

**MIDDLE SCHOOL ACTIVITIES  
PARTICIPATION BOOKLET  
2020-21 SCHOOL YEAR**



**BELGRADE SCHOOL DISTRICT #44  
BELGRADE MIDDLE SCHOOL  
GRADES 5-8**

**Please go to [www.bsd44.org](http://www.bsd44.org) and read the Middle School Activities Policy that governs all Belgrade Middle School activities. After reading its contents, download and print the Student/Athlete & Parent/Legal Guardian Signature Booklet and return to the Middle School Office along with Participation Fee.**

**Physicals must be dated on or after May 1, 2020 per MHSA rules. Physical exams must be completed prior to the first practice and are only good for ONE school year.**



TO: Parents of Student/Athletes  
FROM: Dave Smith, Director of Activities  
RE: Sports Participation Forms

Thank you for allowing your son or daughter to participate in our Activities Program. The Activities Program is designed to enhance the educational process by helping them to experience the many challenges that present themselves in interscholastic competition or by being involved in extracurricular activities. Our programs are for the student's enjoyment and growth. The coaches, sponsors and I look forward to the opportunity to serve them.

If you have any questions, please call the Middle School Office 924-2207, or the Middle School Activities Office at 924-2274.

Student-athletes are required to get a physical and complete a participation booklet each school year. **Please read all the information carefully, sign where appropriate, and turn in the entire Signature Booklet with the appropriate fees to the Middle School Office before the first day of practice.** The Middle School Office is open from 8:00 am to 4:00 pm Monday through Friday.

**THIS BOOKLET WITH THE PHYSICAL AND FEES ARE REQUIRED EVEN FOR TRYOUTS!**

**Both Students and Parents Must Sign and Date the following pages found online in the back portion of the Middle School Activities Participation Handbook.**

Acknowledgement of Activity Policies/Informed Consent and Insurance Status Verification Form  
Medical Treatment/Release form

\*Physical Form - Student signature on front and parent signature on back

\*Student-Athlete & Parent/Legal Guardian Concussion Statement

**\*= Needed for athletic participation only**

**PHYSICALS MUST BE COMPLETED BY A PHYSICIAN, PHYSICIAN ASSISTANT, OR NURSE PRACTITIONER DATED MAY 1, 2020 OR AFTER.**

**The participation fees may be refunded to students who do not make the team or choose to drop the sport prior to the 1<sup>st</sup> competition date. Refunds are not automatically mailed out. Students or parents must contact the Middle School Office to request a refund. Refunds will be issued by the school finance office and mailed directly to the parent on file – please check to make sure this information is correct. *Thank you for your support and cooperation!***

**CoVid19 Disclaimer:** Belgrade School District will consider national, state and local guidelines regarding safety practices and CoVid19. In consideration of these guidelines, policies and procedures in this handbook are subject to change in order to ensure the safety of students and staff.

# **ACTIVITIES POLICY BELGRADE SCHOOL DISTRICT #44**

## **I. PHILOSOPHY**

The Belgrade School District provides a wide range of extra-curricular activities for both boys and girls. Participation in these activities is voluntary. We feel participation in these activities can bring students many rewards. Participation requires the student to make a commitment to the activity, submit to the discipline of the coach, activities director, or advisor, and develop self-discipline to be successful. Participation requires considerable mental discipline and/or physical exertion and conditioning, as well as adherence to training rules and team or group regimens.

We feel involvement in school activities provides students with an opportunity to be involved in a constructive endeavor. Students who are involved in activities tend to be good citizens and perform better in the academic arena. They go away from their high school careers with a more positive feeling about their experiences. We believe parents should encourage their children to get involved in these activities as well as support them as they experience the challenges of their chosen endeavors.

## **II. PURPOSE**

Belgrade School District believes that participation in extracurricular activities is a privilege extended to students who are willing to make a commitment to adhere to the rules that govern the program. It is the district's belief that participation in organized activities can contribute to the all-around development of young men and women and implementation of the rules will serve the following purposes:

1. To emphasize concern for the health and wellbeing of students.
2. To provide a chemical-free environment that will encourage development of a healthy life-style.
3. To promote self-discipline and a commitment to excellence among students.
4. To confirm and support existing state laws which prohibits use of mood-altering chemicals and performance enhancing drugs.
5. To emphasize standards of conduct in our students who, through their participation, are leaders and role models for their peers and younger students.
6. To assist students who desire to resist peer pressure, which often directs them toward the use of chemicals.

## **III. POLICY COVERAGE**

The provisions of this policy include all students who are participating in any activity that is in addition to classroom instruction and have no bearing on course credit. This includes all athletics or any co-curricular clubs sponsored by Belgrade Schools. The adherence to this policy begins on the first day of their participation in any activity.

#### IV. ACADEMIC ELIGIBILITY FOR PARTICIPATION

##### **Belgrade Schools further stipulate:**

1. **Belgrade Middle School Requirement:** A student must receive a minimum of a 2.0 GPA during the preceding quarter in which the student was in attendance. Failure to meet this requirement will result in 10 school days of ineligibility for the following quarter. In either situation at the end of the 10 school days a progress report will be used to find if the student has improved his/her academic performance. If the progress report indicates that he/she has not received a 2.0 GPA he/she will remain ineligible for the rest of the quarter. If his/her GPA is above a 2.0 GPA the student will become eligible as soon as the student's grades have been approved by an administrator. This applies to transfer students also. Academically ineligible participants will be expected to practice, but will not be allowed to participate in games, meets, or performances or travel with the team or group.
  
2. **Weekly "F" Policy:** In-season coaches will print out an Activity Eligibility Report every week during the season. This report will show all participants with a failing grade in any class. If a participant appears on this report, they will have one probationary week to pull up their grade from an "F" to a passing grade. If their name appears on the list the following week in any class, student/athletes will be expected to attend practices, but will not be allowed to compete or travel with the team until the grade is brought up to passing. Students and parents should continually monitor "Infinite Campus" so they are aware of what their Student athletes' grades are in each class.
  
3. **VIP (Very Important Practice)** Student/athletes will be held to the same criteria for the VIP list as in the F policy. Weekly checks of the VIP list will be made and the first week on the list, the student will be on probation (full participation), but if on the list a second consecutive week the player will be expected to attend all practices, but will not be allowed to compete or travel with the team until the grade is brought up to passing.
  - A. **Physical Exam:** Physical examination forms must be completed and turned in for all athletic activities before the student can begin practices. The current physical exam form is found in the participation booklet available on-line on or district's home page or at the Belgrade Middle School Office.
  
  - B. **Parent Meeting:** Parents/guardians and students participating in an activity are invited to attend an informational meeting to discuss and sign the activities policy. Parents are asked to attend these meetings for each activity. Family members and fans of Belgrade Middle School student/athletes agree to serve as positive role models, treat all involved with respect, be supportive and encouraging. There will be no toleration of unsportsmanlike behavior and if such behavior occurs this person will be asked to leave immediately and may also lose permission to attend future events.
  
  - C. **School Absences:** Absences from school and participation in practices, games, meets or performances.

1. If you are absent from school for a school sponsored event you can practice, play in a game, or take part in a performance that day.
2. If you are absent from school for a limited number of periods for a medical, dental, optometrist, etc. appointment you can participate with approval from the administration (principal, vice principal, or the activities director). A written excuse from the doctor is required.
3. You may attend practice, play in games, or participate in performances with administrative approval if absent for a court appearance, bereavement, a family emergency, or some other reason deemed acceptable by the administration.
3. If you are home sick and do not come to school for all or part of the day or are absent from any class (excused or unexcused) you cannot practice, play, or participate in performances. It is not in the best interest of our participants to be practicing when sick.
4. If you are in school but are absent from class for reasons deemed unexcused, you may not participate in games, practices, or performances that day.

D. **School Suspension:** School suspension includes suspension from school sponsored extracurricular activities. This will be treated as an unexcused absence from the activity.

E. **Participation Fee Required:** All students participating in middle school athletics will be required to pay a \$50 per sport activities in 7<sup>th</sup> & 8<sup>th</sup> grades and \$25 in 5<sup>th</sup> & 6<sup>th</sup> grades. The money raised from this fee helps with the financial support of the activity that the student benefits from, though it pays for only a small portion of the actual expenses of the activity. (Scholarships are available. Please inquire at the Middle School Office!) *Instructions for online payment is at the back of this booklet on the Dragon Fly page.*

## V. CODE OF CONDUCT

All participants shall abide by a code of conduct, which will earn them the honor and respect that participation and competition in the interscholastic program affords. Any conduct that results in dishonor to the student, team, group, or the school will not be tolerated.

**Behavioral Expectations:** All activities participants will be expected to conform to all rules of conduct formulated by the coaches/advisors/directors, activities director, administration, and school board, including all expectations outlined in the Belgrade Middle School Student Handbook. Participants may be suspended from the squad or group for any action unbecoming of a participant representing Belgrade Schools. Activities participants should conduct themselves in an exemplary manner at all times. Belgrade Schools adheres to MHSA guidelines relating to the behavior of participants and spectators.

A. **Travel Requirements:** All participants must travel to and return from all out of town activities with the team unless prior written permission is asked by their parents and

granted by the administration. **Participants will be released to travel with their parent/guardian only, after signing out with their coach/sponsor.**

- B. **Practice Expectations:** All participants must attend all practices unless excused ahead of time by the coach/advisor/director. Unexcused absences will result in disciplinary actions as determined by the coach/advisor/activity director.
- C. **Injuries:** All injuries are to be reported immediately to the coach/advisor/activity director regardless of the nature of the injury. The coach/advisor/director will fill out an accident report form and file it in the principal's office within one (1) school day of the accident.
- D. **Confidentiality:** Student report of a training rule violation will be held confidential.
- E. **Hazing:** Participating students will not be involved in hazing of other students. Hazing is defined as any intentional, knowing, or reckless act directed against a student for the purpose of being initiated into, affiliated with, holding office in, or maintaining membership in a club or organization, or an athletic team whose members include other students. Participants will not force other members of a team or organization to do something that could be distasteful or dangerous. Students who are involved in hazing could be suspended from participation and possibly referred to law enforcement.
- F. **Liability:** The coach/advisor/director, any other member of the school staff, or any member of the Board of Trustees will not be held liable or responsible in case of an accident incurred during practice, games, meets, matches, tournaments, concerts, or trips supervised by Belgrade Public Schools.
- G. **Serious Infractions:** Participants charged with serious misdemeanors or felonies may be suspended from the activity pending disposition of the case. Following a conference with administration, head coach/advisor/director, activities director, and parents/guardian, the individual case shall be acted upon.

## VI. CHEMICAL USE POLICY/VIOLATIONS

Participants must abide by the terms of the District's Chemical Dependency Prevention Policy and the following terms of this Activities Policy:

1. No drinking or possession of alcoholic beverages
2. No use or possession of illegal drugs or drug paraphernalia
3. No use or possession of tobacco, nicotine products, or vaping materials in any form
4. No attendance at a party where alcohol/drugs are consumed

Violations will be cumulative from the student's first day of middle school and again at the high school. A record of all violations will be kept by the activities director or the middle school administration.

**Middle School:** The accumulation of offenses starts in fifth grade and continues through the eighth grade. Participants will no longer be eligible to participate after a second violation during their middle school experience.

**High School:** The violation count starts anew upon entering the freshman year and continues through the participant's senior year. Students will be dropped from participation if they receive three violations during this time period.

Students who are found in violation of the chemical use policy at a school-sponsored event or on school sponsored trips will be disciplined under the provisions of the school discipline policy as well as the activities policy.

**Honesty Clause:** Participants who violate the chemical use policy and admit to infractions will be penalized as stated per violation. Participants who deny that they have broken the chemical use policy and are later found guilty of violations will automatically be penalized by advancing to the next numerical step violation consequence.

In addition, all participants are subject to the following consequences for violation of this policy:

**FIRST VIOLATION: (DRUGS/ALCOHOL/TOBACCO):** Participants will be ineligible to compete in any games, contests, or performances for ten (10) school days from the date of disciplinary action. They will not be allowed to travel or sit with the team or group during performances or contests during this time. In addition, participants must attend and successfully complete the first available Minor in Possession/Alcohol Education Class (MIP/AEC) for drug and alcohol violations; or equivalent on-line course approved by administration if a local option is not available. Participation in these classes will be at their expense. Participants will continue to practice. The 10 school days will be carried over to the next activity and or school year.

**SECOND VIOLATION HIGH SCHOOL ONLY: (DRUGS/ALCOHOL/TOBACCO):** Participants will be suspended for 20 school days from the date of disciplinary action. They will not be allowed to travel or sit with the team or group during performances or contests. In addition, participants must attend and successfully complete the first available Minor in Possession /Alcohol Education Class (MIP/AEC) for drug/alcohol violations; or equivalent on-line course approved by administration. Another approved program may be substituted for these classes. Participation in these classes will be at their expense. Participants will regain eligibility provided they have successfully completed the class and follow any and all recommendations made by the MIP/AEC class leader to become eligible to participate in another activity. If the first available MIP/AEC is not successfully completed, the participant will lose his/her eligibility until an MIP/AEC is successfully completed. The 20 school days will be carried over to the next activity and or school year.

**THIRD VIOLATION HIGH SCHOOL OR SECOND VIOLATION MIDDLE SCHOOL: (DRUGS/ALCOHOL/TOBACCO):** Students will be suspended from all extra-curricular activities for the remainder of their middle school or high school career. Students may be reinstated by agreeing to a chemical dependency assessment and following the recommendations made by the chemical dependency counselor. The student must provide the results of his/her assessment to the activities director and principal. The activities director and principal will meet with the student and his/her parents/guardians to determine appropriate action. Students eligible for reinstatement will be suspended for a minimum of 60 school days. The 60 school days will be carried over to the next school year.

## **VII. DUE PROCESS**

- A. The coach/advisor/director has the authority and the responsibility to suspend any participant from practice or competition for violation of activities policy until a meeting is arranged with parents or guardians. The coach/advisor/director or activities director will contact the parents/guardians within 24 hours if a participant is suspended.
- B. The coach/advisor/director or activities director has the authority to investigate if he/she suspects violation of the activities policy.
- C. Due process will be followed in each disciplinary case. The student and the coach/advisor/director will meet in conference with the parents or guardians prior to a student being dismissed from the team for a violation of training rules. The meeting will take place with the principal and/or activities director at the earliest convenient time.

## **VIII. INVOLVEMENT PROCEDURE**

The purpose of this procedure is to encourage positive development of lifetime problem-solving skills. If a participant and/or parent/guardian have a concern with the activity in which the student is involved, they should communicate in the following order:

**Team Coach>Head Coach/Advisor/Director>Activities Director>Building Principal>Superintendent>School Board**

## **IX. HOTEL BEHAVIOR**

Students must obey curfew set by coaches and chaperones and be in their assigned hotel rooms on all school sponsored trips. Students may not be found in a room of the opposite gender and/or with someone they are romantically involved at any time.

## **X. CONCUSSION INFORMATION**

Please read the following concussion information pages provided by the MHSA.



# A Fact Sheet for ATHLETES

## WHAT IS A CONCUSSION?

A concussion is a brain injury that:

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

## WHAT ARE THE SYMPTOMS OF A CONCUSSION?

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not "feel right"

## WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates might have a concussion.

- **Get a medical checkup.** A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.
- **Give yourself time to get better.** If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

## HOW CAN I PREVENT A CONCUSSION?

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

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Use the proper sports equipment, including personal protective equipment (such as helmets, padding, shin guards, and eye and mouth guards). In order for equipment to protect you, it must be:

- > The right equipment for the game, position, or activity
- > Worn correctly and fit well
- > Used every time you play

**Remember, when in doubt, sit them out!  
It's better to miss one game than the whole season!**

# A Fact Sheet for PARENTS

## WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

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 or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

## WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

### Signs Observed by Parents or Guardians

*If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:*

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily • Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

### Symptoms Reported by Athlete

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion

- Does not “feel right”

## HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

Every sport is different, but there are steps your child can take to protect themselves from concussion.

- Ensure that they follow their coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

## WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

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

**2. Keep your child out of play.** Concussions take time to heal. Don’t let your child return to play until a health care professional says it’s OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

**3. Tell your child’s coach about any recent concussion.** Coaches should know if your child had a recent concussion in ANY sport. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

**Remember, when in doubt, sit them out!  
It’s better to miss one game than the whole season.**

## Be Prepared

A concussion is a type of traumatic brain injury, or TBI, caused by a bump, blow, or jolt to the head that can change the way your brain normally works. Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be mild bump or blow to the head can be serious. Concussions can occur in any sport or recreation activity. So, all coaches, parents, and athletes need to learn concussion signs and symptoms and what to do if a concussion occurs.

### SIGNS AND SYMPTOMS OF A CONCUSSION

SIGNS OBSERVED BY PARENTS OR GUARDIANS	SYMPTOMS REPORTED BY YOUR CHILD OR TEEN	
<ul style="list-style-type: none"> <li>•Appears dazed or stunned</li> <li>•Is confused about events</li> <li>•Answers questions slowly</li> <li>•Repeats questions</li> <li>•Can’t recall events prior to the hit, bump, or fall</li> <li>•Can’t recall events after the hit, bump, or fall</li> <li>•Loses consciousness (even briefly)</li> <li>•Shows behavior or personality changes</li> <li>•Forgets class schedule or assignments</li> </ul>	<p><b><u>Thinking/Remembering:</u></b></p> <ul style="list-style-type: none"> <li>•Difficulty thinking clearly</li> <li>•Difficulty concentrating or remembering</li> <li>•Feeling more slowed down</li> <li>•Feeling sluggish, hazy, foggy, or groggy</li> </ul> <p><b><u>Physical:</u></b></p> <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>•Fatigue or feeling tired</li> <li>•Blurry or double vision</li> <li>•Sensitivity to light or noise</li> <li>•Numbness or tingling</li> <li>•Does not “feel right”</li> </ul>	<p><b><u>Emotional:</u></b></p> <ul style="list-style-type: none"> <li>•Irritable</li> <li>•Sad</li> <li>•More emotional than usual</li> <li>•Nervous</li> </ul> <p><b><u>Sleep*:</u></b></p> <ul style="list-style-type: none"> <li>•Drowsy</li> <li>•Sleeps less than usual</li> <li>•Sleeps more than usual</li> <li>•Has trouble falling asleep</li> </ul> <p><i>*Only ask about sleep symptoms if the injury occurred on a prior day.</i></p>

### LINKS TO OTHER RESOURCES

- CDC –Concussion in Sports
  - <http://www.cdc.gov/concussion/sports/index.html>
- The National Federation of State High School Association/ Concussion in Sports - What You Need To Know
  - [www.nfhslearn.com](http://www.nfhslearn.com)
- Montana High School Association – Sports Medicine Page
  - <http://www.mhsa.org/SportsMedicine/SportsMed.htm>

# Health Insurance

The School District **DOES NOT** provide medical insurance benefits for students who choose to participate in activities programs.

If parents or guardians have their own insurance coverage during the student's participation, that coverage information should be provided on the required "Informed consent and Insurance verification" form. Insurance is not required to participate.

If the student/athlete does not have current health insurance and wishes to purchase coverage or additional coverage, the district has cooperated with K & K Insurance to provide families with an option to purchase health coverage for the duration of the sport season or school year. If the family chooses to sign up with K & K Insurance the enrollment information is below.

## **K-12 Student Accident Insurance Enroll Online**

**www.studentinsurance-kk.com**



Worried about paying for your child's medical care if an accident should happen? K&K's student accident insurance can help.

### **K-12 Accident Plans available through your school:**

- *At-School Accident Only*
- *24-Hour Accident Only*
- *Extended Dental*
- *Football*

### **How to Enroll Online**

Enrolling online is easy and should take only a few minutes. Go to [www.studentinsurance-kk.com](http://www.studentinsurance-kk.com) and click the "Enroll Now" button.

1. Start by telling us the name of the school district and state where your child attends school.
2. We'll request each student's name and grade level.
3. You'll see the available plans and their rates. Select your coverage and continue to the next step.
4. We'll request information about you, like your name and email address.
5. Next, you'll enter information about the child or children to be covered.
6. Enter your credit card or eCheck payment information.
7. Finally, print out a copy of the confirmation for your records.

For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the policy may be continued in force, please refer to [www.studentinsurance-kk.com](http://www.studentinsurance-kk.com). Student is able to purchase the coverage only if his/her school district is a policyholder with the insurance company.

¿Le preocupa tener que pagar la atención médica de su hijo si ocurre un accidente? El seguro contra accidentes para estudiantes de K&K puede ayudarlo.

### **Planes de cobertura en caso de accidente para K-12 disponibles a través de su escuela:**

- *Sólo accidentes en la escuela*
- *Sólo accidentes, 24 horas*
- *Dental extendido*
- *Fútbol*

### **Cómo inscribirse en línea**

Inscribirse en línea es fácil y sólo le tomará unos pocos minutos. Visite [www.studentinsurance-kk.com](http://www.studentinsurance-kk.com) y haga clic en el botón "Enroll Now" ("Inscribirse ahora").

1. Comience por decirnos el nombre del distrito escolar y el estado en el que su hijo(a) va a la escuela.
2. Solicitaremos el nombre y el grado de cada uno de los estudiantes.
3. Verá los planes disponibles y sus tarifas. Seleccione su cobertura y continúe con el siguiente paso.
4. Le solicitaremos información sobre usted, como su nombre y dirección de correo electrónico.
5. Después, ingresará la información acerca del niño o niños que recibirá(n) cobertura.
6. Ingrese la información de pago de su tarjeta de crédito o eCheck.
7. Finalmente, imprima una copia de la confirmación para sus registros.

Para obtener más detalles sobre la cobertura, incluidos costos, beneficios, exclusiones y reducciones o limitaciones y los términos en virtud de los cuales esta póliza podría continuar en vigencia, consulte [www.studentinsurance-kk.com](http://www.studentinsurance-kk.com). Los estudiantes pueden comprar la cobertura únicamente si su distrito escolar es titular de una póliza con la compañía de seguros.

STUDENT/ATHLETE & PARENT/LEGAL GUARDIAN

# SIGNATURE BOOKLET

**OFFICE USE ONLY – DO NOT WRITE IN THIS AREA**

Football \_\_\_\_\_ Volleyball \_\_\_\_\_ Cross Country \_\_\_\_\_

Wrestling \_\_\_\_\_ Boys Basketball \_\_\_\_\_ Girls Basketball \_\_\_\_\_

Track \_\_\_\_\_ Speech and Debate \_\_\_\_\_ Science Olympiad \_\_\_\_\_

Builder's Club \_\_\_\_\_ Drama Club \_\_\_\_\_

Manager (Name Event) \_\_\_\_\_ Other Club(s) \_\_\_\_\_

LAST  
NAME

**By signing below, you agree to the policies stated in the Activities Participation Booklet and adhere to its Chemical Use Policy during your season of participation.**

**I have read and understand the activities policy included in this booklet.**

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

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

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Sport**

Belgrade Public Schools (School District #44) will not discriminate on the basis of sex, race, marital status, national origin, or disability in our educational programs or in our activities. All students will be treated equally.

**BELGRADE SCHOOL ATHLETICS INFORMED CONSENT AND INSURANCE VERIFICATION FORM**

Extracurricular activities may include physical contact and physical exertion. There is an inherent risk of injury in the activity. By signing this agreement, I acknowledge that the School District staff try to prevent accidents. I agree to accept responsibility for my student's participation in school activities. The activity is strictly voluntary.

I, the undersigned, hereby acknowledge and understand that, regardless of all feasible safety measures that may be taken by the School District, participation in this event entails certain inherent risks. I certify that my student is physically fit and medically able to participate or have noted an applicable physical or medical diagnosis at the bottom of this form. I further certify that my student will honor all instructions of district staff and failure to honor instructions may result in dismissal from the activity. I have been informed of these risks, understand them, and feel that the benefits of participation outweigh the risks involved. My signature below gives my child permission to participate in a \_\_\_\_\_ School Activity.

I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to my student. I understand every effort will be made to contact the family or contact person noted below to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for the district staff in charge to obtain emergency care for my student, I understand that neither the district employee in charge of the activity nor the school district assumes financial liability for expenses incurred because of an accident, injury, illness and/or unforeseen circumstances.

**The School District DOES NOT provide medical insurance** benefits for students who choose to participate in activities programs. If parents or guardians have their own insurance coverage during the student's participation, that coverage information is provided below.

\_\_\_\_ I have personal medical insurance to cover the student's participation:

INSURANCE (Company Name) \_\_\_\_\_

Policy # \_\_\_\_\_

\_\_\_\_ I do not have personal medical insurance to cover the student's participation and understand that the School District does not provide medical insurance to cover the students. I understand I will be responsible for any medical costs associated with the student's participation.

Signature Required Regardless of Insurance Coverage:

Student Athlete \_\_\_\_\_

(Please Print)

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

(Signature)

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

### **Student-Athlete & Parent/Legal Guardian Concussion Statement**

Because of the passage of the Dylan Steiger's Protection of Youth Athletes Act, schools are required to distribute information sheets for the purpose of informing and educating student-athletes and their parents of the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury. Montana law requires that each year, before beginning practice for an organized activity, a student-athlete and the student-athlete's parent(s)/legal guardian(s) must be given an information sheet, and both parties must sign and return a form acknowledging receipt of the information to an official designated by the school or school district prior to the student-athletes participation during the designated school year. The law further states that a student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from play at the time of injury and may not return to play until the student-athlete has received a written clearance from a licensed health-care provider.

Student-Athlete Name: \_\_\_\_\_

*This form must be completed for each student-athlete, even if there are multiple student-athletes in each household.*

Parent/Legal Guardian Name(s): \_\_\_\_\_

We have read the *Student-Athlete & Parent/Legal Guardian Concussion Information Sheet*.  
*If true, please check box*

After reading the information sheet, I am aware of the following information:

Student-Athlete Initials		Parent/Legal Guardian Initials
	A concussion is a brain injury, which should be reported to my parents, my coach (es), or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be “seen.” Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	N/A
	If I think a teammate has a concussion, I should tell my coach(es), parents, or licensed health-care professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a licensed health-care professional to return to play or practice after a concussion.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms on the Concussion fact sheet.	

Signature of Student-Athlete \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_





# MEDICAL TREATMENT/RELEASE FORM



To: Parents and/or Guardians of Students Representing School District No. 44 in Activity Programs.

It has become exceedingly difficult to obtain medical services for students injured when competing, without first obtaining parental/guardian consent in writing. So that proper emergency assistance may be provided, we ask that you review the following statement, Sign and return to the faculty member in charge.

**I hereby authorize School District No. 44 and its faculty members in charge of my child named below to obtain all necessary medical care for my child and I hereby authorize Any licensed physician and/or medical personnel to render necessary medical treatment to my child.**

Print Student's Name \_\_\_\_\_

Signed \_\_\_\_\_

(Parent and/or Guardian)

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

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

Emergency Contact (Within 15 miles of Belgrade)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Allergies? \_\_\_\_\_ YES \_\_\_\_\_ NO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication Needed \_\_\_\_\_ YES \_\_\_\_\_ NO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Medical Problems? \_\_\_\_\_ YES \_\_\_\_\_ NO

\_\_\_\_\_  
\_\_\_\_\_

# GET STARTED WITH DRAGONFLY



DragonFly makes sports and activities more organized with easy-to-use digital forms, health records and team communication tools.



## PARENTS & STUDENTS

- 1 Download the DragonFly MAX app from the App Store or Google Play.
- 2 Tap 'Get Started' and 'Sign Up for Free' then follow the prompts to create your Parent account with your own email address.  
*Note: please do not create an account with your child's name or contact information—you will get the chance to add your child soon!*
- 3 Verify your account with the verification ID sent to your email address. VKEP38
- 4 Tap 'Connect to your school' to select 'Parent' as your role and search for your child's school. If you cannot find your school, try searching with the School Code at the bottom of this page.
- 5 After selecting your child's school, tap 'Join' to request access. An administrator at your school will approve your request.
- 6 Tap 'Set up your children' and follow the prompts to add your kid(s) and fill out their participation forms.



## ATHLETIC DIRECTORS, COACHES & SCHOOL ADMINISTRATORS

- 1 Visit [dragonflymax.com](http://dragonflymax.com) and click the 'Log In/Sign Up' button.
- 2 Click 'Sign Up for Free' to create your account with your school email address.
- 3 Verify your account with the verification ID sent to your email address.
- 4 Click the 'Get Started' button to select your role and search for your school. If you cannot find your school, try searching with the School Code at the bottom of this page.
- 5 After selecting your school, tap 'Join' to request access. You will see a list of administrators at your school who can approve your request. If you're the first person to request access to your school, a member of the DragonFly team will verify your role and approve your request.

### PREFER TO DO THIS ON YOUR COMPUTER?

Visit [dragonflymax.com](http://dragonflymax.com) and click 'Log In/Sign Up' to get started.