_\_

SPORT \_\_\_\_\_

I, \_\_\_\_\_ have read and understand the Londonderry School  
Signature of Student  
Hazing Policy JICFA and Hazing Complaint Procedure JICFA-R. Date: \_\_\_\_\_

I, \_\_\_\_\_ have read and understand the Londonderry School  
Signature of Parent  
Hazing Policy JICFA and Hazing Complaint Procedure JICFA-R. Date: \_\_\_\_\_

# LONDONDERRY MIDDLE SCHOOL

## Medical History Questionnaire for Athletic Participation Athlete

Name \_\_\_\_\_ Grade: \_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone: \_\_\_\_\_

Athletes Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

In case of emergency

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_.

Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Known Medical Conditions: \_\_\_\_\_

Allergies to insect bites, food, drug/other? : YES / NO, \_\_\_\_\_

Medical treatment if any:.

1. Please list any significant injuries: \_\_\_\_\_
2. Have you been sick or had any injuries in the past 3 months? YES / NO if yes, please explain: \_\_\_\_\_
3. Have you see or been treated for this injury or illness by a doctor? YES / NO please explain: \_\_\_\_\_
4. Have you ever suffered from a diagnosed concussion? YES/NO If yes, how many and when was the last one? \_\_\_\_\_
5. Have you ever been told by a doctor not to participate in a particular sport? YES /NO if yes, why? \_\_\_\_\_
6. Do you have any medical conditions such as asthma, diabetes, heart-related conditions that the coach/school nurse should be aware of? YES / NO If yes what? \_\_\_\_\_
7. If you have a medical condition which requires medication please advise the coach/school nurse: (asthma inhalers/insulin/bee-sting kits, etc.) \_\_\_\_\_
8. Are you required to wear any protective devises such as knee / ankle braces, etc.? YES / NO if yes, what? \_\_\_\_\_
9. Are you missing or do you have impairment of any paired organs? YES / NO if yes, what? \_\_\_\_\_

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Parent or Guardian Permission for Sports Participation I hereby agree that the above statements of medical history are accurate, and give my consent for this student to participate in athletics at Londonderry Middle School. I will provide any special medications / medical supplies specific to a medical condition for my child to be kept in the team's medical kit (i.e. second inhaler, epi-pen). Medications, along with physician authorization, should be given to the school nurse.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Parental Consent Form

Signatures are required for the information you received in your athletic department packet. This includes the athletic agreement, risk acknowledgment statement, consent to treat and medical history questionnaire. These signatures are good for the current school year. The athletic office must be notified of any changes in status of the athletes' emergency information or injury / illness status.

1. **Athletic Agreement:**  
I, the parent / guardian and athlete have read, understand and agree to the requirements listed in the athletic agreement (goldenrod form)
  
2. **Medical History / Emergency Information:**  
I, the parent / guardian, athlete have filled out the medical history and emergency information form (pink form) and agree that the information provided is correct / accurate and true to the best of my knowledge. I give consent to my athlete to participate in the athletic programs offered at Londonderry High School.
  
3. **Consent to Treat:**  
I understand that Londonderry High school employs a Certified Athletic Trainer who is qualified to assess, treat, and rehabilitate most injuries my son or daughter may incur while participating in our interscholastic athletic programs. I give permission for the Athletic Training Staff to assess, treat, rehabilitate and refer this athlete to a physician or emergency room as appropriate.
  
4. **Risk Acknowledgment Statement:**  
I understand the risks involved in athletics range from minor to severe. I recognize the possibility that my child might die, become paralyzed, suffer from brain damage or other serious, permanent injury as a result of participating in sports. I realize that neither the protective equipment and padding used in the sport, the safety rules and the procedures of the sport, the coaching instruction received, nor the athletic training care provided to athletes will guarantee safety or prevent injuries they might sustain. I further agree to accept these risks as a condition of my child's participation in this sport. I agree not to hold the Londonderry School District, its coaches, or athletic training staff responsible for any injury, loss, or damage that occurs to my child as a result of sports participation.
  
5. A participant in the Interscholastic Athletic Program must be covered by an insurance policy. The accident policy offered to students by the school is acceptable for all sports

I have read, fully understand and agree to all of the above statements 1-5 and I do not have any questions.

I understand that by signing this form, this covers any sport my athlete participates in for the school year.

Athlete's Name: \_\_\_\_\_ (please print)

Parent / Guardian Name: \_\_\_\_\_ (please print)

Athlete's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_.

This form is not valid unless both athletes and parent/ guardian signatures are obtained.