

**Sanderson High School Athletic Department**  
**Policies Governing Student Participation in the Sanderson Athletic Program**

The mission of the Sanderson High School Athletic Program is to enable students to participate in interscholastic athletic competition to help achieve the academic mission of Sanderson High School.

Playing on a Sanderson athletic team is a privilege reserved for students who qualify according to certain standards. Several authorities regulate the way the program is conducted and who is allowed to participate. The purpose of the regulations is to insure that high school sports remain part of the academic mission of the school, that students maintain passing grades and attend school regularly, and that competition is fair.

The North Carolina High School Athletic Association and the Wake County Public School System establish eligibility requirements involving issues including, but not limited to, academic performance, attendance, residency, and age. The purpose of this document is not to outline the details of those rules. Whenever you have questions about how eligibility might affect you, direct them to your coach or athletic director."

The purpose of these POLICIES is to help Sanderson athletes stay drug, alcohol, and tobacco free, to attend class regularly, and to remain committed to a team for a full season. The policies are outlined below. All Sanderson student-athletes (and their parents) are required to sign this document before participating in the interscholastic athletic program. By signing at the bottom of the page, you are indicating that you are aware of the policies and understand the consequences of the actions described below. The coaching staff is committed to enforcing the policies and encourages parents to talk to their teens about these issues. If you would like a copy of this document, please ask your coach or athletic director for a copy.

**Policies regarding tobacco, illegal drugs, and alcohol**

The Sanderson coaching staff discourages the use of non-prescription drugs, alcohol, and tobacco by Sanderson students at all times. Furthermore, all coaches are committed to a basic set of expectations regarding the consequences of using illegal drugs, alcohol, and tobacco while student-athletes are engaged in any school-related activity.

<u><b>Action</b></u>	<u><b>Consequence, as related to athletic activity</b></u>
Use or possession of tobacco at school or school activity	First Offense: One week suspension from team (no games) Second Offense: Suspension from team for remainder of the season (no practices, no games)
Use, possession, or being under the influence of alcohol or illegal drugs at school or school activity	First Offense: Suspension from team for remainder of the season (no practices, no games). Second Offense: Student may not participate on a Sanderson athletic team for one full calendar year.

**Attendance Policy**

Any time a student has more than five unexcused absences in any class in any semester	First Offense: Suspension from team for remainder of the season and for all sports the entire next semester.
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**Policy regarding Completion of a Season**

Students who participate on a Sanderson fall or winter sport team may not begin to train, try out, or practice with another Sanderson team that plays during another sport season until the first team's season is complete. The purpose of this policy is to make clear the expectation that students are to remain committed to their first team rather than to exercise a preference for a new activity while a season is in progress. For example, a member of a Sanderson fall sports team may not begin participating on a winter sports team until the fall sport team has completed its season. Exceptions will be considered in cases where an athlete in an "individual" sport (cross country, tennis, swimming & diving, wrestling) has reached the end of his or her season because he or she has not qualified to proceed to further competition. In such cases, the head coach of the first team must approve the exception in writing to the coach of the second team.

Note: These policies make no attempt to address all areas of player conduct. Sanderson coaches maintain the authority to issue their own rules and rulings governing player conduct - on the field, off the field, and away from school.

We have read the Policies Governing Student Participation in the Sanderson Athletic Program and understand the consequences of violating the terms of the policies.

(Print) Student's Name \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

# Sanderson High School Athletic Department

## Permission for Medical Treatment

Please fill out this required document in its entirety.

Student's Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Class of: \_\_\_\_\_

Gender: M F Race \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Home Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

### Father/Guardian's Information

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

### Mother/Guardian's Information

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

### Emergency Contact Information

Alt. Contact 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Alt. Contact 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

### Insurance/Hospital Information:

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ (may not be possible to go to this hospital)

Please indicate Medical Alerts (allergies, heart conditions, concussions, heat illnesses, medications being taken, etc):

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

**As the parent or legal guardian of this student-athlete, I grant permission for treatment deemed necessary for a condition arising during or affecting participation in sports, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment.**

**Signature of Parent** \_\_\_\_\_ **Date:** \_\_\_\_\_