

**GRAND FORKS PUBLIC SCHOOLS
SCHOOL ACTIVITIES - CODE OF CONDUCT
2017-18 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**

2017-18 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