

Ramstein American High School Athletic Department

PARENT AUTHORIZATION / INFORMATION FOR SPORTS TRIPS

Please Print All Information

Student Name: _____

Last Name

First Name

Grade: _____

Sport: _____

Passport Number: _____

Sponsor: _____

Last Name

First Name

Sponsor's Unit: _____

Living Quarters Address: _____

APO Address: _____

Home Phone: _____ Duty Phone: _____

Cell Phone: _____

Mail: _____

Emergency Contact other than Sponsor:

Name: _____

Home Phone: _____ Cell Phone: _____ (Sunday-Saturday)

Permission is given for my dependent to participate in athletic competition and trips.

Date

Signature of Parent/Sponsor

RAMSTEIN HIGH SCHOOL
UNIT 3240 BOX 445
APO AE 09094

ATHLETIC CODE of CONDUCT

(Revised August 2010)

I, _____, agree to the following stipulations of the Ramstein High School Athletic Code. I understand that any violations of this code or the Interscholastic Athletic Program (IAP) Manual, (DoDDS-E Manual 2740.2), may result in my suspension or dismissal from the team.

1. My conduct, on and off the field of play, will always reflect the highest standards of sportsmanship and ethical behavior. I will show pride in my school and team, and will always conduct myself in a manner that will make my school, my team, and my coaches proud of me.
2. I will treat my coaches, teammates and competitors with respect and dignity.
3. In order to earn an athletic letter, I must finish each season in good standing and meet the established criteria, as set forth by my coach.
4. I will maintain a clean and well-groomed appearance and wear appropriate attire for all athletic competitions.
5. I agree to refrain from the possession and/or use of all tobacco products, alcoholic beverages and narcotic substances during the sports season. First offense will result in suspension from the team and from competitions IAW the "Controlled and Mind Altering Substance Policy" of the IAP; re-instatement, where allowed, requires showing proof of attending one counseling session and attending at least two more counseling sessions within the next three weeks. A second offense during the school year will result in removal from athletic participation for the remainder of the school year.
6. I acknowledge that I am expected to participate in all practices and competitions of my team. I further acknowledge that participation in non-DoDDS sports may conflict with this expectation. I will choose my DoDDS team first. Otherwise I risk dismissal from my DoDDS team.
7. I must be in school the entire day before an athletic competition. If I have an unexcused absence from school, I will not participate in scheduled practice or competitions that day. If I have an unexcused absence on a Friday, I will not participate in the competition during that weekend unless the competition is scheduled for both Friday and Saturday. In this case I will not participate in the Friday competition but I will be eligible to participate on Saturday.
8. If I sustain an injury, which requires a doctor's attention, I will obtain written approval from both the doctor and my sponsor in order to train and play again.

9. If I am suspended from school, at a minimum I will not participate in the next competition, and I understand I could be dismissed from my team for my action.
 10. I will follow the DoDDS-E Manual 2740.2, Section 9 regarding academic/athletic eligibility policy.
 11. I will take personal responsibility for the care of all equipment issued to me. I will return the equipment in reasonable condition within 3 days after the end of the season or within 3 days of any removal or resignation from the team. I will not participate in any other sport unless my equipment is returned. I will pay for any lost or damaged items.
 12. I will travel to and from all away games with the team and coach, unless a written request is provided to the coach who will authorize my release to the custody of my sponsor. This authorization must be received in advance.
 13. I will complete a Physical Examination, Power of Attorney, and this Athletic Code form prior to participation in any interscholastic athletic activities.
 14. The Chain of Command for appeals is as follows; Coach, Athletic Director, Athletic Council, and Administration.
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I have read, understood and hereby agree to the conditions set forth in the Athletic Code of Conduct of Ramstein High School.

Student: _____ Date: _____

Sponsor: _____ Date: _____

DoDDS-EUROPE - DRUG & ALCOHOL POLICY

The possession, use, or sale of controlled or mind-altering substances, tobacco, alcoholic beverages, hallucinogenic drugs, inhalants, or combination of drugs or paraphernalia expressly prohibited by federal, or local laws, including prohibited substances which shall include those substances possessed, sold, and/or used that are held out to be, or represented to be, controlled substances by any student are prohibited.

- A. 1. Members of an athletic team who, during the season (the 1st day of practice through the awards ceremony), violate the controlled substance policy during the school day, on or off school property (to include while riding to or from school, school events or school buses) or while attending/participating in a DoDDS-E function under the jurisdiction of the school, will be removed from the team for the remainder of the season.
- 2. Violations occurring during the post season championships (to include qualifying tournaments) will result in suspension from participation in the next sports season.
- 3. 2nd Offense during the school year: Team member is removed from athletic participation for the remainder of the school year.

- B. 1. Members of an athletic team who, during the season, possess/use tobacco and/or alcohol – outside of the time and events stated above in point A, are subject to the following:

- a.) 1st Offense during the school year: Team member is suspended from all competition for the next seven calendar days. If the suspension occurs during a time period when games are not scheduled, the team member will miss the next scheduled competition. If traveling on an overnight trip, team member will miss the entire weekend of competition.

For the team member to be reinstated to the team, the student-athlete must show proof of attending one counseling session and scheduling and attending at least two more counseling sessions within the next three weeks. If the offense occurs at the end of a sport season, the seven calendar days and one athletic competition will be carried over to the next season that the athlete participates.

- b) 2nd Offense during the school year: Team member is removed from athletic participation for the remainder of the school year.

*** Violations to the Drug and Alcohol Policy are cumulative for the entire school year. They do not start over each sports season. ***

Parent/Guardian Signature _____

Student-Athlete Signature _____

Date _____

DODDS-EUROPE
ACKNOWLEDGEMENT OF INHERENT RISK OF INJURY

I give permission for _____ (name of child/ward) to participate in any of the following sports that are **not** crossed out: baseball, basketball, cheer, cross country, football, golf, marksmanship, soccer, softball, tennis, track, volleyball, wrestling.

I am aware that with the participation in high school 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/collision sports carrying the higher risk. I also understand that it is not possible to specifically list each and every individual risk, but that most activities may involve risks associated with strenuous exercise, as well as risks from the use of equipment or participation in group activities.

I acknowledge that we will either ask for or have been given any information that we need to determine the general risks associated with the activities in which my son/daughter will participate.

Name of Sponsor: (Print Name) _____

Signature of Sponsor: _____ Date: _____

SPORTS PHYSICAL

H.12.3

APPLICATION TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS MEDICAL CERTIFICATE TO BE COMPLETED BY EXAMINING PHYSICIAN

| | | | |
|----------------------------------|------------|----------------------|-------|
| STUDENT'S NAME (LAST, FIRST, MI) | | SCHOOL | GRADE |
| DATE OF BIRTH | HOME PHONE | SPONSOR'S DUTY PHONE | |

STUDENT'S APPLICATION
 I AGREE TO NOTIFY MY SPORTS COACH OF ANY CHANGES IN MY HEALTH STATUS, TO INCLUDE ANY MEDICATIONS I MAY TAKE OR STOP TAKING. THIS APPLICATION TO PARTICIPATE IN ATHLETICS AT THE ABOVE SCHOOL IS MADE WITH THE UNDERSTANDING THEI HAVE NEVER RECEIVED ANY MONEY FOR PARTICIPATION IN ATHLETIC EVENTS AND THAT I HAVE NEVER COMPETED UNDER AN ASSUMED NAME. AFTER I HAVE REPRESENTED MY SCHOOL IN ANY SPORT, I PROMISE NOT TO COMPETE IN ANY OUTSIDE ATHLETIC CONTEST IN THIS SPORT UNTIL AFTER THE SCHOOL SEASON HAS BEEN COMPLETED.

| | |
|------|----------------------|
| DATE | SIGNATURE OF STUDENT |
|------|----------------------|

PARENT OR GUARDIAN PERMISSION
 I HEREBY GIVE MY CONSENT FOR THE ABOVE STUDENT TO HAVE A MEDICAL EXAMINATION (SPORTS PHYSICAL) PERFORMED BY LOCAL U.S. MILITARY HOSPITAL/CLINIC PERSONNEL, TO ENGATGE IN INTERSCHOLASTIC ATHLETICS AT THE ABOVE SCHOOL IN THE APPROVED SPORT(S) CHECKED BELOW, AND TO ACCOMPANY THE TEAM AS A MEMBER ON ITS SCHEDULE TRIPS.

| | | |
|-------|-------------------------------------|----------------------------------|
| DATE: | PRINTED NAME OF PARENT OR GUARDIAN: | SIGNATURE OF PARENT OR GUARDIAN: |
|-------|-------------------------------------|----------------------------------|

| <u>MEDICAL CERTIFICATE TO BE COMPLETED BY EXAMINING PHYSICIAN</u> | YES | NO |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| General health is satisfactory? | | |
| Is visual correction required for competition? Glasses / Contacts Visual Acuity: right /left Tested with/without correction | | |
| Is there a bridge or false teeth? | | |
| Are immunizations current? If no, list immunizations received. | | |
| Are there health problems that should be evaluated or treated before participating in competitive sports? Explain: | | |
| Is applicant's blood pressure normal? BP / Pulse | | |
| Are there medical conditions that may affect participation? (asthma, diabetes) Please advise: | | |
| Are there medications that may be required for participation? If so please complete medication form. | | |

| | | |
|----------------------------------------|------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Golf | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Soccer | |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Swimming | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Tennis | |
| <input type="checkbox"/> Football | <input type="checkbox"/> Track and Field | |

I have examined _____ and find him/her to be physically able to compete in the supervised athletic activities checked above. This certificate is valid for one year from date indicated below.

| | | |
|-------|--------------------------------------|-----------------------------------|
| Date: | PRINTED NAME OF EXAMINING PHYSICIAN: | SIGNATURE OF EXAMINING PHYSICIAN: |
|-------|--------------------------------------|-----------------------------------|