

2019-20 WEST HIGH SCHOOL PERMISSION TO PRACTICE FORM

NOTE: This form must be filled out and signed by parents and students, physical exam forms on file, and all fees must be paid **prior** to an athlete attending **any** practice. **PLEASE TURN IN SIGNED FORM TO THE WEST HIGH ATHLETIC OFFICE.**

NAME OF ATHLETE _____ GRADE _____ MALE / FEMALE
ADDRESS _____ PHONE _____
CITY _____ STATE _____ ZIP _____

My son/daughter may participate in **ALL** sports during the 2019-20 school year: _____ Yes _____ No

If no, please list sports your son/daughter may **NOT** participate: _____

1. **PHYSICAL EXAM FORM:** Iowa law dictates that all athletes must have a current physical examination form signed by a doctor on file at school prior to practice.
2. **AWARENESS OF POTENTIAL INJURY:** As the parent(s)/guardian of a West High School athlete, I/we are aware that participation in sports and/or practicing in sports may be a dangerous activity involving many risks or injury and may even result in death.
3. **HEADS UP: CONCUSSION IN HIGH SCHOOL SPORTS:** The Iowa Legislature passed a new law, effective July 1, 2011, regarding students in grades 7-12 who participate in extracurricular interscholastic activities. A fact sheet for parents and students is provided in the West High Parent/Athlete Athletic Manual on the West High Athletic website.
4. **CLUB SPORT PARTICIPATION:** Students and parents should be informed of the policies governing club participation during a high school sport season. Families and coaches should work closely together to avoid any loss of playing time due to missed practices or games.
5. **EMERGENCY CONSENT:**
"In the event I cannot be reached, I hereby give my consent to the attending physician, trainers, and coaches to secure and administer medical aid and ambulance service. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concur for the necessity for such surgery."
_____ Yes _____ No **IF NO Please give Name and Number to call** _____
6. **SUPPLEMENTAL ATHLETIC INSURANCE: ** PLEASE CHECK ONE OPTION ****
_____ A. We do not wish additional insurance. We feel we have adequate insurance coverage.
_____ B. We will pick up an insurance form from West High School in order to purchase insurance. (See reverse side)

THE SCHOOL DISTRICT **DOES NOT PURCHASE** ACCIDENT INSURANCE TO COVER INJURIES INCURRED BY YOUR CHILD AT SCHOOL. We encourage all families to have accident coverage on their children prior to participation in any sports or school sponsored activity. If you do not have insurance on your child, or if you have a plan with a high deductible or with limited benefits for Doctor, Hospital, or Dental bills, we encourage you to review the student insurance program. **Information needed to enroll in the insurance program may be obtained at the school.**

7. **STUDENT ACTIVITY CONDUCT CODE (Summary):**
Students participating in extra-curricular activities are prohibited from possessing, using or purchasing tobacco, alcoholic beverages, or controlled substances. Loss of eligibility may also occur for engaging in activities outside the school community that would be grounds for arrest or citation in the juvenile court system, excluding minor offenses, regardless of whether the student was cited, arrested, convicted, or adjudicated for the act(s). Violation of rules throughout the calendar year whether at or away from school will result in the following action:
 - **First Offense within the Student's Athletic/Activity Career** – suspension from one-third of the season's contest or performance dates with professional evaluation prior to reinstatement where applicable.
 - **Second Offense within the Student's Athletic/Activity Career** – suspension from one-half the season's contest or performance dates with professional evaluation prior to reinstatement where applicable.
 - **Third Offense within the Student's Athletic/Activity Career** – suspension from athletic competition for twelve (12) calendar months with professional evaluation prior to reinstatement where applicable.

If there is not a sufficient number of contests or performances remaining in a scheduled season to fulfill the terms of suspension, the suspension balance will be carried over to the tournament series and to the next season in which the student participates.

We have read and understand the information/rules as stated above and in the 2019-20 parent/athlete manual. We have reviewed the information provided on the concussion fact sheet titled, "HEADS UP: Concussion in High Schools Sports."

Parent Signature _____ Date _____

Student Signature _____ Date _____



Iowa City Community School District

Educational Services Center

Stephen F. Murley Superintendent of Schools

1725 North Dodge Street • Iowa City, IA 52245 • (319) 688-1000 • Fax (319) 688-1009 • www.iowacityschools.org

July 2019

Dear Parent/Guardian:

The Iowa City Community School District does not provide health or accident insurance for injuries incurred by your child at school.

Since children are particularly susceptible to accidental injuries, we encourage you to review your present health and accident insurance program to determine if your coverage is adequate. If your current insurance has a high deductible, co-pay, co-insurance, or you have a student participating in interscholastic sports, we encourage you to review the student insurance program.

As a service to parents, this year the Iowa City Community School District is making available accident insurance through Student Assurance Services, Inc. This plan will provide insurance benefits for medical expenses incurred because of an accident. An explanation of the costs and benefits can be found on the website at www.sas-mn.com. Go to the K12 STUDENTS/PARENTS heading and Go to FIND MY SCHOOL.

<u>Coverage Plans</u>	<u>PREMIUMS (one time annual)</u>
Full-Time (PK-12)	\$ 99.00
Full-Time Coverage (7-12 with All-Sports Coverage except Football (9-12)	\$ 174.00
School-Time Coverage (PK-12, not including sports)	\$ 16.00
School-Time Coverage (7-12), includes sports except football)	\$ 91.00
All Sports Coverage including Football Grades (9-12)	\$ 250.00
Extended Dental (PK-12)	\$ 9.00

In making application for this coverage, please read the information explaining the program carefully. The following instructions apply or ENROLL ON-LINE at www.sas-mn.com (Go to the K12 Students/Parents heading and Go to FIND MY SCHOOL.):

1. Print name, address and other information clearly.
2. Include the proper amount of money and print students name on the face of the check.
3. A check or money order is your best receipt. Make check or money order payable to **Student Assurance Services, Inc.**
4. **Mail the brochure and check or money order directly to Student Assurance Services, Inc., PO Box 196, Stillwater, MN 55082-0196.** Coverage will become effective at 12:01 a.m. following the date the envelope containing the enrollment form and premium is postmarked by the U.S. Post Office but not prior to August 1.
5. **DO NOT SEND YOUR ENVELOPE BACK TO THE SCHOOL.**
6. All questions about the plan may be directed to Student Assurance Services, Inc. at 1.800.328.2739 or www.sas-mn.com – NOTE: A direct link to Student Assurance Services, Inc. can be found on the school's website under the Departments section – Health and Student Services subsection.