



# WHITE PINE MIDDLE SCHOOL

## Student Activities Handbook

**Dream Big**

Ph:775-289-4841

Fax:775-289-1565

844 Aultman Street

Ely, NV 89301

[wpms.whitepine.k12.nv.us](http://wpms.whitepine.k12.nv.us)

## **WPMS ATHLETICS/ACTIVITY PARTICIPATION**

Students are required to have the following paperwork on file at the WPMS office *before* participating in any athletic program including tryouts, practice and games. Please note all paperwork needs to be dated after June 15. All forms are included in this packet. An incomplete packet will not be accepted.

Each student *and* parent/guardian must read "White Pine County School District Interscholastic Athletic/Extra-Curricular Activities Rules and Regulations" and the "Eligibility to Represent the School" pages each year.

Please return the following pages for your student:

For first time student Athletes/Activity participation:

Complete pages 1,2,3,4,5,6,7,8,11,12 and 14

Returning student Athlete/Activity participation:

Complete pages 1,2,3,4,9,10,11,12, and 14

Physicals are good for the 3 years of middle school unless the student answers "yes" to any of the 12 questions on the NIAA Health Questionnaire/interim form. A "yes" answer requires a new physical examination.

All of these forms are for the protection of the student are required for students to participate.

**WHITE PINE COUNTY SCHOOL DISTRICT**  
**INTERSCHOLASTIC ATHLETIC/EXTRA-CURRICULAR**  
**ACTIVITIES RULES AND REGULATIONS**

1. Physical Examinations: Every athlete who participates in an NIAA sport or activity must have an NIAA physical examination completed and on file in the school office before participating in any practices or competitions. A student needs only one physical examination during his/her middle school years. However, the sports participation health record must be completed and signed by a parent/guardian each year.

2. Insurance: Every student who participates in any school sport or activity must be covered by an insurance policy. School insurance is available at the school office. If a student's injury requires hospitalization, it is the parent/guardian responsibility to make arrangement for the student's transportation. Our activity buses are unable to remain for indefinite periods of time.

3. Tobacco/Vaping: Any student using or in possession of tobacco or any vaping device will be denied the privilege of participation in all athletic/extracurricular activities for 10 calendar days for the first offense and 20 school days for the second offense.

4. Alcohol: Any student using or in possession of an alcoholic beverage will be denied the privilege of participation in all athletic/extracurricular activities for a period of 30 calendar days for the first offense and 60 calendar days for a second offense.

5. Controlled Substance and Narcotics: Any student using or in possession of a controlled substance and/or narcotic will be denied the privilege of participation in all athletic/extracurricular activities for a period of 120 school days.

6. Criminal Offenses: Any student involved in any criminal offense will be denied the privilege of participation in all athletic/extracurricular activities for a period of 60 school days.

\*Students please note: Penalty for numbers 3 thru 6 listed above, will be served before you can be eligible to participate in any other sport or activity,



including try outs. Also, each sport/activity may require you to sign a contract between yourself and the coach/advisor which will supersede these statutes. Contracts will be signed at the beginning of each sport/activity.

7. Attendance: Every student must be in attendance in all classes to participate in any extracurricular activity or practice for that school day. Professional appointments will be honored for an absence for the day of the activity. All professional appointment excuses must be accompanied by verified documentation. The Athletic Director or activity sponsor will evaluate emergency situations. Any student participating in any athletic/extracurricular activity who has an unexcused absence will be ineligible to participate in any activity during the week in which the unexcused absence occurs.

8. Absence from Practice: There will be no excused absences from practice unless approved by the head coach/advisor. This includes all athletic/extracurricular activities, meetings, class offices, clubs, etc.

9. Academic Eligibility: Student athletes must have earned two credits (passed four classes) the previous semester before they are eligible to participate in any NIAA sanctioned activities. Freshmen students must have met this requirement during their last semester in the eighth grade. All students participating in athletics or extracurricular activities must be passing all of their classes in order to compete. The White Pine County School District Policy 7440 (page 4) will be adhered to.

10. Detention: Students are not excused from detention because of any athletic/extracurricular participation. Students need to decide with their coach or sponsor if they have a detention to complete. They will be allowed one day to make arrangements. Students should take care not to allow detention to interfere with their opportunities to compete.

11. Suspension: Students who are serving in-school or out-of-school suspensions are also suspended from participation in all other after school activities, including participation in practices or competitions.

It is realized that some of the above are not required for some extracurricular groups

# **WHITE PINE COUNTY SCHOOL DISTRICT**

## **Policy 7440**

### **Eligibility to Represent the School**

White Pine County School District attempts to provide students with a wide array of activities in which they may participate. The school district believes that such participation provides students with both immediate and long-term educational, physical, emotional and social benefit.

The secondary schools (grades 6-12) in the White Pine County School District sponsor activities which operate under the rules and regulations, established by the NIAA (Nevada Interscholastic Activities Association).

- A) A student must maintain a 2.0 academic grade point average and satisfactory citizenship in all courses for the current semester. Progress must be checked a minimum of once every week.
- B) All grades must be calculated cumulatively from the first day of each grading period. All subjects will be included.
- C) Teachers in calculating grades for academic and citizenship grades will compute unexcused absences.
- D) Students' grades will be checked every week from the first day of school.
- E) If a student receives a failing grade in either academics or citizenship at the weekly check, the student will be declared ineligible for the following Monday through Saturday.
- F) If an eligibility check falls on the last day before any vacation, excluding summer vacation, the ineligibility will go into effect the following school day.
- G) If a student is suspended, in school or out-of-school, any time during the week, the student will be ineligible to play/perform participate for that week and will not be allowed to practice for the day(s) of the suspension.
- H) Eligibility requirements apply to co-curricular activities-that is, school sponsored activities offered as adjuncts to academic instruction and not recognized by the NIAA-when students will be removed from class time.
- I) Eligibility requirements will apply for grades 6-12 for all open try-outs for NIAA regulated activities.



## **WHITE PINE COUNTY SCHOOL DISTRICT**

### **Rules of Behavior and Discipline Code** **For** **Athletics and Extracurricular Activities**

I understand the White Pine County School District Student Activity Handbook including its discipline code and guidelines for travel and its implications. I also understand that if I fail to uphold the provisions set-forth in the handbook my privilege to participate in any school sponsored activity may be revoked.

When I am on a school sponsored activity I am a representative of the White Pine County School District in the same manner as when I attend school. My actions while away from school may result in suspension from school.

I will assume responsibility for damages caused by me and agree to pay for the damages. I will be financially responsible for all equipment checked out to me. I understand that my eligibility will be dependent upon completion of these responsibilities.

I realize that this page is but a summary of the complete handbook and that my signature attests to the fact that I understand the provisions set forth in the handbook and support it fully.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

I have reviewed this handbook with my student and accept these rules.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

## WPMS Informed Consent Form

I hereby give my permission for \_\_\_\_\_  
participate in \_\_\_\_\_ during the athletic season beginning  
in \_\_\_\_\_. Further, I authorize the school to provide emergency  
treatment of any injury or illness my child may experience if qualified  
medical personnel consider treatment necessary and perform the  
treatment. This authorization is granted only if I cannot be reached and a  
reasonable effort has been made to do so.

Parent or Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical conditions (e.g. allergies or chronic illnesses) \_\_\_\_\_  
\_\_\_\_\_

Emergency contact person \_\_\_\_\_

Relationship with emergency contact person \_\_\_\_\_

My child and I are aware that participating in \_\_\_\_\_ is a  
potentially hazardous activity, I assume all risks associated with  
participation in this sport, including but not limited to falls, contact with other  
participants, the effects of the weather, traffic, and other reasonable risk  
conditions associated with the sport. All such risks to my child are known  
and appreciated by me: I understand this informed consent form and agree  
to its conditions on behalf of my child.

Child's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

## FORM A

Dear Parent or Guardian:

Enclosed is an information packet for your child's sport's history and physical examination. The purpose of this exam is to detect any conditions that may increase your child's risk of injury or death while practicing or competing in his or her sport. Although there are many beneficial aspects of participating in high school sports: (improved self-image, self-motivation and health habits), as with any activity there are some associated risks. Overall, the risk of death in high school sports is extremely low; fewer high school students die due to their sports each year than in automobile accidents. In recent years there have been an average of 20 to 40 non-traumatic deaths in high school sports each year, or one per 100,000 to 200,000 student athletes per year.

The major causes of non-traumatic deaths in sports are heart problems, with a syndrome called "Hypertrophic Cardiomyopathy (HCM)" being the most common. Fortunately, not all athletes with HCM are at risk for sudden death. Our goal is to identify those student-athletes who may be at risk. Currently, the method for doing this is by having a physician perform a specific "Preparticipation Exam" (PPE). By taking the appropriate history and performing the appropriate physical, we can detect some of the student athletes at risk for sudden death. Unfortunately, this is not a perfect system and some athletes with HCM will be missed and many others without HCM or other heart problems will be referred for other tests, which will turn out to be normal.

Other parts of the history and physical focus on areas that may not lead to death but are more commonly associated with problems. The musculoskeletal and neurologic history and exam is critical in detecting old injuries or other problems that need special attention in order to prevent future injuries.

The final role of the PPE is to provide the student-athlete with a chance to ask a physician health related questions and receive some health counseling. While this exam is very limited and should not replace a regular visit to his or her personal doctor, the limited contact that young adults have with doctors is a recognized fact. Therefore, this provides a much needed opportunity for young athletes to have contact with a physician.

We hope that this letter explains some of the reasons that this history and physical is so important and we urge you to take the time to complete the history form carefully.



## FORM B -- NIAA PRE-PARTICIPATION HISTORY FORM

### HISTORY

DATE OF EXAM: \_\_\_\_\_

NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ SPORT(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

PERSONAL PHYSICIAN: \_\_\_\_\_

IN CASE OF EMERGENCY, CONTACT - NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE (H): \_\_\_\_\_ (W): \_\_\_\_\_

### EXPLAIN "YES" ANSWERS BELOW. CIRCLE QUESTIONS YOU DON'T KNOW THE ANSWERS TO.

	<i>YES</i>	<i>NO</i>
1. Do you have a chronic medical condition (asthma, diabetes, high blood pressure, etc.)?	_____	_____
2. Have you ever been hospitalized overnight?	_____	_____
3. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	_____	_____
4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insect)?	_____	_____
5. a. Have you passed out or been dizzy during exercise?	_____	_____
b. Have you had chest pain (or pressure) with exercise?	_____	_____
c. Have you had excessive unexplained shortness of breath or fatigue with exercise?	_____	_____
d. Is there a family history of premature death or morbidity from cardiovascular disease in a relative younger than age 50?	_____	_____
e. Is there any history in your family of hypertrophic cardiomyopathy, dilated cardiomyopathy long QT syndrome or Marfan's syndrome?	_____	_____
f. Has a physician denied or restricted your participation in sports for any heart problem?	_____	_____
6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus or blisters)?	_____	_____
7. a. Have you had a head injury or concussion?	_____	_____
b. Have you been knocked out, become unconscious, or lost your memory?	_____	_____
c. Have you had a seizure?	_____	_____
d. Do you have frequent or severe headaches?	_____	_____
e. Have you had numbness or tingling in your arms, hands, legs, or feet?	_____	_____
8. Have you become ill from exercising in the heat?	_____	_____
9. Do you cough, wheeze, or have trouble breathing during or after activity?	_____	_____

*Over >*

- |                                                                                                                                                                                                                                    | <i>YES</i> | <i>NO</i> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| 10. a. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? | _____      | _____     |
| b. Are you missing an eye, kidney, testicle or ovary?                                                                                                                                                                              | _____      | _____     |
| 11. a. Have you had any problems with your eyes or vision?                                                                                                                                                                         | _____      | _____     |
| b. Do you wear glasses, contacts, or protective eyewear?                                                                                                                                                                           | _____      | _____     |
| 12. a. Have you had any problems with pain or swelling in muscles, tendons, bones, or joints?                                                                                                                                      | _____      | _____     |

b. If yes, check appropriate item and explain below.

_____ Head	_____ Elbow	_____ Hip
_____ Neck	_____ Forearm	_____ Thigh
_____ Back	_____ Wrist	_____ Knee
_____ Chest	_____ Hand	_____ Shin/Calf
_____ Shoulder	_____ Finger(s)	_____ Ankle
_____ Upper Arm	_____ Foot	_____ Toe(s)

- |                                                                                        |                  |       |
|----------------------------------------------------------------------------------------|------------------|-------|
| 13. Are you actively trying to gain or lose weight?                                    | _____            | _____ |
| 14. Would you like to talk to someone about stress, anger, depression or other issues? | _____            | _____ |
| 15. Record the dates of your most recent immunizations (shots) for:                    |                  |       |
| Tetanus _____                                                                          | Measles _____    |       |
| Hepatitis B _____                                                                      | Chickenpox _____ |       |

**FEMALES ONLY**

16. When was your first menstrual period? \_\_\_\_\_
- When was your most recent menstrual period? \_\_\_\_\_
- How much time do you usually have from the start of one period to the start of another? \_\_\_\_\_
- How many periods have you had in the last year? \_\_\_\_\_
- What was the longest time between periods in the last year? \_\_\_\_\_

**EXPLAIN "YES" ANSWERS HERE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of physician (print/type): \_\_\_\_\_ Phone: \_\_\_\_\_

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

Street City State Zip Code

I, \_\_\_\_\_ hereby certify that I am a licensed \_\_\_\_\_, and have reviewed the information in this FORM B prior to conducting a physical examination for the assigned student.

Signature of Health Practitioner	License Number	Office Phone Number	Date
----------------------------------	----------------	---------------------	------

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Athlete	Signature of Parent/Guardian	Date
----------------------	------------------------------	------

## FORM C

Dear Health Practitioner;

Enclosed is the revised Nevada Interscholastic Activities Association (NIAA) packet for High School Pre-participation Physical Evaluations (PPE's). You will notice that the form we are using incorporates recommendations from the Second PPE Task Force (1997) (supported by the AAFP, AAP, AMSSM, AOSM and AOASM) and separately from the AHA. We anticipate that this form will be reviewed every few years and we will keep you apprised of any changes. Also, for young athletes with known cardiovascular abnormalities, we recommend following the guidelines of the 26th Bethesda Conference. We recommend you reference the Task Force monograph, the AHA recommendations or the 26<sup>th</sup> Bethesda Conference before performing high school athletic physicals in Nevada.

While many of you have been performing these evaluations for years, we would like to bring your attention to a few points. As discussed in the introduction to the monograph, there are multiple reasons for performing PPE's; the foremost reasons are to prevent injury and sudden cardiac death.

It is estimated that between 1 and 2 deaths (predominantly cardiovascular in etiology) per 200,000 high school athletes occur per year. The prevalence of cardiovascular disease capable of causing sudden cardiac death in these athletes is around 1/20,000. The most common cause of cardiac death in this population is hypertrophic cardiomyopathy (HCM).

Since the vast majority of PPE's will be completely normal, and, conversely, most students with abnormalities on history or physical exam do NOT have significant cardiac pathology, extreme diligence is required when performing these exams so that the few students with serious conditions are not missed.

### **ANSWERS ON THE HISTORY FORM THAT WOULD SUGGEST A NEED FOR A CARDIOLOGY CONSULTATION INCLUDE:**

- **Excessive shortness of breath, syncope or chest pain during exercise.**
- **Family history of premature death or cardiovascular morbidity. (Before age 50)**
- **Family history of HCM, dilated cardiomyopathy, long QT syndrome, or Marfan's syndrome.**

### **ABNORMALITIES ON THE PHYSICAL EXAM THAT SUGGEST THE NEED FOR ECHOCARDIOGRAPHY OR CARDIAC CONSULTATION INCLUDE:**

- **Any systolic murmur greater than II/VI.**
- **Any diastolic murmur.**
- **A murmur that increases in intensity from supine to standing (suggests HCM).**
- **Stigmata of Marfan's syndrome. (Attachment 7).**

A second goal of the PPE is to detect chronic illnesses or old injuries that may hamper the athlete's performance (such as Exercise Induced Asthma) or lead to injury ("the most common cause of injury is reinjury").

The final goal of the PPE is to provide our young athletes with a chance to talk to a physician about health issues. While this exam does not replace ongoing care by a personal physician, it may be the only contact these students have. Therefore, a brief discussion of health issues such as breast and testicular cancer screening, alcohol and tobacco use, automobile safety, etc., may be appropriate during the PPE.

Thank you for your willingness to help ensure a safer future for Nevada's young athletes.

Published by the NIAA Sports Medicine Advisory Committee.

Approved: February 2000; June 2012



(Physical to be completed during an athletes first and third year of participation)

Signature of Health Practitioner	License Number	Office Phone Number	Date
Revised 5-2010; June 2012			

## FORM E -- NIAA HEALTH QUESTIONNAIRE / INTERIM FORM

**This evaluation should be completed only if you have a physical on file from last year.**

**This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance examinations. A positive response to any of the following questions requires a medical examination before activity can resume.**

NAME: _____	AGE: _____	GRADE: _____	DATE: _____
ADDRESS: _____		PHONE: _____	
SPORT(S): _____			
DATE OF LAST COMPLETE SPORTS PHYSICAL (PPE): _____		WHERE: _____	

**SINCE YOUR LAST COMPLETE PREPARTICIPATION EXAM (PPE):**

	<i>YES</i>	<i>NO</i>
1. Have you had a medical illness or injury that required you to visit a physician and miss FIVE or more consecutive days of school or sports?	_____	_____
2. Have you been hospitalized overnight	_____	_____
3. a. Have you passed out or been dizzy with exercise?	_____	_____
b. Have you had chest pain (or pressure) with exercise?	_____	_____
c. Have you had excessive unexplained shortness of breath or fatigue with exercise?	_____	_____
d. Has someone in your family died, or developed serious problems, due to heart disease who was younger than 50 years old?	_____	_____
e. Have you learned of anyone in your family who has any history of hypertrophic cardiomyopathy, dilated cardiomyopathy long QT syndrome or Marfan's syndrome?	_____	_____
4. a. Have you had a head injury or concussion?	_____	_____
b. Have you been knocked out, become unconscious, or lost your memory?	_____	_____
c. Have you had a seizure?	_____	_____
d. Have you developed frequent or severe headaches?	_____	_____
e. Have you developed numbness or tingling in your arms, hands, legs, or feet?	_____	_____
5. Have you become sick from exercising in the heat?	_____	_____
6. Have you developed a cough, wheeze, or have trouble breathing during or after activity?	_____	_____
7. Have you started requiring any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	_____	_____

*Over >*

- |                                                                                                                                                                     | <i>YES</i> | <i>NO</i> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| 8. Have you had any problems with your eyes or vision, other than requiring glasses or contacts?                                                                    | _____      | _____     |
| 9. Have you had any problems with sprains, dislocations, fractures, pain or swelling in the following muscles, tendons, bones, or joints that currently bother you? | _____      | _____     |

*If yes, check appropriate item below.*

_____ Head	_____ Elbow	_____ Hip
_____ Neck	_____ Forearm	_____ Thigh
_____ Back	_____ Wrist	_____ Knee
_____ Chest	_____ Hand	_____ Shin/Calf
_____ Shoulder	_____ Finger(s)	_____ Ankle
_____ Upper Arm	_____ Foot	_____ Toe(s)

- |                                                                                                                   |       |       |
|-------------------------------------------------------------------------------------------------------------------|-------|-------|
| 10. Would you like to talk to a physician about your weight, about stress, anger, depression or any other issues? | _____ | _____ |
|-------------------------------------------------------------------------------------------------------------------|-------|-------|

**FEMALES ONLY**

- |                                                                                            |       |       |
|--------------------------------------------------------------------------------------------|-------|-------|
| 11. If you have been having periods for one year or longer, have they become less regular? | _____ | _____ |
|--------------------------------------------------------------------------------------------|-------|-------|

**IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE SEE YOUR FAMILY PHYSICIAN FOR A COMPLETE PHYSICAL.**

12. Have you developed any new allergies (for example, to pollen, medicine, food, or stinging insects)? If so, please list:

\_\_\_\_\_

\_\_\_\_\_

**I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.**

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date





# Alcohol, Tobacco, and Other Drug Possession, Use and Abuse Penalties Policy

*The statewide policy every athlete and  
athlete's parents should know*

**Participation in high school athletics is a  
privilege, not a right, and underage drinking  
and use of controlled substances is against  
the law.**

[www.niaa.com](http://www.niaa.com)

## THE PENALTIES - KNOW THEM

### FREQUENTLY ASKED QUESTIONS

#### How is an investigation handled?

All investigations and penalty enforcements are conducted by the school and/or district with support through the NIAA office. There is no interrogation of the student, but a question and answer session related to the reported incident.

#### When does the 14-day suspension begin?

The suspension begins with the first scheduled competition after the suspension occurs and includes Saturdays and Sundays.

#### Is there an appeal process?

All appeals related to the investigation are handled by the principal of the school the student attends.

### 1st Violation

A six (6) competitive week suspension from participation in interscholastic competition beginning with the first scheduled competition after the suspension occurs. *Four (4) competitive weeks of the suspension of eligibility may be waived* if a student successfully completes all components of the appropriate substance abuse intervention program. The student may practice with the team during the period of suspension if approved by the coach and principal.

### 2nd Violation

The student shall be suspended from interscholastic competition for a minimum of ninety (90) school days which shall include a minimum of six (6) competitive weeks of competition. The student shall not be allowed to practice with the team, or participate in any out of season activities and must complete the following requirements:

- A. A substance abuse evaluation assessment within ten (10) school days following the suspension, with all recommendations satisfactorily met before eligibility may be reinstated.

### 3rd Violation

The student shall be ineligible to participate in interscholastic athletics for the remainder of the student's high school career.

The same things that makes these athletes excel - a certain amount of risk-taking - may be the same things that increase their vulnerability to substance use.

- Dr. Shashank Joshi  
Stanford University

This regulation takes effect once the student begins participation as an athlete in high school. This policy remains in effect for every calendar school year during the course of the student's high school career and when the student is directly involved in a school activity occurring at any time (summer leagues, camps, etc.) This policy remains in effect regardless of whether the student is currently participating on a high school athletic team.

## NEVADA LAW - KNOW IT

NRS 202.020: Purchase, consumption or possession of alcoholic beverage by minor.

1. Any person under 21 years of age who purchases any alcoholic beverage or any such person who consumes any alcoholic beverage in any saloon, resort or premises where spirituous, malt or fermented liquors or wines are sold is guilty of a misdemeanor.
2. Any person under 21 years of age who, for any reason, possesses any alcoholic beverage in public is guilty of a misdemeanor.
3. This section does not preclude a local government entity from enacting by ordinance an additional or broader restriction.
4. For the purpose of this section, possession "in public" includes possession a) on any street or highway; b) in any place open to the public; and c) in any private business establishment which is in effect open to the public.

**One time drunk =  
14 days lost training  
(American Athletic Institute)**



**Train for two weeks and  
then throw it all away...**

## PARENT / LEGAL GUARDIAN AND STUDENT ACKNOWLEDGEMENT

*The Nevada Interscholastic Activities Association (NIAA) recognizes and understands that parents / guardians take the primary role in instilling values for their students. It is the goal of the NIAA to work cooperatively with parents to provide guidelines and programs that assist student athletes in making positive choices.*

**IMPORTANT – Please read the following information and acknowledge with your signature below.**

We understand that participation in high school athletics is a privilege, not a right, and that underage drinking and drug use is against the law. It is against the law to sell tobacco to people under the age of 18 and usage is against school policy. Substance abuse negatively impacts athletics and academic performance, and research indicates that early onset of alcohol use increases the occurrence of addiction in adulthood by four times. Alcohol and drug use interferes in learning processes, brain development and increases the chance of physical injury while participating in athletic competition. Because of these risks, and in addition to the laws of the State of Nevada, the NIAA requires participants and parents to agree to the following:

1. We have read the NIAA Drug, Alcohol and Tobacco Possession, Use and Abuse Penalties Policy and agree to abide by the Policy as written.
2. We realize that a video and Power Point presentation regarding the Policy is available and we have either seen this presentation or agree to waive the requirement of viewing the presentation.
3. We understand that we are encouraged to notify our school's athletic administrator / director if our son / daughter violates this Policy and / or the laws of the state of Nevada. It would also be acceptable for our child to self-report any violation of this policy to our school's athletic administrator / director.
4. We understand that knowingly providing erroneous information during the course of an investigation of an alleged violation of the policy will result in a one calendar year suspension from all high school athletic activities.
5. We further acknowledge that once our son / daughter begins participation as a student athlete in high school athletics that this policy remains in effect for every calendar school year during the course of their high school career and when he / she is directly involved in a school activity occurring at any time (summer leagues / camps, etc.). This policy remains in effect regardless of whether our son / daughter is currently participating on a high school athletic team.
6. We have also reviewed the following NRS 202.020, Purchase, Consumption or Possession of Alcoholic Beverage by Minor, and understand the laws of Nevada and how they pertain to our family.
7. We understand that although it is not technically against the law to use tobacco in the state of Nevada (NRS 202.2493 and 202.24935 prohibits anyone from supplying a person under the age of 18 with any kind of tobacco product), we realize it is against this policy and general school policy, and that scientific evidence demonstrates it is unhealthy and a detriment to athletic performance.
8. We understand that the use of steroids and other performance enhancing drugs are dangerous, illegal, provide only temporary gains and are a form of cheating other competitors.



## NEVADA LAW

### **NRS 202.020 Purchase, consumption or possession of alcoholic beverage by minor.**

1. Any person under 21 years of age who purchases any alcoholic beverage or any such person who consumes any alcoholic beverage in any saloon, resort or premises where spirituous, malt or fermented liquors or wines are sold is guilty of a misdemeanor.
2. Any person under 21 years of age who, for any reason, possesses any alcoholic beverage in public is guilty of a misdemeanor.
3. This section does not preclude a local government entity from enacting by ordinance an additional or broader restriction.
4. For the purpose of this section, possession "in public" includes possession:
  - a. On any street or highway;
  - b. In any place open to the public; and
  - c. In any private business establishment which is in effect open to the public.
5. This term does not include:
  - a. Possession for an established religious purpose;
  - b. Possession in the presence of the person's parent, spouse or legal guardian who is 21 years of age or older;
  - c. Possession in accordance with prescription issued by a person statutorily authorized to issue prescriptions;
  - d. Possession in private clubs or private establishments; or
  - e. The selling, handling, serving or transporting of alcoholic beverages by a person in the course of his lawful employment by a licensed manufacturer, wholesaler or retailer of alcoholic beverages.

1:272:1947; 1943 NCL § 10594.02] – (NRS A 1967, 482; 1987. 482)

[

We acknowledge that this form must be signed by **both** parent / legal guardian and our child before our son / daughter will be cleared for athletic competition at his / her high school.

\_\_\_\_\_  
Student Print Name

\_\_\_\_\_  
Parent / Legal Guardian Print Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent / Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Sport(s): \_\_\_\_\_



**WHITE PINE COUNTY SCHOOL DISTRICT**

**Code of Conduct Expectations & informed  
Consent Agreement**

Student Name (Please Print)

Date

**AS A STUDENT:**

I understand and agree that participation in athletics and/or extra-curricular activities at White Pine County's schools is a privilege that may be withdrawn for violations of the Code of Conduct and Expectations, hereinafter Code of Conduct.

I have read the Code of Conduct and thoroughly understand the consequences that I will face if I do not honor my commitment to the Code of Conduct. I understand and realize that there is risk of injury in participating in activities. I understand that when I participate in any extra-curricular activity or athletic program, I will be subjected to initial and random urine drug and alcohol testing, and if I refuse, I will not be allowed to practice or participate. I have read the consent on the reverse side of this form and agree to its terms.

I understand this is binding while enrolled as a student at White Pine County's schools.

I have read and understand the Policy for Random Urine Drug and alcohol Testing

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**AS A PARENT/GUARDIAN/CUSTODIAN**

I have read the Code of Conduct and understand the responsibilities of my son/daughter/ward as a participant in athletics and/or extra-curricular activities at White Pine County's schools.

I understand and realize that there is an assumed risk of injury involved for my son/daughter/ward as a participant in activities.

I understand that my son/daughter/ward, when participating in athletics and/or extra-curricular activities, may be subjected to initial and random urine drug and alcohol testing, and if they refuse, will not be allowed to practice or participate. I have read the consent on the reverse side of this form and agree to its terms.

I also understand that upon purchasing an athletic packet, they will be subject to random drug and alcohol testing even though they may be out of season.

After my son/daughter/ward has completed his/her season and has no intention of participating in any other activities for the remainder of the year, I may not remove them from the random program. I understand that if my child has a positive urine drug and alcohol test, my child will be referred for a substance abuse evaluation by an assessment specialist.

I understand this is binding while my son/daughter/ward is a student at White Pine County's schools. I have read and understand the Policy for Random Urine Drug and alcohol Testing

\_\_\_\_\_  
Parent/Guardian/Custodian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian/Custodian Name (Print)

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

**WHITE PINE COUNTY SCHOOL DISTRICT****1135 Ave C Ely, Nevada 89301****School Campus:****EMERGENCY MEDICAL INFORMATION AND RELEASE**

Last Name		First Name	Middle	Birthdate
Address Residency (Street, City, State, Zip)			Home Phone	Grade Level
Address Mailing (Street or Box, City, State, Zip)			Student Cell Phone	E Mail Address
Father/Guardian-Last Name	First Name	Home/Cell Phone	E Mail Address	
Father's Employer			Work Phone	
Mother/Guardian-Last Name	First Name	Home/Cell Phone	E Mail Address	
Mother's Employer			Work Phone	
Health Insurance Company		Name on Policy		Policy Number
Family Doctor		Doctor's Phone Number		
NOTIFY IN CASE OF EMERGENCY (other than parent)			Relationship	Phone
Does the student have allergies or health limitations that we should know about?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes" please list:				
Date of last Tetanus shot:				
Any allergies to medication? Please list:				
In the event our son/daughter _____, becomes ill or sustains an injury while on an activity/trip permission is given to administer first aid for his/her relief. If I cannot be reached in case of an accident or illness requiring emergency medical treatment, I do hereby consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered.				

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

\* Please note that all students participating in athletics, or school activities where travel is required, you MUST have insurance coverage. (If you do not have family insurance or wish for additional coverage please contact your school office.)