

**GRAND FORKS PUBLIC SCHOOLS  
SCHOOL ACTIVITIES - CODE OF CONDUCT  
2019-20 School Year**

Participating in a Grand Forks Public Schools activity program is a privilege which requires students to uphold high standards of citizenship, conduct, and appearance that are appropriate for the students who represent Grand Forks Public Schools and the community of Grand Forks. To participate in a school activity, parents/guardians and students must sign this code and accept the terms, conditions, and rules set forth by Grand Forks Public Schools, the North Dakota High School Activities Association (NDHSAA), and the coach/advisor of each activity.

**\*\*\*All Code sheets, physical forms, and participation fees must be turned into the High School office. Students will not be allowed to participate until a White Athletic Card has been given to the head coach.** Refer to the student handbooks for more information regarding code of conduct forms, physical examination guidelines, or participation fees.

**CITIZENSHIP/SPORTSMANSHIP:** Refer to the student handbooks for sportsmanship expectations.

**SCHOLASTIC ELIGIBILITY** –Refer to the student handbooks for the policies at Central and Red River High Schools.

**SUSPENSIONS AND EXPULSIONS:** Refer to the student handbooks for procedures regarding both in-school and out-of-school suspensions as well as student expulsions.

**SCHOOL ATTENDANCE** - At the high school level, a student must be in attendance at school by the start of period 4, 10:50am, on the day of a competition, event, or performance unless prior approval is given by a building principal.

**SPECIFIC TEAM/ACTIVITY RULES:** Individual programs may have additional training rules/regulations that apply to students. Program participants will be made aware of any specific program rules/regulations that exist. The Athletic Director will approve specific program rules. Ability alone does not guarantee a position in any activity. Dedication, cooperation, practice, teamwork, fundamentals, and respect for team/activity rules are required.

**These team specific rules will include information regarding practice and game/event attendance.**

**INJURIES:** Grand Forks Public Schools will ensure that competent coaches/advisors, safe facilities, and safe equipment are utilized. Nevertheless, injuries may still occur. If an injury occurs, notify the coach/advisor. **MEDICAL COSTS FOR INJURIES ARE NOT THE RESPONSIBILITY OF GRAND FORKS PUBLIC SCHOOLS.** Grand Forks Public Schools does not carry insurance to cover costs involved in an injury. Injury costs are the responsibility of participants and/or their parents/guardians.

**ALCOHOL, TOBACCO, AND DRUGS:** Use or possession of tobacco, alcohol, or other controlled substances defined by North Dakota law is prohibited. See the student handbooks for specific violation procedures per NDHSAA and GFPS policies to begin at the time of *notification* of the violation.

**GENERAL CONDUCT:** Any conduct deemed detrimental to the team, both during the season and out of season, will result in consequences on a case by case basis at the discretion of applicable administrators and coaches. These consequences could include, but are not limited to, loss of playing time, loss or ineligibility for awards, game suspensions, or removal from the team.

\*\*\*Inappropriate usage of social media outlets falls under this guideline.

**TRANSPORTATION GUIDELINES:**

1. All participants are **required** to ride the district provided transportation. At no time may students drive themselves to a contest. In few instances, parents may be allowed to transport their athlete, but it has to be cleared through the building principal prior to the event.
2. We encourage all athletes to ride home with their team. However, if a parent wishes to bring their athlete home, that parent must make a face to face contact with the designated travel coach after the game to sign the release form. If someone other than a parent needs to take the athlete after the game, the parent must first call the building principal prior to the game to notify the principal of travel arrangements. If okayed, the responsible adult taking the athlete home must make a face to face contract with the designated travel coach after the game to sign the release form.
3. **Head Coaches have 100% autonomy in deciding whether or not to release athletes to any adult: parent or otherwise.** If the coach determines that releasing the student is a safety risk for any reason, that student will ride home with the team. We apologize for any inconvenience this may cause, but we will not put our student athletes in a potentially dangerous situation.
4. A student who is suspended for any reason is not allowed to travel with the team.

**SPECIAL NOTES:**

-The Code of Conduct is in effect for the entire school year, including practice or events before or after school begins and ends, for all students whether or not they are currently in an activity. These regulations are in effect for co-op students from other school districts, as well.

-Entire, detailed policies governing school activities sponsored by GFPS can be found in student handbooks.

## COMMUNICATION GUIDELINES

The following are communication guidelines put in place by the Grand Forks Public School's athletic department. All coaches, parents, and athletes are expected to follow these guidelines.

### Communication Parents Can Expect From a Coach:

1. Philosophy of the coach
2. Expectations of the athlete and the team
3. Location of all practices and games
4. A copy of the team rules

\*\*\*Discussion of your son's or daughter's role on the team will be between the coach and the athlete only.

### Communication Coaches Expect From Parents:

1. Concerns related to your son or daughter's mental, physical, or emotional well-being
2. Specific questions about a coach's expectations of parents
3. Notification of any injuries or illnesses
4. Prior notification of any student absences from practices or games

### APPROPRIATE Parental Concerns to Discuss with Coaches:

1. Mental or physical treatment of your son/daughter
2. Ways in which you can help your son/daughter improve
3. Concerns about your son/daughter's behavior

### INAPPROPRIATE Parental Concerns to Discuss with Coaches:

1. Playing Time  
\*Playing time discussions will be between the coach and athlete only.
2. Team Strategy
3. Play Calling
4. Team Selection
5. Another Athlete

**If a conversation with a coach turns to any of those five topics, our coaches are instructed to immediately end the discussion. Parents can reschedule a meeting with the coach to continue an appropriate discussion at a later date. Further, any vulgarity, rude behavior, or threats will signal an immediate end to any discussion.**

**24 Hour Rule:** Because coaches have much to think about prior to a game and are highly emotional following a game, we ask that parents do not confront a coach with any concern within 24 hours before or after a game. Often, these confrontations will lead to emotionally charged discussions that bring no resolution. Waiting 24 hours after the conclusion of a game will allow both the parent and the coach time to "cool down" before discussing a concern.

## ENGAGEMENT GUIDELINES

\*\*These guidelines do not include concerns about the mental, physical, or emotional well-being of the student. If a parent has a concern about any of those areas, please contact the athletic director immediately.

1. Communication regarding any other extra-curricular conflict will begin strictly between the student and the coach/advisor. The athletic director will not discuss any concern that hasn't already been discussed between the student and coach/advisor.
2. If the conflict continues, the student, coach/advisor, and athletic director can meet to further discuss the issue. Depending on the concern, this meeting may also include the parent(s).
3. If the conflict continues, the parent may meet with the athletic director. **\*\*ANY DISCUSSION REGARDING AN EXTRA-CURRICULAR CONFLICT WILL BE PASSED ALONG TO BOTH THE STUDENT AND THE COACH/ADVISOR INVOLVED – INCLUDING PHONE AND EMAIL COMMUNICATIONS.**

**It is important to note that the Grand Forks Public Schools athletic department does not guarantee a resolution to all extra-curricular concerns. Further, not all concerns will be granted a step #2 or #3 meeting at the discretion of the athletic director.**

**GRAND FORKS PUBLIC SCHOOLS - SCHOOL ACTIVITIES  
CODE OF CONDUCT AND MEDICAL CARE RELEASE**

**2019-20 Code of Conduct**

**Our signatures at the bottom of the page indicate that I (student) and we (parents/guardians) have closely read the Grand Forks Public Schools Code of Conduct for School Activities and acknowledge our acceptance and willingness to observe the code of conduct and follow its rules and regulations.**

We (student and parents/guardians) further acknowledge that we (student and parents/guardians) have been properly advised, cautioned, and warned by the administration and advisors/coaches of the Grand Forks Public School District that by participating in school activities exposes oneself to the risk of serious injury including but not limited to sprains, fractures, ligament and /or cartilage damage which could result in a temporary or permanent, partial, or complete impairment in the use of any limb, brain damage, paralysis, or even death. Having been so cautioned and warned of the risk of injury, it is still my (student) desire to participate in school activities and we (parents/guardians) give our consent for our child to participate in any and all Grand Forks Public Schools Activities.

\_\_\_\_\_ **(Parent)** My (our) initials on the line indicate that I have read and understand the concussion materials  
\_\_\_\_\_ **(Parent)** provided to me within these Code of Conduct Sheets.

\_\_\_\_\_ **(Student)** My initials on the line indicate that I have read and understand the concussion materials provided to  
me within these Code of Conduct Sheets.

\_\_\_\_\_ **(Parent)** My (our) initials on the line indicate that I (we) have read and understand the communication  
\_\_\_\_\_ **(Parent)** guidelines used by the Grand Forks Public Schools athletic department.

\_\_\_\_\_ **(Parent)** My (our) initials on the line indicated that I (we) have read and understand the communication  
\_\_\_\_\_ **(Parent)** engagement guideline process used by the Grand Forks Public Schools athletic department.

\_\_\_\_\_ **(Parent)** My (our) initials on the line indicate that I (we) have read and understand the Transportation  
\_\_\_\_\_ **(Parent)** Guidelines used by the Grand Forks Public Schools athletic department.

\_\_\_\_\_ **(Student)** My initials on the line indicate that I have read, or will read when it's provided, my student handbook to view all  
Grand Forks Public Schools Activities policies not included in their entirety within the Code of Conduct sheets.

**Emergency Medical Care Release**

We (parents/guardians) do hereby grant permission to the attending physician and/or emergency medical personnel to carry out any and all necessary medical and/or first aid procedures in the case of an emergency. We (parents/guardians) understand that every effort will be made to contact us before any procedures are carried out, if possible. However, we understand that there may be a situation in which the emergency care must be undertaken immediately by the attending physician and/or emergency medical personnel. We hereby give our consent to the above mentioned medical personnel to carry out such procedures if immediately necessary.

We (parents/guardians) further acknowledge that the Grand Forks Public School District does not carry or provide medical insurance to participants in school activities who may be injured or become ill while participating in a Grand Forks Public School District sponsored activity. All such costs are the responsibility of the parents/guardians.

Date \_\_\_\_\_

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

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

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

**GRAND FORKS PUBLIC SCHOOLS  
EMERGENCY MEDICAL AUTHORIZATION**

<hr/> Student's Name	<hr/> Date of Birth	<hr/> Student Cell Phone	<hr/> Grade
<hr/> Address	<hr/> Zip Code	<hr/> Home Phone	<hr/> Gender
<hr/> Mother/Guardian	<hr/> Cell Phone	<hr/> Email Address	
<hr/> Father/Guardian	<hr/> Cell Phone	<hr/> Email Address	
<hr/> Custodial Parent	<hr/> Alternate Emergency Contact	<hr/> Best Phone Number(s) for Alt. Contact	

**MEDICAL PROVIDERS**

Preferred Physician: \_\_\_\_\_ Preferred Clinic: \_\_\_\_\_

Clinic Phone Number: \_\_\_\_\_

Preferred Dentist: \_\_\_\_\_ Preferred Dental Clinic: \_\_\_\_\_

Dental Clinic Phone Number: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Alternate Insurance (if app.): \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Please list any necessary information regarding the following items in the student's background:**

Physical Restrictions: \_\_\_\_\_

Significant Medical Issues: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Surgical History: \_\_\_\_\_

\_\_\_\_\_

<hr/> Date	<hr/> Signature of Parent/Custodian
<hr/> Date	<hr/> Signature of Parent/Custodian



# Concussion Fact Sheet for Parents and Athletes

## What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body
- Can change the way your brain normally works
- Can occur during practices or games in any sport or recreational activity
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been "dinged" or "had your bell rung."

*All concussions are serious.* A concussion can affect your ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most people with a concussion get better, but it is important to give your brain time to heal.

## What are the signs and symptoms?

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury.

Signs Observed by Parents or Guardians	Symptoms Reported by Athlete
<ul style="list-style-type: none"> <li>• Appears dazed or stunned</li> <li>• Is confused about assignment or position</li> <li>• Forgets an instruction</li> <li>• Is unsure of game, score, or opponent</li> <li>• Moves clumsily</li> <li>• Answers questions slowly</li> <li>• Loses consciousness (<i>even briefly</i>)</li> <li>• Shows mood, behavior, or personality changes</li> <li>• Can't recall events <i>prior</i> to hit or fall</li> <li>• Can't recall events <i>after</i> hit or fall</li> </ul>	<ul style="list-style-type: none"> <li>• Headache or "pressure" in head</li> <li>• Nausea or vomiting</li> <li>• Balance problems or dizziness</li> <li>• Double or blurry vision</li> <li>• Sensitivity to light or noise</li> <li>• Feeling sluggish, hazy, foggy, or groggy</li> <li>• Concentration or memory problems</li> <li>• Confusion</li> <li>• Just not "feeling right" or is "feeling down"</li> </ul>

## How can I prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Use the proper sports equipment, including personal protective equipment. In order for equipment to protect you, it must be:
  - The right equipment for the game, position, or activity
  - Worn correctly and the correct size and fit
  - Used every time you play or practice
- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

**It's better to miss one game than the whole season.**

For more information visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

## **What should you do if you think you suspect a concussion?**

### **1. Keep out of play.**

If an athlete has a concussion, her/his brain needs time to heal. Don't return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says the athlete is symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.

**2. Seek medical attention right away.** A health care professional experienced in evaluating for concussion will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.

### **3. It's not smart to play with a concussion.**

Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let the athlete convince you that s/he's "just fine."

### **4. Tell the coaches, athletic trainers, and school nurse about ANY concussion.**

Coaches, athletic trainers, school nurses, and other school staff should know if the athlete has ever had a concussion. Activities may need to be limited while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your teen's coaches, athletic trainer, school nurse, and teachers. If needed, they can help adjust your teen's school activities during her/his recovery.



## **ImPACT Concussion Management**

Grand Forks Public Schools, in conjunction with Altru Health System, have implemented a tool called ImPACT to help with the management of concussions and to develop safe return-to-play guidelines.

ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) is a research based computer test developed to help evaluate an athlete's recovery following a concussion. Each athlete is given a baseline test before the season. When a concussion is suspected during the season, a follow-up test is administered to see if the results have changed from the baseline. This comparison helps to direct the management of the concussion. Follow up tests can be taken over days/weeks to continue to track the athlete's recovery. Conducting baseline and post-injury neurocognitive testing using ImPACT helps to objectively evaluate an athlete's cognitive status to prevent the cumulative effects of concussion.

Athletes, in 7<sup>th</sup> to 12<sup>th</sup> grade, participating in contact and limited contact sports will be given a baseline test every two years. Contact and limited contact sports are football, soccer, volleyball, diving, wrestling, gymnastics, basketball, hockey, pole vault, high jump, baseball, softball and cheerleading.

ImPACT has been studying sports-related concussion for over fifteen years. If an athlete in a non contact sport gets a concussion, then ImPACT has a normative database of thousands of non-injured athletes, which can be used for evaluation and comparison.

**It's better to miss one game than the whole season.**

For more information visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

# Grand Forks Public Schools

## Concussion Management Information Verification

The Grand Forks Public Schools is providing the attached concussion management information as required by North Dakota State Law (NDCC 15.1-18.2). The statute requires that each student and their parent/guardian shall document that they have viewed information regarding concussions that may be incurred by students participating in athletic activities. This form must be signed and returned to the coach/school prior to the athlete beginning practice. By signing below, the student and their parent are verifying that they have reviewed the concussion information.

*For student 7<sup>th</sup>-12<sup>th</sup> grade participating in contact and limited contact sports:*

Permission is granted to have baseline test and post-concussion ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) Test. I understand that after a concussion the student may be tested more than once depending upon the results of the test when compared to the baseline test. I understand there is no charge for the testing. I understand that general information about the test data may be provided to my child's guidance counselor and teachers, for the purposes of providing temporary academic modifications, if necessary. By signing below, the student and their parent are giving consent for cognitive testing.

I have reviewed the attached concussion management information and give consent for cognitive testing.

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Athlete's Name \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

**PLEASE RETURN THIS SIGNED VERIFICATION FORM  
TO YOUR COACH OR SCHOOL OFFICE.**

