R&L FUSION

ATHLETE'S HANDBOOK

(ADOPTED 7/2020)

Revised June, 2025–changes/updates are highlighted in yellow

Welcome to the R&L Fusion Student-Athlete's Handbook. It is our hope that you are excited to be part of our extra-curricular school experience and believe you have much to offer those involved in your program, as well as much to gain by being a part of Fusion Athletics. This handbook offers guidelines to assist and direct you in your experience. Directly below this introduction, you will find our schools' mission statements, along with our athletic mission statement. With those driving forces in mind, policies have come into effect. Please read this carefully, following the policies in place and encouraging your teammates and classmates to do so, as well.

Best wishes for a great season and becoming involved or continuing to be involved in the tradition of Fusion Athletics! Remember, **"Winning isn't everything, but playing and competing and striving and going through things can be a lot of fun and really important. As long as you're doing it in a way that's healthy, sports can be an incredible opportunity!" Andrew Shue**

**The R&L Fusion co-op (Richey and Lambert Public Schools) will make equal educational opportunities available for all students without regard to race, color, national origin, ancestry, sex, ethnicity, language barrier, religious belief, physical or mental handicap or disability, economic or social condition, or actual or potential marital or parental status. Richey Policy 3210 Lambert Policy 3210

Lambert High School Mission Statement

Lambert Public Schools will provide a safe nurturing environment in which teachers challenge students to reach their potential. Teachers expect students to become competent readers able to conduct research to acquire the skills necessary to contribute to society. Students will be challenged academically and socially in order to learn those skills necessary to lead a productive life.

Richey High School Mission Statement

The mission of Richey Public Schools is "Challenging students today to succeed in a changing world tomorrow."

Fusion Athletic Mission Statement:

Success is facilitated by

1) being well-prepared. 2) maintaining a positive attitude.

3) developing a dedication to a cause 4) establishing high standards of conduct and attitude

Furthermore, the fundamental purpose of athletic programs are to facilitate development of

1) sportsmanship 2) pride of accomplishment of a job done to the best of one's ability

3) a sense of belonging to a group 4) social values derived from contact with students and adults from other communities

5) healthy behaviors of participants

Athletics prepare young people for the challenges of adult life, but a great tradition for excellence in athletics is not built overnight. It takes the hard work of many people over a period of time. To participate in such a way that honor and respect come to our athletes, our schools, and our communities is a tradition. As a member of an interscholastic team, a student has responsibilities, as do the administration, coaches, parents, and community. The role of contributing to our athletic tradition will be a source of satisfaction to the students and to the school.

The R&L Fusion Sports Co-op, in conjunction with the Richey and Lambert Public Schools, will make equal educational opportunities available for all students without regard to race, color, national origin, ancestry, sex, ethnicity, language barrier, religious belief, physical or mental handicap or disability, economic or social condition, or actual or potential marital or parental status.-Richey Policy 3210 Lambert Policy 3210

A. STUDENT PARTICIPATION: Before students are allowed to practice/compete, all will have completed and turned in the following forms:

1. A properly completed and signed MHSA physical form (ELEM/JH/HS athletics)

**A physical examination is required for each student in order to be considered eligible to participate in an association contest. This exam must be certified by a medical doctor for the current school year." The cost of the physical exam is the responsibility of the student-athlete and his/her parents.

2. Student-Athlete & Parent/Legal Guardian Concussion Statement

All football players will have on file with the co-op (collected by the football coach):

1. A properly completed and signed Football Warning and Helmet Disclaimer

BEFORE STUDENTS ARE ALLOWED TO PARTICIPATE IN SANCTIONED ACTIVITIES, ALL STUDENT-ATHLETES/PARTICIPANTS WILL

1. If participating in a HS sport, be eligible under all MHSA rules:

    A student must be enrolled and have received a passing grade in at least twenty (20) periods of prepared classwork or its equivalent in the last previous semester in which the student was in attendance. Failure to meet this requirement will result in one (1) semester of ineligibility. Middle school students will be required to receive a passing grade in ten (10) periods of prepared work per week. A homeschool student is eligible to participate in an MHSA member school. (Article II, Section (2) Eligibility, MHSA handbook)

    No student who is enrolled in a grade below the ninth shall be eligible to participate in an MHSA Association Contest, except as established in Section (5) of the MHSA handbook.

    MHSA Age Rule – MHSA Section (7.1) No student is eligible to participate in an Association contest who has become nineteen (19) years old on or before midnight, August 31, of a given year. Therefore, a student who becomes nineteen (19) years old after midnight, August 31, of a given year, will be permitted to compete in all Association contests throughout that school year, under the provisions of this section.

    Richey Policy 3510 Lambert Policy 3510

2. If an 8th Grader is considering participation at the HS level:

The MHSA allows full 8th grade participation in all sanctioned Montana HS sports, with the exception of football, and 8th graders are allowed to participate in JH and HS sports concurrently. Individual schools are allowed local control, in order to adapt this rule to best meet the philosophies and needs of each District/Team.

The R&L Co-op believes in supporting healthy programs at all levels. For this reason, the co-op believes in the importance of 8th grade participation first at the normal junior high level, and then to assist in supporting the high school program, should it be needed and approved by the Head HS Coach.

As a result,

A. For the team sports of volleyball and basketball, Fusion 8th graders may fully participate at the high school level, as long as the following criteria are met:

1. 8th graders participate in their full JH season of their sport of choice first and then may participate in a high school sport. The JH sport must take precedence over any HS sport while the JH season is in session. Concurrent JH and HS play is allowed, however.

~~- JH volleyball season runs from mid-August to mid-October, and then an 8th grader could move up to assist in finishing HS volleyball season~~

~~-JH basketball season runs from mid-October to mid-December, and then an 8th grader could move up to finish the HS basketball season~~

~~*Due to the timing of JH BB and JH VB seasons, an 8th grade girl would not be able to play both HS VB and HS BB, unfortunately.~~

2. The Head High School Coach is supportive of the 8th grader playing on the HS team.

3. They follow all MHSA and R&L Fusion Co-op rules and regulations.

4. In an extreme situation and to not penalize an 8th grader who has an advanced sport-specific skill set and maturity, as well as a high academic standing, the Co-op will allow participation immediately at the HS level, should the 8th grader make an informed decision with their parents/guardians and the HS coaches involved to apply for a waiver, with the intention of foregoing their JH season and potentially competing at the HS level only.

This application is available from the R&L AD, must be completed by the 8th grader, and then turned back into the AD one week prior to the first day of practice of the HS sport first impacted. The AD and the HS coaches involved will convene, consider the application, and make a decision as to if the waiver will be granted, prior to the first day of the first HS practice. The applicant and their parents/guardians will be notified as such.

B. For the more individual sports of cross country, golf, and track, 8th graders may fully participate at the high school level, as long as they apply for the HS season (applications available from the AD) and have been approved by the 1st day of HS practice. Once again, the applicant's advanced sport-specific skill set and maturity, as well as their high academic standing will be considered when granting a waiver for an 8th grader forgoing their JH season and moving up to compete at the HS level only.

C. 8th grade participation in a sport or activity which is co-oped with another school other than Richey or Lambert is not allowed at this point, unless granted by the R&L Co-op Board.

3. If participating in any R&L sport, be academically eligible under our co-op rules:

5^{th}-12^{th} grade students participating in extra-curricular activities must be passing all subjects. Eligibility will be determined on Monday of each week by 12:00 Noon. Eligibility will run from Wednesday through Tuesday at midnight. Students placed on the ineligible list are not allowed to participate in extracurricular activities until the next Wednesday regardless if they brought their grade up to a passing level. Students remain ineligible until they are passing all classes. Ineligible students are still expected to practice as usual. Ineligible students will not be allowed to travel to competitive events. Students will be given a 1 week grace period one time per year. ~~If a student is ineligible for 6 weeks in a row they will be ineligible for the remainder of that season.~~

At the end of each quarter students will use their quarter grade to determine eligibility for the first two weeks of the new quarter. All students with D's and F's will be reported to administration and parents. Students will be placed on the ineligible list if

1. they have an F grade in any class.
2. they have 3 or more D's in any classes.
3. they have 1or 2 D's in a class. At that time they will be placed on the "warning" list.
   They will still be eligible to participate in extracurricular activities,

B. ATHLETE'S CODE OF CONDUCT AND EXPECTATIONS:

Any student who wants to participate in any extra/intercurricular activities and who will not abide by the rules should not plan on participating.

1. All student-athletes are required to follow the discipline policy 3310 Richey Policy Lambert Policy

2. Discrimination and Title IX: no student will be denied equal access to programs, activities, services, or benefits or be limited in the exercise of any right, privilege, or advantage, or denied equal access to educational and extracurricular programs and activities. Inquiries regarding discrimination on the basis of sex should be directed to the District's Title IX Coordinator, located in the Richey or Lambert School District Administration Office.

3. Attendance:

a. PRACTICE/GAMES: All members of the Co-op athletic program are required to attend all practices and games as determined by the Coach. Athletes who miss practice and/or games for unexcused reasons may also be subject to consequences at the Head Coach's discretion.
b. 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.
c. 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 Superintendent/Principal. A written excuse from the doctor is required
d. 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.
e. 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.
f. 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.
g. School suspension means the exclusion of a student from attending individual classes or school and participating in school activities for an initial period not to exceed ten (10) school days. This will be treated as an unexcused absence from the practice and/or games

4. Accidents/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 with the Administration within one (1) school day of the incident.

5. Assumption of Risk Statement 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 R&L Co-op or the Richey Public Schools or the Lambert Public Schools. Athletes and parents/guardians of athletes understand the inherent risks are the nature of participation in sports, and they assume responsibility for

those risks. Our coaches do the best to promote safety and make that a priority in their programs. 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 Lambert and/or Richey Public Schools. A school activities informed consent form located at the back of the handbook must be signed.

Richey Policy Lambert Policy

C. CELL PHONE/OTHER ELECTRONIC EQUIPMENT USE BY STUDENTS:

Student possession and use of cellular phones and other electronic mobile devices on school grounds, at school-sponsored activities, and while under the supervision and control of District employees is a privilege which will be permitted only under the circumstances described herein.

At no time, will any student operate a cell phone or other electronic mobile devices with video capabilities in a locker room, bathroom, or other location where such operation may violate the privacy rights of another person. A reminder that phones are to be turned off and not in use AT ALL in the locker rooms.

Please be supportive of your teammates while watching games, and keep cell phone use to a minimum. Coaches have the authority to ask athletes to put phones away, or in the case that phones are being used in a disruptive or harmful way, to take away completely. At that point, further disciplinary action may be necessary, as determined by the AD's and Administration. Students are encouraged to use their cell phones to arrange for transportation home after the bus has come back to the school(s).

D. CONCUSSION EDUCATION AND COMPLIANCE CONCUSSION FORM:

All participants and their parent/guardian must initial all the required information on the concussion form (see the back of this Handbook) and have it completed before the student may begin practice.

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: a) The right equipment for the game, position, or activity b) Worn correctly and fit well c) 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”

SYMPTOMS REPORTED BY YOUR CHILD OR TEEN:

Thinking/Remembering:

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

Physical:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not “feel right”

Emotional:

- Irritable
- Sad
- More emotional than usual
- Nervous

Sleep*:

- Drowsy
- Sleeps less than usual
- Sleeps more than usual
- Has trouble falling asleep

**Only ask about sleep symptoms if the injury occurred on a prior day.*

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

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

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 a 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.

Richey Policy 3415 Lambert Policy 3415

E. CORPORAL PUNISHMENT: Policy 3310 Richey Lambert

No District employee or person engaged by the District may inflict or cause to be inflicted corporal punishment on a student. Corporal punishment does not include reasonable force District personnel are permitted to use as needed to maintain safety for other students, school personnel, or other persons or for the purpose of self-defense

F. DRESS CODE: While also following our School Handbook Dress Code Policies, all participants (coaches, managers, cheerleaders, players) need to dress appropriately for all day on game days: No blue jeans, T-shirts, sweatshirts, sweatpants, tank tops, etc., are allowed.

Dressier attire is preferred.

After the competition for the day is complete, athletes are allowed to dress back in their travel gear.

Those athletes attending all-day tournaments/meets are allowed to wear their uniforms and travel gear.

Football Jerseys are allowed for football game day.

Clarification of acceptable dress may be obtained by contacting the Administration. Athletes who violate dress code on game days will need to change prior to getting on the bus to travel to away games, or prior to entering the competition area. If an athlete does not have a proper change of clothes at that time, they will change into their uniform/warmup until their competition is completed for the

day/evening. Coaches will then further address this violation at the next practice, with possible reasonable consequences to follow. Continued violation of the dress code may result in loss of playing time and possible release from the team.

G. DUAL SPORTS: Dual participation is allowed for High School athletes who have seriously weighed the pros and cons of this type of commitment, not only for themselves as individual athletes, but for the two teams and coaching staff involved. Athletes must discuss this with their parents and then must meet with the Head Coaches of the two sports they are considering prior to the first day of practice. An agreement for the season (practice attendance, games/meets schedule, etc) must be agreed upon and arranged, with a contract typed up by the Coaches, signed by the parties, and presented to the AD PRIOR to practices beginning. As the season unfolds, it may be important to revisit the contract (schedule, games/meets, etc) as necessary. All changes must be documented on the original contract and initiated by participants, coaches, and parents. Copies of the contract and additional changes throughout the season should be given to the participant, parent, and coaches, with the original filed with the AD.

H. HAZING, BULLYING, HARASSMENT & INTIMIDATION: The Co-op will strive to provide a positive and productive learning and working environment. Bullying, harassment, intimidation, or hazing, by students, staff, or third parties, is strictly prohibited and shall not be tolerated. (School Board Policy #3226)

1. “Hazing” includes but is not limited to any act that recklessly or intentionally endangers the mental or physical health or safety of a student for the purpose of initiation or as a condition or precondition of attaining membership in or affiliation with any District-sponsored activity or grade-level attainment, including but not limited to forced consumption of any drink, alcoholic beverage, drug, or controlled substance, forced exposure to the elements, forced prolonged exclusion from social contact, sleep deprivation, or any other forced activity that could adversely affect the mental or physical health or safety of a student; requires, encourages, authorizes, or permits another to be subject to wearing or carrying any obscene or physically burdensome article, assignment of pranks to be performed, or other such activities intended to degrade or humiliate.

2. "Bullying" means any harassment, intimidation, hazing, or threatening, insulting, or demeaning gesture or physical contact, including any intentional written, verbal, or electronic communication (“cyberbullying”) or threat directed against a student that is persistent, severe, or repeated, and that substantially interferes with a student’s educational benefits, opportunities, or performance, that takes place on or immediately adjacent to school grounds, at any school-sponsored activity, on school-provided transportation, at any official school bus stop, or anywhere conduct may reasonably be considered to be a threat or attempted intimidation of a student or staff member or interference with school purposes or an educational function, and that has the effect of:

a. Physically harming a student or damaging a student’s property;

b. Knowingly placing a student in reasonable fear of physical harm to the student or damage to the student’s property;

c. Creating a hostile educational environment, or;

d. Substantially and materially disrupts the orderly operation of a school.

3. Electronic communication device” means any mode of electronic communication, including but not limited to computers, cell phones, PDA, social media, or the internet.

Reporting: All complaints about behavior that may violate this policy shall be promptly investigated. Any student, employee, or third party who has knowledge of conduct in violation of this policy or feels he/she has been a victim of hazing, harassment, intimidation, or bullying in violation of this policy is encouraged to immediately report his/her concerns to the building principal or the District Administrator, who have overall responsibility for such investigations. A student may also report concerns to a teacher or counselor,

who will be responsible for notifying the appropriate District official. Complaints against the building principal shall be filed with the Superintendent. Complaints against the Superintendent or District Administrator shall be filed with the Board.

Exhaustion of Administrative Remedies: A person alleging violation of any form of harassment, intimidation, hazing, or threatening, insulting, or demeaning gesture or physical contact, including any intentional written, verbal, or electronic communication, as stated above, may seek redress under any available law, either civil or criminal, after exhausting all administrative remedies.

Retaliation: Retaliation against any employee or student because he/she has made a report of alleged sexual harassment or against any employee or student who has testified, assisted, or participated in the investigation of a report is prohibited. Retaliation is itself a violation of federal and state regulations prohibiting discrimination and will lead to disciplinary action against the offender. This policy applies to individuals attending any events on district property, whether or not district-sponsored, and to any school-sponsored events regardless of locations.

Definitions:

- Sexual harassment is generally defined as unwelcome sexual advances, requests for favors and other verbal, physical, and/or visual contact of a sexual nature when:
    - Submission is made either explicitly or implicitly a term or condition of an individual's employment or education;
    - Submission to or rejection of that conduct or communication by an individual is used as a factor in decisions affecting that individual's employment or education
    - That conduct or communication has the purpose or effect of substantially or unreasonably interfering with an individual's employment or education
- Creating an intimidating, hostile, or offensive employment or educational environment:
    - unwelcome sexually-oriented jokes, innuendoes, obscenities, pictures/posters or any action with sexual connotation makes a student or employee feel uncomfortable; or
- An aggressive, harassing behavior in the workplace or school that affects working or learning, whether or not sexual in connotation, is directed toward an individual based on their sex.

Student and parent/legal guardian due process: If a determination is made that a student has violated this policy, the student and parent/guardian shall be notified of the violation by telephone and mail. Also at this time, the student and parent or guardian shall be notified of the type of discipline that will be administered or recommended to the Co-op Committee.

Any parent or legal guardian and student who are aggrieved by the imposition of any action (other than a recommendation for exclusion from an activity) shall have the right to an informal conference with the principal, for the purpose of resolving the grievance. At such a conference, the student and the parent shall be subject to questioning by the principal and shall be entitled to question staff involved in the matter being grieved.

If the discipline involves a high school student and the recommended discipline is exclusion from participation in extra- and/or co-curricular activities for a period in excess of ten (10) days, the parent and student will be notified of the date and time the Committee and Boards will consider the recommendation. Only the Boards can exclude a high school student from participation in extra- and/or co-curricular activities.

I. INSURANCE AND INJURY: The School District requires that the parent, guardian, caretaker relative of students participating in school-sponsored activities (co-curricular, extra-curricular, etc.) provide verification of their child's health insurance coverage status. (Policy 2151) Richey Lambert

The school district does not provide health insurance to pay for injuries of students while participating in school-sponsored activities (extra-curricular, co-curricular, etc.).

If the parent, guardian, caretaker relative elects not to provide private health insurance coverage for their child, they are accepting responsibility for any medical expenses incurred by their child in the event they are injured while participating in the school-sponsored activities (extracurricular, co-curricular, etc.) that is not the result of fraud, willful injury to a person or property or the willful or negligent violation of a law by a trustee, employee, or agent of the Co-op. Also, the Co-op does not provide student accident insurance coverage for students. Student accident insurance coverage may be purchased by parents through a private company for a fee. Student accident insurance information is distributed at the beginning of the school year and available throughout the year. Please review the information carefully, consider the benefits of such coverage, and complete the application as per instructions. This is an opportunity to provide student accident insurance coverage while your child is at school or participating in activities. A parent seeking coverage must make sure the student accident insurance coverage is in place prior to the first day of practice and/or school. Please contact the coach or athletic director for additional information.

A coach/sponsor may elect to have additional rules/regulations beyond those addressed in the handbook. The coach/sponsor must provide a copy to administration, parents and student-athletes prior to the first practice. It is encouraged that all coaches/sponsors develop a list of team rules and non-compliance consequences, and distribute to all team members to be reviewed by the participants and parents at the first meeting of the team/group. This will include all common Activity Handbook rules and any additional rules/regulations the coach/sponsor deems appropriate. The parents and participants will sign the rules and return to the coach/sponsor. A copy of the rules must be on file in the activities office.

J. MEDICATION/ADMINISTERING MEDICINES TO ATHLETES:

Richey 3416 Lambert 3416 The R&L Co-op and the Lambert and Richey School Districts recommend that medication be given at home whenever possible. Students requiring medication shall be identified by parents and/or physician and will be encouraged to notify the coach/sponsor or Activities Director. Under no circumstances will school personnel provide aspirin or other patient's medication to students. Richey 3416NF

K. SCHOOLS SPONSORED TRIPS:

Student participation in intra and extracurricular trips is subject to eligibility requirements. (See Activity Eligibility.) Students participating in school-sponsored trips, whether for the day or overnight, are regarded by Richey and Lambert Schools and the public as representatives of the school system. As representatives of the school system, public image is projected by the conduct, the attitudes, and the reputations of those students who take a leading role in intra- and extra-curricular activities. Therefore, student participants must comply with the rules of the school system, Policy 3310, the rules of their coaches or advisors, and the laws of governing jurisdiction. Richey Policy 3310 Lambert Policy 3310

Student conduct on any school-sponsored trip that does not adhere to the reasonable standards established will be dealt with in a timely manner by the coach/advisor and administration. Student misbehavior on school-sponsored trips may lead to student suspension from participating in school-sponsored trips. Parents will be notified of any incident concerning their child on a school-sponsored trip by the coach/advisor and/or administration.

Opportunities may occur for junior high students to attend high school co-curricular, intracurricular and/or extracurricular overnight events. Consideration for approval will be made on a case by case basis by the administration at the request of the advisor or coach. An additional chaperone may be required in the event that junior high and high school students are traveling together overnight.

L. SIGN OUT SHEET (PROTOCOL WHEN STUDENTS REQUEST TO LEAVE SITE OR TRAVEL HOME WITH THEIR PARENT OR ANOTHER RESPONSIBLE ADULT):

Student-athletes must ride the school-arranged transportation to the event and/or practice unless arrangements have been made among the parents, coaches, and Administration prior to the transportation departing. Students are not permitted to leave the facility

in which their coach/sponsor is present without specific permission from their coach/sponsor in advance of the student's departure. When permission is granted to leave the facility by the coach/sponsor, the student(s) must sign out with the coach/sponsor when leaving and sign back in upon their return. After the event, athletes may ride home with their parents or another responsible adult, but athletes must sign out with their coach, and their parents must sign them out, as well.

M. STUDENT AND PARENT/LEGAL GUARDIAN DUE PROCESS:

If a determination is made that a student has violated this policy, the student and parent/guardian shall be notified of the violation by telephone and mail. Also at this time, the student and parent or guardian shall be notified of the type of discipline that will be administered or recommended to the Board.

Any parent or legal guardian and student who is aggrieved by the imposition of any action (other than a recommendation for exclusion from an activity) shall have the right to an informal conference with the principal/Administration for the purpose of resolving the grievance. At such a conference, the student and the parent shall be subject to questioning by the Administration and shall be entitled to question staff involved in the matter being grieved.

If the discipline involves a high school student and the recommended discipline is exclusion from participation in extra- and/or co-curricular activities for a period in excess of ten (10) days, the parent and student will be notified of the date and time the Board will consider the recommendation. Only the Board can exclude a high school student from participation in extra- and/or co-curricular activities. Legal Reference: § 20-5-201, MCA Duties and sanctions

N. SUSPENSION OR EXCLUSION FROM TEAM - WHO MAKES THE CALL:

Dismissal of any student from an extra or co-curricular activity needs to be brought to the attention of the Activities Director in a timely fashion. Removal from a team for a period of 20 days is considered an expulsion from activities which has to be completed by the Board under Section 20-5-202, MCA. The board of the school where the student attends would make the decision.

O. TRAINING RULES:

Application of Eligibility/Training Rules - The application of the Chemical Use Eligibility Rules shall be in effect from the start of the first practice of the school-sponsored activity until the final contest of that school-sponsored activity is completed.

Eligibility shall be enforced on the following grade terms:

1. Grades 4-8
2. Grades 9-12

Students/Athletes should be aware that administration can and will conduct bag checks, locker checks, and breathalyzer tests based on reasonable suspicion that the bag or personal item contains items or substances that are not permitted by district or cooperative policy. Persons found in violation of Chemical Use Rules will be subject to the following penalties:

Chemical Use Ineligibility

Prohibited activities include, but are not limited to the following. Use, attempting to use, possessing, purchasing, selling, distributing, or assisting another person in the use, attempted use, possession, purchase, sale, or distribution of tobacco, tobacco products, electronic cigarettes, and/or look-alike drugs, alcohol, controlled substances, other illegal mood-altering and/or performance-enhancing drugs or chemicals or any other substance use to obtain an altered mental state or "high". If it is determined by an Administrator/Coach that an athlete is in possession or is/has been using any illegal chemical at a school event or on school property

this behavior may invoke a penalty of immediate suspension from the activity for the remainder of the season, as determined by Administration. Ineligibility will be

1. 1st confirmed violation- no participation in competition or performances for twenty calendar days.
2. 2nd and 3rd confirmed violations-no participation in competition or performances for sixty calendar days.
3. 4th confirmed violation- termination of eligibility in any/all extra-curricular activities for the remainder of junior high or high school, whichever grade term the violations occur in.

The suspended athlete will attend practice (and will ride the practice bus) during the suspension but will not play or ride the activity bus to games or events, nor will the student letter when postseason awards are determined.

Self-Reporting/Honesty Clause:
1st Violation: if the Administration is notified by the student within 3 days of the infraction or if the student admits to the infraction during questioning, the student will serve half the suspension as listed above, so the suspension will be 10 days. The student will offer a formal apology to their team and coach at the next practice.

2nd and 3rd Violation: if the Administration is notified by the student within 3 days of the infraction or if the student admits to the infraction during questioning, the student will serve half the suspension as listed above, so the suspension will be 30 days. The student will offer a formal apology to their team and coach at the next practice.

4th Violation: Termination of eligibility in all co-curricular activities for 1 calendar year.

Penalties for Chemical Use Violations will carry over from year to year. E.g.: A violation during the freshman year is a first violation. During sophomore year another violation is the second offense regardless of whether the athlete self-reports or not, and so on.

If the penalty of a Chemical Use Violation is not fully administered during his/her sports season, the remaining amount of the penalty will be applied to the next interscholastic sports season in which the athlete participates. This implies that the athlete will compete in the next sport for the entire season - no late starts or early completion unless there is a season-ending injury.

If an athlete finds themselves in this situation by misfortune, they must leave the situation immediately and when safe to do so. At that time, they must also let their parents/guardians know. Next, they must contact their coach and/or AD immediately by phone or email, explaining the situation. If the Administration determines it necessary, a meeting may be held to gather and document further information.

Curfew

During the activity season, regular hours will be kept: 10:00 P.M. Sunday through Friday, 12:00 midnight on Saturday. Exceptions to this rule will be made for church or school functions or other activities excused by the coach.

Violation of Curfew and/or Attendance Rules:
First offense: Cannot compete in the next scheduled activity.

Second offense: Cannot compete in the next 3 scheduled activities.

Coaches' Rules

Coaches/supervisors of extra-curricular activities may establish, publish, and enforce additional activity participation guidelines and training rules that must be followed by a student if he/she wishes to participate in that activity. In such cases, the guidelines/contracts must be approved by the Athletic Director and Administration prior to the first day of practice and must be presented to the team and the parents by the Parent's meeting. These rules may not conflict with any district policy, handbook provision, or law.

Due Process

If a determination is made that a student has violated any training rule policy, the Athletic Director and Administration will make a determination of the consequences according to the policy listed in this handbook. If the consequence involves a suspension of more than 19 days, the AD will notify either the Lambert or Richey School Board Chairperson or in the event of an athletic suspension, the Co-op Board Chairpersons, who will then recommend the discipline to be administered according to the policy listed in this handbook. Also at this time, the student and parent or guardian shall be notified of discipline that will be administered to the athlete, and a Training Rule Report Form will be completed and filed.

A training rule violation is verified when the cooperative, after an investigation into the allegation, can substantiate the allegation based on the evidence collected. This can be a combination of

1. Admission by the student in question
2. Physical evidence such as surveillance footage or contraband
3. Witness statements

When all of the evidence is considered and the cooperative believes the allegation occurred, it will be considered a verified violation. The student in question will be given the opportunity to provide their account.

P. VIDEO SURVEILLANCE:

The Board authorizes the use of video cameras on District property to ensure the health, welfare, and safety of all staff, students, and visitors to District property and to safeguard District buildings, grounds, and equipment. The Superintendent will approve appropriate locations for video cameras.

The Superintendent will notify staff and students, through staff and student handbooks or by other means, which video surveillance may occur on District property. A notice will also be posted at the main entrance of all District buildings, and on all buses, indicating the use of video surveillance. The District may choose to make video recordings a part of a student's educational record or of a staff member's personnel record. The District will comply with all applicable state and federal laws related to record maintenance and retention.D

GOOD LUCK, AND LET'S GO, FUSION!

R&L ATHLETES AND PARENTS:

THE FOLLOWING PAGES ARE FORMS WHICH MUST BE COMPLETED FOR ANY STUDENT WHO PARTICIPATES IN FUSION ATHLETICS. PLEASE MAKE AS MANY COPIES AS YOU NEED PER FAMILY (ONE FOR EACH ATHLETE WHO IS COMPETING), COMPLETE, AND RETURN AS INSTRUCTED BELOW BY THE SET DEADLINE. Once turned in, these forms will stay on file for the remainder of the sports year.

- PHYSICALS must be presented to the coach or turned into Deb ON OR BY THE FIRST DAY OF PRACTICE in order for an athlete to begin practice.
- CONCUSSION STATEMENT to coach or Deb by Thursday, August 21
- FOOTBALL HELMET DISCLAIMER to coach or to Deb (only for football players :) by Thursday, August 21
- DESIGNATION & ACCEPTANCE TO ADMINISTER MEDICATION (ONLY IF YOUR ATHLETE HAS MEDICATION WHICH MUST BE TAKEN during practice or competition) to coach or to Deb by Thursday, August 21
- PARTICIPATION FORM/STUDENT ACTIVITIES INFORMED CONSENT & INSURANCE VERIFICATION FORM (2151-NF should be turned into YOUR SCHOOL'S SECRETARY…Deb @ Richey, Susan @ Lambert by Thursday, August 21
- ACKNOWLEDGMENT OF THE 2024-25 ATHLETE HANDBOOK AND ASSUMPTION OF RISK STATEMENT AGREEMENT to coach or to Deb by Thursday, August 21

Cleaner physical copies found at mhsa.org under "resources" and then "sports medicine"

LOGAN HEALTH

MHSA CONFIDENTIAL ATHLETIC PREPARTICIPATION PHYSICAL EXAMINATION

Students must have a preparticipation physical examination completed yearly prior to the first practice of any sport. This examination must be certified by a licensed medical professional acting within the scope and limitations of his/her practice. While **Logan Health is the preferred medical provider of the MHSA, parents/guardians may choose their own medical provider for their Physical Examination** This certification is valid for a period of one school year. **A physical examination conducted before May 1st is not valid for participation for the following school year. All information is to remain confidential.**

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Athlete Name: _____ **Gender:** _____ **Grade:** _____ **Date of Birth:** _____

Home Address: _____ **Phone Number:** _____

Parent/Guardian's Name: _____ **Family Physician:** _____

Date of examination: _____ **Current school:** _____

List past and current medical conditions. _____

_____

Have you ever had surgery? If yes, list all past surgical procedures. _____

_____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

_____

_____

Do you have any allergies? If yes, please list all your allergies (i.e. medicines, pollens, food, stinging insects). _____

_____

_____

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of the form. Circle questions if you don't know the answer.)	YES	NO		HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	YES	NO
1. Do you have any concerns that you would like to discuss with your provider?				11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
2. Has a provider ever denied or restricted your participation in sports for any reason?				12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
3. Do you have any ongoing medical issues or recent illness?				13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		
HEART HEALTH QUESTIONS ABOUT YOU	**YES**	**NO**		**BONE AND JOINT QUESTIONS**	**YES**	**NO**
4. Have you ever passed out or nearly passed out during or after exercise?				14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?				15. Do you have a bone, muscle, ligament, or joint injury that currently bothers you?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?				16. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?		
7. Has a doctor ever told you that you have any heart problems?				**MEDICAL QUESTIONS**	**YES**	**NO**
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.				17. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
9. Do you get light-headed or feel shorter of breath than your friends during exercise?				18. Have you ever used an inhaler or taken asthma medicine?		
10. Have you ever had a seizure?				19. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		

MEDICAL QUESTIONS (*CONTINUED*)	YES	NO		ADDITIONAL INFORMATION
20. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?				Explain any "Yes" responses to questions in the history sections below.
21. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?				
22. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?				
23. Have you ever become ill while exercising in the heat?				
24. Do you or does someone in your family have sickle cell trait or disease?				
25. Have you had or do you have any problems with your eyes or vision?				
26. Have you ever had an eating disorder?				
27. Have you had infectious mononucleosis (mono) within the last Month?				
FEMALES ONLY	**YES**	**NO**		
28. Have you ever had a menstrual period?				
29. How old were you when you had your first menstrual period?				
30. When was your most recent menstrual period?				
31. How many periods have you had in the past 12 months?				

Name of Athlete (typed or printed): _____

Signature of Athlete: _____

PARENT'S OR GUARDIAN'S PERMISSION AND RELEASE

I certify that the information provided by the student/parent(s) is accurate to the best of my knowledge. I hereby give my consent for the above student to engage in approved athletic activities as a representative of his/her school, except those indicated above by the licensed professional. I also give my permission for the team physician, athletic trainer, or other qualified personnel to have access to information provided here as well as to give first aid treatment to this student at an athletic event in case of injury. If emergency service involving medical action or treatment is required and the parents(s) or guardian(s) cannot be contacted, I hereby consent for the student named above to be given medical care by the doctor or hospital selected by the school.

Name of Parent/Guardian (typed or printed): _____

Signature of Parent/Guardian: _____

Date: _____ Address: _____ Insurance Company: _____

Parent's Home Phone: _____ Parent's Cell Phone: _____ Parent's Work Phone: _____

ALL INFORMATION IS TO REMAIN CONFIDENTIAL

PROVIDER'S PHYSICAL EXAMINATION FORM

Athlete Name: _____ **Date of Birth:** _____

EXAMINATION: TO BE FILLED OUT BY MEDICAL PROVIDER ONLY		
Height: _____ Weight:: _____		
Pulse: _____ BP: _____/_____ Vision: R 20/_____ L 20/_____ Corrected: ☐ Y ☐ N Pupils: ☐ Equal ☐ Unequal		
MEDICAL (Please initial)	**NORMAL**	**ABNORMAL FINDINGS**
Appearance (Marfan stigmata)		
Eyes/Ears/Nose/Throat (pupils equal, hearing)		
Lymph Nodes		
Heart (murmurs)		
Pulses (simultaneous femoral and radial)		
Lungs		
Abdomen		
Skin (HSV, MRSA, tinea corporis)		
Neurological		
Genitourinary (males only)		
MUSCULOSKELETAL (Please initial)	**NORMAL**	**ABNORMAL FINDINGS**
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hands/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		
Functional (double-leg squat test, single-leg squat test, box drop or step drop test)		

Notes: _____

_____

_____

CLEARANCE

☐ Cleared without restriction

☐ Cleared with recommendations for further evaluation or treatment for: _____

_____

_____

☐ Not cleared for ☐ All sports ☐ Certain sports _____ Reason: _____

Recommendations: _____

_____

_____

Name of Physician/Medical Provider [print or type]: _____ Date: _____

Address: _____ Phone: _____

Signature of Physician/Medical Provider: _____

(Updated 4/24)

R&L Student-Athlete & Parent/Legal Custodian 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 hear, 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 healthcare provider.

Student-Athlete Name:_____

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

Parent/Legal Custodial Guardian Name:_____

□**We have read the *Student-Athlete* & *Parent /Legal Custodian 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 Custodial Initials
	A concussion is a brain injury, which should be reported to my parents, my coaches, 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, parents, or licensed healthcare 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 healthcare 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 plan 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.	

Student-Athlete Signature:_____ **Date:**_____

Parent/Legal Custodian Signature:_____ **Date:**_____

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 children 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.

Student Participation Form/Student Activities Informed Consent & Insurance Verification Form (2151-NF)
RICHEY/LAMBERT PUBLIC SCHOOLS
TO BE RETURNED TO PARTICIPANT'S HOME SCHOOL OFFICE ON OR BEFORE THE FIRST FRIDAY

NAME: _____ _____ _____
(Last) (First) (MI)
BIRTHDATE: _____ETHNICITY: _____YEAR IN SCHOOL: _____
PARENT(S)/GUARDIAN:_____ PHONE:(H)_____(W) _____ Cell_____
ADDRESS: _____ CITY: _____ STATE: ____ ZIP: _____
In case of emergency and the parent cannot be reached, the following person(s) is authorized to act on our behalf.

EMERGENCY CONTACT:_____ EMERGENCY CONTACT PHONE: _____

ACTIVITY PERMISSION: *(Parent/Guardian and Student **initial** the applicable activities.)*

_____ Basketball _____ FFA _____ Golf _____ Track _____ BPA _____ School approved field trips

_____ Band/Choir _____ Cheerleading _____ Football _____ Volleyball _____ Cross Country

PARTICIPATION WARNING:
I/We give our permission for _____ to participate in organized interscholastic athletics/activities, realizing that such activity involves the potential for injury which is inherent in all sports. I/We acknowledge that even with competent coaching/advising, the use of appropriate protective equipment, and strict enforcement/observance of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis, quadriplegia, or even death. Because of the dangers of participating in the above sports/activities, I recognize the importance of following coaches/advisors instructions regarding playing techniques, training, and other team rules, etc... and I agree to obey such instruction.

PARENT/GUARDIAN STATEMENT:
I/We hereby certify and affirm that I/we are parent(s)/legal guardian(s) of _____(Student). I/We understand and have read this warning and am cognizant of its terms. I/We understand that all sports/activities can involve many risks of injury including, but not limited to, those risks indicated. I/We hereby assume all risks of playing or practicing to play/participate for the above named student.

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 and I have read our District Student Handbook, and if applicable, the R&L Athlete's Handbook and will honor all those instructions as well as those of the District/co-op staff. Failure to do so 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. I understand any negligence arising out of the students participation in the program shall be attributed to me as comparative negligence within the meaning of Section 27-702, CA.

WAIVER OF LIABILITY:
I/We further release and waive, and agree to indemnify, hold harmless or reimburse the school district, and the individual members, agents, employees and representatives thereof, as well as sport/activity supervisors and coaches, from and against any claim which the above named student, I/we, and/or other parent(s) or guardian(s), and sibling, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or in connection with the participation by the above named student. I/We understand by signing this warning, agreement to obey instructions, and assumptions of risk, I/we are waiving all rights that the above named student, I/we or any other person may have to any compensation for any physical injury that may result from participation by the above named student.

EQUIPMENT RESPONSIBILITY: I/We agree to be responsible for the safe return or replacement of all athletic and/or activity equipment issued by the school to the above named student.

TRAINING RULES:

I understand that the Lambert/Richey athletic co-op has a Training Rules Policy that prohibits certain actions by me from the first day of practice to and including the last day of the season. I have read the policy (in the Student Handbook) and understand my expectations as a participant. Participation is a privilege, not a right!

EMERGENCY MEDICAL INFORMATION:
I authorize 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 students, 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(s) does not provide medical insurance benefits for students who participate in activities programs. Parents or guardians may request information from the school district regarding medical insurance for students. If parents of guardians have their own insurance coverage during the student's participation, that coverage information is provided below. Or parents may notify the School District that they do not have medical insurance.

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

INSURANCE (Company Name) _____
Policy # _____

____ I don't 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:

NAME OF FAMILY PHYSICIAN: _____ PHONE: _____

Please list any medications, allergies, medical problems, and/or medical concerns of the which the coach/advisor should be aware:
_____
_____

OUT OF TOWN TRAVEL:
I/We understand that the student is a member of a school group and he/she must be encouraged to travel to and from that activity on transportation provided by the school...which may be required.

The exception to this rule may be a student traveling home with a parent/guardian in which case the parent/guardian must *personally* contact the coach/advisor of the activity and sign a parental/guardian release which indicates you assume the liability of your student(s). I/We understand that should a student violate any of the school travel rules (in the Student Handbook), the parent/guardian and the superintendent and/or AD, will be notified and the student will either be held for the parent(s)/guardian(s) arrival or be sent home at the parent(s)/guardian(s) expense by the most reasonable means of transportation; or turned over to local authorities if criminal in nature.

I/WE HAVE READ, UNDERSTAND, AND AGREE TO THE INFORMATION CONTAINED IN THIS AGREEMENT AND WILL ABIDE BY THE CONTENTS OF THIS DOCUMENT.

SIGNED:_____DATE:_____
(*Parent/Guardian*)
SIGNED: _____ DATE: _____
(*Parent/Guardian*)
SIGNED: _____ DATE: _____
(Student Participant)

Form L

R & L Fusion
Richey Schools- PO Box 60, Richey, MT 59259--- 773-5523; fax 773-5554
Lambert Schools-PO Box 260 , Lambert , MT 59243 774-333;3fax 774-3335

FUSION FOOTBALL WARNING/HELMET DISCLAIMER

Football helmets are designed to offer some protection to the players' head-not the neck and the spine.

A football helmet is not designed to protect the neck-a helmet cannot prevent cervical dislocation or fracture resulting in spinal cord injury or quadriplegia.

A football helmet cannot prevent closed head or brain injuries including concussion that might occur as a result of participating in the game of football.

A football helmet cannot prevent or eliminate the risk of sustaining a concussion .

Players are not to return to play after suffering a head or brain injury without a doctor's written permission to do so.

Football is a dangerous sport. Injuries may occur as a result of intentional or accidental contact while participating in football. Even if you follow the rules, there is a chance that you can still be injured. NEVER use the helmet or the facemask as a point of contact . Each time you step onto the field there is a chance that you may be seriously injured. Injuries may include a broken bone or more serious injuries to the brain or cervical spine which could render you paralyzed or even result in death.

I have read the above warnings and accept the risks involved with my participation in football for Lambert and Richey Schools .

Football Helmet Number: _____

Participant Name & Signature:_____

I have read the above warnings and accept the risks involved for my student's participation in football for Lambert and Richey Schools .

Parent's Name & Signature: _____

LAMBERT/RICHEY SCHOOLS' DESIGNATION & ACCEPTANCE TO ADMIN MEDICATION:

Board P
Richey P

Notice Form 3416-NF(1): Administering Medicines to Students - Consent Form **St**

Original Adopted Date: 04/16/2024 | **Last Reviewed Date:** 04/16/2024

DESIGNATION AND ACCEPTANCE TO ADMINISTER MEDICATION

As a parent of a student _____ currently taking prescribed mediation, I _____ have design
authorized _____ to assist the student administering the medication in accordance with
Policy 3416. This designation and authorization include possessing the medication, providing it to the stu
appointed times, and confirming the student has ingested the medication.

I agree to accept responsibility for my student's receiving assistance from _____. This designation is st
voluntary. Any negligence arising out of my designation shall be attributed to me as comparative neglige
the meaning of Section 27-1-702, MCA. I agree that my student will abide by any directives issued by __
and failure to honor these directives may result in acceptance of this designation and authorization to be
and my being contacted to administer medication my student.

This designation is in effect for the period of _____.

_____ _____
Signature of Parent/Guardian Date

_____ _____
Signature of Health Care Provider Date

As the parent-designated adult, I agree to assist the student in administering the identified medication at
appointed times. I agree to possess the medication until it is needed. I understand the medication must l
by the parent of the student. I confirm that I understand the method of possessing, ingesting, and timing
documented on this form. If a student refuses to comply with my directive as specified on this form, I w
the parent or emergency contact immediately.

_____ _____
Signature of Employee Date

Medication: _____
Method of Possession: _____
Dosage Provided to Student: _____
Time and Frequency Provided to Student: _____
Method of Ingestion: _____
Additional Instructions: _____

In case of emergency, contact, and take following steps: _____

Acknowledgment of the 2025-26 Athlete Handbook

I have received a copy of the R&L FUSION ATHLETE Handbook for the 2025-26 School Year. I understand that the handbook contains information that my child and I may need during the school year. I understand that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the handbook.

Print name of student: _____

Signature of student: _____

Signature of parent: _____

Date: _____

Assumption of Risk Statement Agreement

I, the parent/guardian of _____, am aware of and in understanding of the following Assumption of Risk Statement.

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 R&L Co-op and the Richey and Lambert Public Schools. Athletes and parents/guardians of athletes understand the inherent risks are the nature of participation in sports, and they assume responsibility for those risks. Our coaches do the best to promote safety and make that a priority in their programs. 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 Lambert and/or Richey Public Schools.

Print name of student: _____

Signature of student: _____

Signature of parent: _____

Date: _____

Please return to Deb at Richey by Thursday, August 21, 2025